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### Overview

The demand for access to dermatologists continues to steadily increase. However, patients in need of skin care often wait a long time for a face-to-face office appointment with a board-certified dermatologist. In some instances, the wait could result in delays in treatment of serious conditions such as skin cancer.

Highmark is committed to expanding access to quality care for our members. In order to provide faster and more convenient access to dermatologists for our members, teledermatology services are eligible for reimbursement for most Highmark members.

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### What is teledermatology?

Teledermatology is the use of secure telecommunications technology to deliver dermatologic services and clinical information remotely. It uses technology that allows the patient to send digital images and personal information to the consulting dermatologist.

The dermatologist views the images and reviews the information provided by the patient to determine if the patient can be treated virtually. Patients for whom the diagnosis remains unclear or who have potentially serious conditions can be scheduled for an in-person office visit.

Teledermatology is not intended to replace an in-person doctor's visit and support. Rather, Highmark wants members to have access to the care they need, when they need it -- before their situation could turn into something more serious and costly. There may, however, be situations in which teledermatology is not right for the member's condition and this would need to be determined by the physician.

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### Benefits of teledermatology for physicians and members

With secure technology, physicians are able to provide their expertise online and offer more flexibility to our members and reduce the time it takes to receive treatment. Many minor skin conditions can be safely diagnosed and treated virtually while serious cases requiring immediate in-person care can be identified more quickly.

For our members, the availability of virtual visits can eliminate the extended wait time for in-office visits and can significantly enhance access to dermatologic care. Members can get care when it is more convenient without having to miss work, school, or other activities. They can conduct a visit from the comfort of their home while allowing the dermatologist to use office visits for more critical cases.

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## 2.5 TELEDERMATOLOGY, Continued

### Member eligibility

Teledermatology is available to most Highmark members with individual health plans and both fully insured and self-insured employer group coverage. A **Specialist Office Visit**, which is eligible under most benefit plans, must be a covered service for a member to have coverage for teledermatology services.

Any member cost-sharing under the **Specialist Office Visit** benefit would apply. For example, if a member's benefit plan has a copay for a Specialist Office Visit, the copayment will be applied to teledermatology services.

**Teledermatology is not available for members with Medicare Advantage and Medicare supplemental plans.**

**Note:** This is also available for Federal Employee Program (FEP) members.

**IMPORTANT:**  
Telemedicine Service benefit category is for Amwell, Doctor On Demand, & Teladoc services only

Teledermatology is a service delivery option provided to our members under the **Specialist Office Visit** benefit. It is separate from the services provided by our approved vendors -- Amwell, Doctor On Demand, and Teladoc -- under the Telemedicine Service benefit. Amwell, Doctor On Demand, and Teladoc are independent companies that provide online medical consultation services for patients through their network of practitioners.

In the NaviNet *Eligibility and Benefits Inquiry*, the **Telemedicine Service** benefit category under Professional Services is an indicator for **Amwell, Doctor On Demand, and Teladoc services only**. It does not indicate a member's eligibility for teledermatology services. For more information on the services these vendors provide for Highmark members, please see the section in this unit titled **Telemedicine Service Benefit and Approved Vendors**.

### REMINDER: Always verify benefits

Providers are reminded to always verify a member's eligibility and benefits prior to rendering services. It is the provider's responsibility to confirm that the member's benefit plan provides the appropriate benefits for the anticipated date of service.

You can verify benefits electronically quickly and easily via NaviNet's *Eligibility and Benefits Inquiry* or by submitting a HIPAA 270 transaction.

### Member flier available

The [Teledermatology Member Flier](#) can be customized with your practice information and instructions, and then printed and given to your Highmark patients with coverage that includes teledermatology services.

The flier is also available on the Provider Resource Center – select **FORMS**, and then choose **Miscellaneous Forms**.

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## 2.5 TELEDERMATOLOGY, Continued

### Technology requirements

Teledermatology services must be provided using store and forward technology. Store and forward is secure technology (HIPAA & HITECH compliant) that allows a member to log in to an online site, enter medical history, explain the current medical issue, upload images, submit the request to a doctor, and receive an electronic response from the doctor.

Requirements for store and forward technology to be used for providing teledermatology services are outlined in Highmark Medical Policy Z-70. Highmark's current medical policies are accessible on the Provider Resource Center under **CLAIMS, PAYMENT & REIMBURSEMENT**.

### Security requirements

Teledermatology visits must be conducted through store-and-forward (asynchronous conferencing) hardware and software that are HIPAA (Health Insurance Portability and Accountability Act) and HITECH (Health Information Technology for Economic and Clinical Health Act) compliant.

Highmark supports the highest standards to protect the confidentiality of our members' information but there may be risks in passing personal health information (PHI) virtually. Highmark is not responsible for the security of virtual visits, and does not validate the safeguards of any of the equipment and software used on either side of the virtual transmittal.

### Guidelines for providing services

Providing teledermatology services for Highmark members is optional and not a requirement. Any Highmark dermatologist who has the necessary technology to support secure online service delivery may participate as long as they follow Highmark's recommended guidelines for service and security.

**Teledermatology services must be provided by dermatologists and services performed must fall under the scope of the provider's licensure.** In addition, the following guidelines must be followed:

- The provider must take the appropriate steps to establish a doctor-patient relationship and conduct all appropriate evaluations and history consistent with traditional standards.
- All services provided must be medically necessary and appropriate.
- Providers shall comply with local, state, and federal laws and other regulatory agency requirements.
- Telemedicine treatment and consultations, including the authorization and dispensing of prescription medication(s), shall be held to the same professional standards of appropriate medical practice as those in a traditional in-office face-to-face encounter.

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## 2.5 TELEDERMATOLOGY, Continued

### Guidelines for providing services (continued)

- Mechanisms to ensure continuity of care, follow-up, and referrals for emergency services must be in place and transparent to patients.
- The provider must have all of the relevant medical information (e.g., patient demographic information, chief complaint, history of present illness, allergies, medications, past medical/surgical/family history, and social history combined with the appropriate review of high quality digital images (serving as the physical examination) to deliver a competent medical diagnosis, treatment, and counseling plan.
- Documentation of online secure store and forward communications (asynchronous conferencing) relevant to the ongoing medical care of the patient and the downloaded image of the patient's medical issue should be maintained as part of the patient's medical record.
- Digital image(s) used should be a minimum of 800 X 600 pixel (480,000) resolution.
- Online platforms should maintain accurate and transparent information about their website, the owner(s)/operator(s), location, and contact information.

### Billing and reimbursement

Reimbursement will be based on the current fee schedule in place at the time services were rendered. Member cost-sharing (copay, deductible, and/or coinsurance) would apply if applicable.

For more information on billing and reimbursement, please see Highmark Reimbursement Policy Bulletin **RP-046: Telemedicine and Telehealth Services**. Reimbursement policies are available on the Provider Resource Center under **CLAIMS, PAYMENT & REIMBURSEMENT**.

### Updating your information for the online Provider Directory

If you are able to offer teledermatology services, you can have that noted in your practice information in the online Highmark Provider Directory. The Provider Directory is a valuable tool for our members to find providers who provide the services they need in locations convenient for them.

For instructions on reporting your ability to provide teledermatology services, please see the section in this unit on **Updating the Provider Directory for Virtual Services**.

## 2.5 UPDATING THE PROVIDER DIRECTORY FOR VIRTUAL SERVICES

### Highmark Provider Directory

The Highmark Provider Directory located on each of our public websites is a fast, easy way for our members to find providers near their homes or their workplace. And it is a valuable tool that offers your current and potential patients important details about your practice, including office location, hours of operation, parking availability, and nearby public transit information.

The online Provider Directory can also indicate if you are able to offer the “virtual” telemedicine services as described in this unit (Virtual PCP Visits; Virtual Behavioral Health; Specialist Virtual Visit; Teledermatology; and for providers located in Delaware, telemedicine services as applicable under Delaware House Bill 69). This is self-reporting and up to you to supply us with this information.

### Updating your practice information via NaviNet

If you are able to provide virtual visits/telemedicine services, you can notify Highmark by updating your practice information via NaviNet:

1. Select **Provider File Management** from the main menu on NaviNet Plan Central.
2. Choose the applicable **Billing Provider**.
3. Check the box in front of the address of the location where the service can be provided, and then click on the **Edit** button above the list of addresses.
4. Click on the arrow in front of **Office Accessibility and Services** to expand the category, and then click the **Edit** button for **Services offered at this location**.
5. Check the box for **Telemedicine** in the list of services, and then click **OK**.
6. Click on the **Submit** button to update your files.

Once your files are updated, your listing in the online Provider Directory will be updated to indicate that you can provide telemedicine services. Here is an example of how this would display in **Practice Information** in your file of the Provider Directory:

PLANS ACCEPTED	Practice Information
PRACTICE INFORMATION	Evening Hours: Yes
HOSPITAL AFFILIATIONS	Weekend Hours Available: No
BACKGROUND	Specialties: Internal Medicine
PATIENT RATING	Accepting New Patients: Yes
QUALITY MEASURES	Patient Age Range Accepted: 14–125 Years
	Electronic Capabilities:
	Other Professionals Onsite:
	Handicap Accessible: Yes
	Assistive Aids: Handicapped Accessible, Public Transportation, Qualified Interpreters
	Languages Spoken: Info N/A
	Parking Details: Free
	Services Onsite: Allergy Injections, Drawing Blood, <b>OK, Telemedicine</b>

## 2.5 DELAWARE TELEMEDICINE MANDATE – HOUSE BILL 69

### Overview



In addition to the telemedicine programs discussed in the previous sections of this unit, effective January 1, 2016, Highmark Delaware will also provide coverage for the services of most physicians and many other providers performed via telemedicine. House Bill 69, now Delaware law, requires that insured members are covered for telemedicine services on the same basis as an in-person visit to their provider.

This new law affects all fully-insured commercial group and individual health care plans. Self-insured employer groups may or may not elect to provider coverage.

**Note:** Medicare supplemental plans are exempt from this law.

[What Is My Service Area?](#)

### Key Definitions under Delaware House Bill 69



**Telemedicine** is a form of telehealth, which is the delivery of clinical health care services by means of real time two-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support health care delivery which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in the state, while such patient is at an originating site and the health care provider is at a distant site.

- **Distant site** - a site at which a health care provider legally allowed to practice in the state is located while providing health care services by means of telemedicine or telehealth.
- **Originating site** - a site in Delaware at which a patient is located at the time health care services are provided to him or her by means of telemedicine or telehealth, unless the term is otherwise defined with respect to the provision in which it is used; provided, however, notwithstanding any other provision of law, insurers and providers may agree to alternative siting arrangements deemed appropriate by the parties.
- **Store and forward transfer** - the transmission of a patient's medical information either to or from an originating site or to or from the provider at the distant site, but does not require the patient being present nor must it be in real time.

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## 2.5 DELAWARE TELEMEDICINE MANDATE – HOUSE BILL 69,

Continued

### Applicable products



Delaware House Bill 69 is applicable to all fully insured Highmark commercial group and individual products. Self-insured clients may or may not elect to provide coverage.

This benefit enhancement **does not apply** to Medicare supplemental products in Delaware.

[What Is My Service Area?](#)

### REMINDER: Always verify benefits



Providers are reminded to always verify a member's eligibility and benefits prior to rendering services. It is the provider's responsibility to confirm that the member's benefit plan provides the appropriate benefits for the anticipated date of service.

You can verify benefits electronically quickly and easily via NaviNet's Eligibility and Benefits Inquiry or by submitting a HIPAA 270 transaction. If NaviNet is not available, please call the Highmark Delaware Provider Service Center at **1-800-346-6262**.

Highmark Delaware members can be directed to call the Member Services telephone number on their ID cards to inquire about coverage under their benefit plan.

### Non-covered services



Services that are not covered include, but are not limited to, the following:

- Unsecured and unstructured services such as, but not limited to, Skype, instant messaging, and email
- Provider-to-provider consultations, provider-to-provider telephone conversations, facsimile, or email communications

### Security guidelines



Services conducted through real-time interactive audio and video telecommunications or Store and Forward technology must use hardware and software that are HIPAA (Health Insurance Portability and Accountability Act) and HITECH (Health Information Technology for Economic and Clinical Health Act) compliant.

Highmark Delaware supports the highest standards to protect the confidentiality of our members' information but there may be risks in passing personal health information (PHI) virtually. Highmark Delaware is not responsible for the security of telemedicine communication and does not validate the safeguards of any of the equipment and software used on either side of the virtual transmission.

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## 2.5 DELAWARE TELEMEDICINE MANDATE – HOUSE BILL 69,

Continued

[What Is My Service Area?](#)

### Guidelines for providers



Services eligible under Delaware House Bill 69 are not intended to replace in-person visits. Providers should give careful consideration in determining whether an in-person office visit for the initial visit would be appropriate and beneficial.

The provision of telemedicine services is optional and not a requirement of network providers. Eligible Highmark Delaware providers with the appropriate technology must follow the additional guidelines below:

- Provider must take the appropriate steps to establish a doctor-patient relationship and conduct all appropriate evaluations and history consistent with traditional standards.
- All services provided must be medically necessary and appropriate.
- Services performed must fall under the scope of the provider's licensure.
- Providers shall comply with local, state, and federal laws and other regulatory agency requirements.
- Telemedicine treatment and consultations, including the authorization and dispensing of prescription medication(s), shall be held to the same professional standards of appropriate medical practice as those in a traditional in-office face-to-face encounter.
- Mechanisms to ensure continuity of care, follow-up, and referrals for emergency services must be in place and transparent to patients.
- Provider must obtain all relevant medical information (e.g., patient demographic information, chief complaint, history of present illness, allergies, medications, past medical/surgical/family history, and social history) combined with the appropriate review of high quality digital images (if applicable) prior to delivery of medical diagnosis and treatment.
- Documentation of the telemedicine service must be maintained in the patient's medical record, as with in-person diagnosis and treatment services.

Telemedicine services are not covered when the above criteria are not met. A participating, preferred, or network provider can bill the member for the non-covered service.

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## 2.5 DELAWARE TELEMEDICINE MANDATE – HOUSE BILL 69,

Continued

[What Is My Service Area?](#)

### Billing and reimbursement



Reimbursement for all services will be based on the current fee schedule in place at the time services were rendered. Member cost-sharing (copay, deductible, and/or coinsurance) and service limits will apply if applicable.

For more information on billing and reimbursement, please see Highmark Reimbursement Policy Bulletin **RP-046: Telemedicine and Telehealth Services**. Reimbursement policies are available on the Provider Resource Center under **CLAIMS, PAYMENT & REIMBURSEMENT**.

### Updating your information for the online Provider Directory



If you are able to offer telemedicine services, you can have that noted in your practice information in the online Highmark Delaware Provider Directory. The Provider Directory is a valuable tool for our members to find providers who provide the services they need in locations convenient for them.

For instructions on reporting your ability to provide telemedicine services, please see the section in this unit on **Updating the Provider Directory For Virtual Services**.

OBSOLETE

## 2.5 TELESTROKE

### What is telestroke?

A **telestroke** service is a consultative modality that facilitates care for patients with acute stroke in a hospital emergency department by a vascular neurologist at stroke centers. These services are provided through telemedicine in the form of real-time video-conferencing for timely consultations with a vascular neurologist.

Telestroke services operate on a "hub and spoke" model allowing community hospitals that lack comparable staffing as larger urban hospitals and academic medical centers to access the expertise of the stroke centers and provide enhanced stroke care.

### Applicable products

The telestroke benefit enhancement applies to all eligible Highmark members with Commercial coverage.

[What is My Service Area?](#)

### Hub and spoke

The "hub" is considered the specialist, the vascular neurologist at the stroke center. They are able to visualize real-time video feeds and conduct examinations of patients experiencing stroke-like symptoms from various emergency departments that represent the "spoke" via a video-conference link.

### Originating site billing and reimbursement

When a "spoke" facility is providing a telestroke service via a telecommunications system, they are to use HCPCs code Q3014 (telehealth originating site facility code) to bill for the technical services, along with Revenue Code 0780 with a stroke diagnosis.

### Always check Medical Policy!

Medical Policy includes medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. For guidelines for telestroke services, please see **Highmark Medical Policy Z-65: Telestroke**.

Highmark's current medical policies are accessible on the Provider Resource Center under **CLAIMS, PAYMENT & REIMBURSEMENT**.

### Verify eligibility

Providers are reminded to always verify a member's eligibility and benefits prior to rendering services. It is the provider's responsibility to confirm that the member's benefit plan provides the appropriate benefits for the anticipated date of service.

You can verify benefits electronically quickly and easily via NaviNet's Eligibility and Benefits Inquiry or by submitting a HIPAA 270/271 transaction.