

## MEDICAL POLICY

POLICY TITLE	TELESTROKE
POLICY NUMBER	MP 4.044

CLINICAL BENEFIT	<input checked="" type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input checked="" type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	4/1/2024

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### I. POLICY

Clinician interactive telemedicine services may be considered **medically necessary** when telestroke services are reported.

The following telestroke services apply when reported by an interventional neuroradiologist, neurosurgeon, or like specialist:

- Emergency department visit; **or**
- In-patient initial telehealth consultations; **or**
- In-patient follow-up telehealth consultations; **or**
- Telehealth originating site facility fee.

Telestroke professionals (typically Neurologists, Neurosurgeons, and Emergency Medicine physicians) and the professional performing the imaging interpretation services must be fully licensed, registered, and credentialed with their respective regulatory, licensing, and accrediting agencies where the hub facility is physically located and where telestroke services are rendered to the patient.

Telestroke healthcare professionals and healthcare organizations must incorporate the requirements for privacy and confidentiality in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information for Economics and Critical Health Act (HITECH). Additional state regulations must be followed for privacy, confidentiality, and patient rights; these may apply above and beyond requirements in place for general healthcare interactions.

All identified possible acute stroke patients and their families shall receive information, including the role of the telestroke program in patient management, the use of the technology, and assurance of confidentiality, as time permits in the emergent setting. Information not conveyed before the therapeutic interaction ensued can be communicated after treatment has been delivered and stabilization established.

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Computed tomography (CT) images must be transmitted in a real-time or near real-time mode (less than two minutes) to ensure that the telestroke neurologist or radiologist can collaborate with the spoke facility ordering physician and radiology technicians performing the studies. At a minimum, hub and spoke facilities must be:

- Connected via broadband or the necessary bandwidth to ensure real-time or near real-time image acquisition through transmission for final image display; **and**
- Hub and spoke facilities must have a PACS (picture archiving and communications system); **and**
- Hub facilities must have minimum monitor resolution (matrix) of 512 x 512 at 8-bit pixel depth.

### II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

### III. DESCRIPTION/BACKGROUND

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Despite advances in acute stroke treatment, stroke remains the fifth most common cause of death and the leading cause for long-term adult disability worldwide. There is evidence for effective means to reduce recurrence and improving outcomes by means of early platelet inhibition, intravenous alteplase, Stroke Unit utilization, endovascular thrombectomy, and hemicraniectomy in malignant middle cerebral artery infarction. However, high patient numbers, limited specialized expertise, and geographic determinants, remain major barriers that negatively impact implementation of evidence based management. These issues are especially true for remote and rural areas. In the late 1990s, the idea of telestroke took shape in an effort to bring much needed special expertise to a larger proportion of stroke patients.

Telestroke is the use of interactive videoconferencing technologies, specifically for the treatment of patients with acute stroke. The terms “telestroke,” “TeleStroke,” “teleStroke,” and “Tele-stroke” all refer to the same care concept; a centralized or remotely based stroke care team with a stroke physician at a distant site networked with the remote stroke patient at an originating site. Telestroke programs provide services for acute stroke patients in a variety of settings including, but not limited to, Mobile Stroke Units, Emergency Departments (EDs), Intensive Care Units (ICUs), Medical Surgical Units, etc., that do not have access to onsite stroke physician services.

Approximately 87% of acute strokes are ischemic. Selective patients are generally good candidates for IV alteplase, a thrombolytic agent that helps reverse or prevent disability from this type of stroke, if administered within the guideline recommended timeline window for thrombolytic therapy. The more quickly the patient receives alteplase, the greater the chances

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for recovery with minimal to no deficits. Patients who receive alteplase within the first 90 minutes of symptom onset are nearly three times more likely than patients who did not receive alteplase, to have favorable outcomes three months after the stroke experience. Alteplase remains the only FDA approved reperfusion drug in acute ischemic stroke.

### IV. RATIONALE

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NA

### V. DEFINITIONS

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**DISTANT SITE** is the Telestroke provider location; sometimes used interchangeably with “Hub Site” when referencing a Hub and Spoke Network.

**HUB** is typically a comprehensive tertiary care center where vascular neurologists and other acute stroke specialists comprise a call panel delivering telestroke services to network affiliate/partner sites - “spokes.” If a patient requires transfer to a higher level of care, a hub is usually the destination. Some networks may have multiple hubs.

**HUB AND SPOKE** are networks of primary, secondary, and tertiary care settings that provide care to specific patient populations. Networks may vary in sophistication, with many working as loose coalitions of segregated services. Typically, specialty care is provided to patients at remote settings (often rural emergency departments) by specialists affiliated with larger, more comprehensive tertiary care centers. Models are changing with an emphasis on keeping patients in their local community when possible, depending on the available level of care.

**ORIGINATING SITE** is the patient location; sometimes used interchangeably with “Spoke Site” when referencing a Hub and Spoke network model.

**SPOKE** is the affiliate or partner site in a telestroke network, underserved or under supported by neurologists, where patient services are delivered.

**TELESTROKE** is a network of audio-visual communication and computer systems which provide the foundation for a collaborative, inter-professional care model focusing on acute stroke patients. Telestroke service is designed to augment local services that are not immediately available by leveraging remote expertise and resources and the standardization of processes. It is a subdivision of teleneurology, involving telemedicine consultation for the treatment of neurovascular patients. The most common application of telestroke is for acute stroke patients (pre-hospital and hospital), but telemedicine services may extend well in advance and well beyond that time frame, and they may offer a wide variety of additional services from wellness, remote monitoring, disease prevention, subacute, rehabilitative, and re-integration into the community phases. While the primary role of telestroke is the facilitation of acute stroke patients’ care, common stroke mimics will be identified and treatment recommendations may be offered.

### VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member’s health benefit plan. Benefit determinations should be based in all cases on the

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applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

### VII. DISCLAIMER

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*Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice, and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

### VIII. CODING INFORMATION

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

#### Covered when medically necessary:

Procedure Codes								
G0406	G0407	G0408	G0425	G0426	G0427	G0508	G0509	Q3014

ICD-10-CM Diagnosis Code	Description
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.09	Cerebral infarction due to thrombosis of other precerebral artery

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral arteries
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral arteries
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior arteries
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle arteries
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior arteries
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior arteries
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction



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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
I63.9	Cerebral infarction, unspecified

### IX. REFERENCES

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1. American Academy of Neurology. AAN Legislative Position Statement on Telemedicine. 2014
2. Birns J, Roots A, Ajay B. Role of telemedicine in the management of acute ischemic stroke. Future Med. 2013;(10)2:189-200
3. Horton K, Malcarney M-B, Seiler N. Medicare Payment Rules, and Telemedicine. Public Health Reports. 2014; 129(2):196-199
4. Oliveira-Filho J, Samuels O. Approach to reperfusion therapy for acute ischemic stroke. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated October 2023
5. Demaerschalk BM, Berg J, Chong BW et al. American Telemedicine Association: Telestroke Guidelines. Telemed J E Health. 2017 May;23(5):376-389. PMID: 28384077
6. Cutting et al. Telestroke in an Urban Setting, Telemedicine Journal and E-Health. 2014 PMID 24968197

### X. POLICY HISTORY

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<b>MP 4.044</b>	<b>CAC 9/26/17. New policy establishing criteria for Telestroke.</b> Coding Reviewed.
	<b>7/31/18 Consensus review.</b> No changes to the policy statements. References updated. Removed deleted ICD-10 codes, added new ICD-10 codes effective 10/1/18.
	<b>7/3/19 Consensus review.</b> No changes to the policy statements. References updated.
	<b>6/17/20 Consensus Review.</b> No change to policy statement. References updated.
	<b>5/13/2021 Consensus review.</b> Policy statement unchanged. References updated.
	<b>2/17/2022 Consensus review.</b> No change to policy statement. Product Variations updated. References reviewed and updated.
	<b>12/27/2023 Consensus review.</b> No change to policy statement. Coding and References updated.

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