

CHAPTER 2: PRODUCT INFORMATION

UNIT 5: TELEMEDICINE SERVICES

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[What Is My Service Area?](#)

The *Highmark Provider Manual* contains information, policies, and procedures that apply to Highmark network participating providers in Pennsylvania, Delaware, West Virginia, and contiguous counties. The symbols below are used in the manual to identify information that is specific to one state. In some instances, information may be designated as applicable to two states only. **Where no symbol is present, the information is relevant to all states.**



The PA ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Pennsylvania and contiguous counties.



The DE ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in Delaware and contiguous counties.



The WV ONLY symbol indicates the information in the section is applicable to providers participating in Highmark networks in West Virginia and contiguous counties.

OBSOLETE

2.5 INTRODUCTION TO TELEMEDICINE

Overview

Many factors can make it difficult for patients to get appropriate medical care when they need it – geography, weather, availability of specialists, transportation, and others. With advancements in technology that allow for visual communications and information exchange at a distance, the telemedicine field is growing rapidly to meet the needs of the patient community.

Telemedicine includes a growing variety of applications and services using two-way forms of telecommunications technology. The use of this technology is now becoming integrated into the ongoing operations of hospitals, specialty departments, and physician offices. For both providers and patients, telemedicine can play a significant role in facing the challenges of maintaining or improving health care outcomes while reducing costs.

Some of the most important benefits of telemedicine include accessibility and flexibility for the patient community. With the mounting shortage of physicians, especially for primary care, telemedicine offers patients the convenience of connecting with medical professionals more easily when traveling, pressed for time, unable to take time off from work or school, or not able to drive long distances to see their health care provider.

What is telemedicine?

Telemedicine is defined as the exchange of medical information between sites via electronic communication for transmitting clinical information for diagnostic, monitoring, and therapeutic purposes. The term “telehealth” is often used in conjunction with telemedicine and is intended to include a broader range of services using telecommunication technologies, including videoconferencing. These terms are often used interchangeably.

Highmark provides coverage and options for telemedicine services

Highmark is committed to expanding access to quality care for our members and providing new options for more timely and convenient access to meet their needs. In our efforts to expand services and coverage to more members, we are providing telemedicine coverage options through:

- A telemedicine service benefit that provides coverage for services provided by our approved telemedicine vendors via real-time interactive audio and video telecommunications technology. These vendors provide 24/7 access to a national network of board-certified physicians.
 - Benefit enhancements that provide coverage for “virtual visits” with our members’ trusted primary care providers and specialists using telecommunications technology.
-

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2.5 INTRODUCTION TO TELEMEDICINE, Continued

[Why blue italics?](#)

Telemedicine legislation

A wide variety of organizations support the use of telemedicine and legislation to require reimbursement by insurance companies and the Medicare and Medicaid programs.

- The State of Delaware enacted telemedicine legislation in 2015 that affects commercial individual and group insurance coverage. For additional information, please see the section of this unit on the **Delaware Telemedicine Mandate – House Bill 69**.
- *West Virginia House Bill 4363, effective June 11, 2016, created new sections to West Virginia Code (§30-3-13(a) and §30-14-12(d)) and implemented a variety of telemedicine practice standards and prescribing rules; however, West Virginia still lacks a payment parity law for telehealth care that applies to commercial health plans.*
- Proposed legislation for telehealth practice standards and coverage by commercial insurance plans is under consideration in Pennsylvania.

[What Is My Service Area?](#)

OBSOLETE

2.5 PRESCRIBING PROTOCOL FOR TELEMEDICINE SERVICES

Introduction

The standard of care applicable to an in-person patient encounter also applies to a virtual patient encounter. Telemedicine consultations and treatment, including the authorization and dispensing of prescription medication(s), must be held to the same professional standards of appropriate medical practice as traditional in-person patient encounters.

Why blue italics?

Establishing a provider-patient relationship via telemedicine

Prior to issuing prescriptions via telemedicine, providers must ensure that a provider-patient relationship is established and documented in the member's file. *A proper "provider-patient relationship" may be established when the provider (physician/practitioner) obtains all relevant medical history and conducts an appropriate evaluation to establish a diagnosis(es) and identify underlying conditions or contraindications to recommended treatment.*

*A valid provider-patient relationship may be established using telemedicine technologies provided the appropriate standard of care is met and all applicable state and federal statutes and regulations are followed. The services to establish the provider-patient relationship during the initial encounter, as described above, must take place via an interactive audio **and** video telecommunications system (unless exceptions are allowed for certain medical services as appropriate under applicable state laws).*

Providers should give careful consideration in determining whether an in-person office visit for the initial visit would be beneficial in establishing a provider-patient relationship based on the particular member's presenting condition(s). While some situations are appropriate for using telemedicine technologies for member care in lieu of the traditional in-person office visit, others are not.

Methods that are not acceptable

A provider-patient relationship may not be established through, but not limited to, the following:

- *Internet questionnaires;*
- *Social media;*
- *Email messages;*
- *Patient-generated medical history;*
- *Audio only communication including, but not limited to, interactive audio;*
- *Text messages;*
- *Facsimile (fax) machine; or*
- *Any combination of the above.*

These do not constitute acceptable standard of care and prescriptions cannot be issued to Highmark members when a provider seeks to establish a provider-patient relationship with the member based solely on these methods.

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2.5 PRESCRIBING PROTOCOL FOR TELEMEDICINE SERVICES, *Continued*

Telemedicine prescribing guidelines

The following guidelines apply when using telemedicine technology to issue prescriptions to Highmark members:

- *Prior to issuing a prescription, all relevant information that shows that a provider-patient relationship has been established (e.g., patient demographic information, chief complaint, history of present illness, allergies, medications, past medical/surgical/family history, social history, etc.) must be documented and maintained in the member's medical record as required with in-person diagnosis and treatment services.*
- *If state law requires an in-person examination prior to the delivery of telemedicine services, the in-person services must be concluded and documented in the member's medical record prior to the initiation of any related telehealth visits and issuance of prescriptions.*
- *For situations in which the standard of care requires an in-person examination in order to establish a diagnosis and determine recommended treatment, the in-person examination must be performed and documented in the member's medical record prior to issuing a prescription via telemedicine.*
- *If allowable per state regulations, a provider without an established provider-patient relationship may issue a prescription via telemedicine if the prescribing provider is: a) consulting at the request of another practitioner who maintains an ongoing relationship with the member; b) the other practitioner has performed an in-person physical examination of the member; and c) the other practitioner agrees to supervise the member's ongoing care and use of the prescribed medications.*

Why blue italics?

Prescribing limitations

All federal and state prescribing statutes and regulations, including any limitations on prescribing and dispensing controlled substances, must be adhered to in prescribing through telemedicine technology.

2.5 TELEMEDICINE SERVICE BENEFIT AND APPROVED VENDORS

Overview

In August 2012, Highmark introduced the “Telemedicine Service” benefit to certain members. This benefit provided access to 24/7 virtual PCP-type care through our approved vendor – Teladoc.™ Teladoc is a national network of U.S. board-certified doctors who are available 24 hours a day, 7 days a week and 365 days a year via phone and online video consultations. This benefit has provided our members with an affordable, convenient alternative to urgent care and emergency room visits for non-emergent medical issues.

As demand continues to grow, Highmark now provides a telemedicine service benefit for most of our members and is giving them a choice through two new vendors.

Effective January 1, 2016, American Well™ (Amwell) and Doctor On Demand™ are the Highmark-approved vendors for our members’ Telemedicine Service benefit. Amwell and Doctor On Demand are both direct-to-consumer models, which means that anyone can register with them and use their services. Since this approach requires no administrative fees, Highmark can continue to provide our members with a telemedicine services benefit option while reducing administrative costs.

Services provided by Amwell and Doctor On Demand

Amwell and Doctor On Demand both provide national coverage by certified providers via real-time interactive video and audio telecommunications technology:

- **24/7/365 acute care for minor illnesses provided by both Amwell and Doctor On Demand:** PCP-type care, such as, but not limited to the following: cough, sinus infection, sore throat, vomiting, diarrhea, fever, pinkeye, flu/cold, headache. Amwell and Doctor On Demand both have nationwide networks of licensed, board-certified physicians, including family practitioners, internists, and pediatricians for acute care for minor illness.

If a member uses Amwell or Doctor On Demand for treatment, member cost sharing applies and can vary in the form of a copay or subject to network deductible and/or coinsurance as per their **Telemedicine Service** benefit.

- **Virtual behavioral health provided by Amwell only:** Scheduled appointments, contingent upon provider availability, for conditions such as, but not limited to the following: depression, anxiety, stress management, relationship challenges, and child behavior difficulties. Psychiatrists, psychologists, and therapists are available to provide services.

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2.5 TELEMEDICINE SERVICE BENEFIT AND APPROVED VENDORS,

Continued

Services provided by Amwell and Doctor On Demand
(continued)

If a member elects to use Amwell for virtual behavioral health services, the member's benefit plan must have both the **Telemedicine Service** benefit and coverage for **Outpatient Mental Health** services. Virtual behavioral health services are subject to member cost sharing in accordance with their **Outpatient Mental Health** benefit. If a self-insured group plan does not include outpatient mental health benefits, this service will not be covered.

Each vendor operates in accordance with state laws and regulations, and their providers are licensed to practice in the state in which the member is located.

Members must have the Telemedicine Service benefit to obtain these services from Amwell or Doctor On Demand.

The technology used is private, secure, and HIPAA-compliant in order to provide a safe and confidential consult with a doctor online. Both platforms can be accessed via mobile app or online (i.e., smart phone, tablet, laptop/PC with a webcam).

How members access and use this service

Highmark members must have the Telemedicine Service benefit for coverage of services obtained through Amwell or Doctor On Demand. Highmark member portals provide links to each vendor's website. Members must first register with either or both vendors, providing the following information:

- Highmark Member ID number
- Medical and prescription history
- PCP information
- Pharmacy of choice

Once the member is registered and connected, the doctor can review their history, answer questions, and, at their discretion, diagnose, treat, and even prescribe medication. If the member receives a prescription, it will be sent straight to the member's pharmacy.

The member will have access to records of their consultation and can provide a copy to their PCP. Both vendors send follow-up emails that sum up the service, contain a survey, and offer contact information for any questions they may have regarding the service they received.

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2.5 TELEMEDICINE SERVICE BENEFIT AND APPROVED VENDORS,

Continued

Member eligibility

The Telemedicine Service benefit provides coverage for Amwell and Doctor On Demand services to most Highmark members with individual health plans and employer group coverage, both fully insured and self-insured.

Telemedicine coverage for services provided by Amwell and Doctor On Demand are not available for members with Medicare Advantage and Medicare supplemental plans.

Please Note: Certain self-insured employer groups will continue to retain Teledoc as their telemedicine vendor.

Using NaviNet® to determine a member’s coverage for Telemedicine Services

You can easily identify Highmark members with coverage for telemedicine services by our approved vendors by using NaviNet’s Eligibility and Benefits Inquiry. If a member has coverage for telemedicine services, the **Telemedicine** benefit category under Professional Services will indicate “Yes.”

Workflows	
Highmark Blue Shield Eligibility and Benefits Inquiry Patient Search Eligibility and Benefits Details Professional Services	
Telemedicine Coverage	Yes
Enhanced-In-Network Coverage	Yes
Standard-In-Network Coverage	Yes
Out of Network Coverage	No
Telemedicine Service Coverage	Yes
Telemedicine Vendor	Amwell; Doctor on Demand

FOR MORE INFORMATION

To learn more about the services Amwell and Doctor On Demand provide to Highmark members through the Telemedicine Service benefit, you can visit their user friendly websites at:

- amwell.com
- doctorondemand.com

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2.5 TELEMEDICINE SERVICE BENEFIT AND APPROVED VENDORS,

Continued

Additional services offered by American Well

In addition to online consultations with Amwell’s nationwide network of providers, which are available to Highmark members through their Telemedicine Service benefit, American Well offers an array of safe and secure HIPAA-compliant technology solutions for individual providers, group practices, and health care systems. These solutions allow providers to offer the convenience of a live, online virtual visit option for their own patients using the Amwell platform.

To learn more about the options American Well offers providers for use of their HIPAA-compliant technology platform, you can visit the American Well website at www.americanwell.com.

ATTENTION: Providers using the AmWell technology platform for their private practices

If you contract with American Well to provide an online virtual visit option for your patients using the Amwell technology platform, the agreement includes 24/7 support provided by Amwell’s nationwide provider network, the “Online Care Group,” whenever you/your staff are not available. Please keep in mind that Highmark member benefits may vary depending on who is actually performing the services:

- If you provide **Virtual PCP Visits** or **Virtual Retail Clinic Visits** to Highmark members, the services are eligible under the Highmark member’s PCP/Physician Office or Retail Clinic benefits, as applicable.
- If primary care services are provided to a Highmark member by an Amwell Online Care Group provider, they are eligible under a Highmark member’s Telemedicine Service benefit, if applicable.

As a result, the Highmark member’s cost-sharing may vary depending on which provider performs the service – you or the Online Care Group. In addition, if the member does not have the Telemedicine Service benefit, the services would not be covered when provided by an Online Care Group provider.

In your discussions with American Well, confirm that it will be clear to your patients **who is providing care** when they sign on for an online visit -- you or the Online Care Group. In addition, educate your patients about your online access and availability, and ensure that your Highmark patients understand that their benefits/cost-sharing could differ if care is provided by the Online Care Group when you are not available.

Behavioral Health Providers: Virtual Behavioral Health visits, whether provided by you or by an Online Care Group provider, are subject to cost-sharing under the member’s Outpatient Mental Health benefit; therefore, the member’s cost-sharing

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2.5 TELEMEDICINE SERVICE BENEFIT AND APPROVED VENDORS,

Continued

ATTENTION:
Providers
using the
AmWell
technology
platform for
their private
practices
 (continued)

is the same for services provided by you or by the Online Care Group. However, please remember that a Highmark member must have both the Telemedicine Service benefit and coverage for Outpatient Mental Health services for behavioral health visits provided by Amwell's Online Care Group.

Reminder: Most Highmark members have coverage for telemedicine services; however, benefits can vary by product and group. For example, Medicare Advantage plans do not include the Telemedicine Service benefit or benefit enhancements for virtual visits. Always verify a member's benefits prior to providing service.

FOR MORE
INFORMATION

Please see the applicable sections of this unit for more information on Highmark's benefit enhancements that provide coverage for **Virtual PCP Visits and Virtual Retail Clinic Visits, Virtual Behavioral Health, Specialist Virtual Visits, and Teledermatology.**

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS

Overview

Primary care is traditionally the point of first contact for the patient when a medical illness, issue, or concern arises; however, primary care providers treat patients not only when they are ill. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses, as well as coordination of care within the broader health care system. By regularly seeing a trusted primary care practitioner, a patient's minor health problems can be identified and controlled before they become serious ones.

Because we recognize the important role of the primary care provider, Highmark strives to make primary care more accessible for our members. **Effective for dates of service on and after January 1, 2016, Highmark is providing our members another option for accessing outpatient primary care services – Virtual PCP Visits and Virtual Retail Clinic Visits.**

Virtual PCP Visits and Virtual Retail Clinic Visits provide our network participating primary care providers with the option of delivering primary care services to our members via real-time interactive audio and video telecommunications, or “telemedicine,” when appropriate. Telemedicine enables primary care providers to extend their reach and improve their efficiency and effectiveness while still maintaining high quality care and attention to patient safety.

What are Virtual PCP Visits and Virtual Retail Clinic Visits?

Virtual PCP Visits and Virtual Retail Clinic Visits are the remote delivery of outpatient primary care services through the use of secure real-time interactive audio and video telecommunications technology. A patient can participate in a virtual visit with a primary care provider from the privacy of their own home, office, or other private setting.

Why Virtual PCP Visits and Virtual Retail Clinic Visits?

Virtual PCP Visits and Virtual Retail Clinic visits are about more than convenience -- it is about getting members the care they need when they need it.

Virtual PCP Visits and Virtual Retail Clinic Visits can provide expanded access to services, more efficient delivery of services, and also potential cost savings.

- Access to primary care can be increased for all members -- especially for individuals with multiple chronic health conditions, those with severe illness and disability, and underserved populations in rural and remote areas.
 - Virtual visits are a cost-effective way to engage with patients and deliver care anywhere, any time, while reducing administrative costs for the provider and travel costs for the patient.
 - Virtual PCP Visits and Virtual Retail Clinic Visits can be used to triage cases and help reduce emergency room visits and hospitalizations by diverting members to less costly forms of care.
-

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS,

Continued

Non-covered services

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

- Mental health counseling and therapy *
- Asynchronous (online) medical evaluations (e-Visits)
- Remote critical care services (0188T, 0189T)
- Unsecured and unstructured services such as, but not limited to, Skype and instant messaging
- Provider to provider consultations, telephone conversations, facsimile, or email communications

**For information on behavioral health virtual services, please see the Virtual Behavioral Health section in this unit.*

Eligible providers

Highmark participating primary care providers who have the required telecommunications technology to support Virtual PCP Visits and Virtual Retail Clinic Visits may participate. The services performed must fall under the scope of the provider's license, and the sessions must be conducted following Highmark's service and security guidelines.

Providing Virtual PCP Visits and Virtual Retail Clinic Visits for Highmark members is optional and not a requirement of network providers.

Member eligibility

Virtual PCP Visits and Virtual Retail Clinic Visits are available to most Highmark members with individual health plans and employer group coverage, both fully and self-insured, that include benefits for PCP/Physician Office Visits and/or Retail Clinic Visits. This is also available for Federal Employee Program (FEP) members.

Any member cost-sharing or visit limits under the PCP/Physician Office/Outpatient Visit benefits or the Retail Clinic benefit would apply. For example, if a member's benefit has a copay for a PCP visit, then the copay would be applied to Virtual PCP Visits.

Please consult coverage materials to determine eligibility for Medicare Advantage and Medicare Supplemental plans.

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS,

Continued

**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.

In NaviNet, select **Additional Benefit Provisions** from the Eligibility and Benefits Details page, and then **Professional Services** from the pop-up box to determine coverage for **PCP Office/Outpatient Visit and Consultation, Physician Office/Outpatient Visit and Consultation, and/or Retail Clinic**. If the member has coverage for Virtual PCP Visits and/or Virtual Retail Clinic Visits, the benefit category will indicate “Virtual Visits – Yes.”

NaviNet	
Home Help Contact Support Feedback	
Workflows	
Highmark Blue Shield Eligibility and Benefits Inquiry Patient Search Eligibility and Benefits Details Professional Services	
PCP Office/Outpatient Visit and Consultation	
Coverage	Yes
Virtual Visits	Yes
Enhanced-In-Network	
Coverage	Yes
Standard-In-Network	
Coverage	Yes
Out of Network	
Coverage	Yes
Physician Office/Outpatient Visit and Consultation	
Coverage	Yes
Virtual Visits	Yes
Enhanced-In-Network	
Coverage	Yes
Standard-In-Network	
Coverage	Yes
Out of Network	
Coverage	Yes
Retail Clinic	
Coverage	Yes
Virtual Visits	Yes
Enhanced-In-Network	
Coverage	Yes
Standard-In-Network	
Coverage	Yes
Deductible	Subject to Enhanced Deductible
Coinsurance - Insurer	90 Percent up to Out-of-Pocket 100 Percent thereafter
Out of Network	
Coverage	Yes

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS,

Continued

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

Virtual PCP Visits and Virtual Retail Clinic Visits are a service delivery option provided to our members under the PCP/Physician and Retail Clinic benefits. They are separate from the services provided by our approved telemedicine services vendors – Amwell, Doctor on Demand, and Teladoc, which 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 Virtual PCP Visits and Virtual Retail Clinic Visits. 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**.

[What Is My Service Area?](#)

**Member
fliers
available**

The fliers accessible below can be customized with your practice information and instructions, and then printed and given to your Highmark patients with coverage that includes Virtual PCP Visits and Virtual Retail Clinic Visits.

Virtual PCP Visits Member Flier:

- [PA Western and Northeastern Regions](#)
- [PA Central Region](#)
- [Delaware](#)
- [West Virginia](#)

Virtual Retail Clinic Visits Member Flier:

- [PA Western and Northeastern Regions](#)
- [PA Central Region](#)
- [Delaware](#)
- [West Virginia](#)

These fliers are also available on the Provider Resource Center – select **FORMS**, and then choose **Miscellaneous Forms**.

**Technology
requirements**

The Virtual PCP Visits and Virtual Retail Clinic Visits must take place via real-time audio and video telecommunications. Interactive telecommunications technology must be multi-media communication that, at a minimum, includes audio and video equipment permitting real-time consultation among the patient location and provider location.

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS,

Continued

Technology requirements (continued)

The provider must ensure that the aesthetic quality of the consultation is comparable to that of an in-person consultation (i.e., proper lighting, camera positioning, network connection, etc.). The provider's monitor resolution (matrix) must be a minimum of 512 X 512 at 8-bit pixel depth.

The technology needed by the member will be driven by the technology platform that the provider uses to conduct this service. Members can be at any location that they choose that is conducive for Virtual PCP Visits and Virtual Retail Clinic Visits, provided the member has access to both audio and video streaming technology. The member should be in a location that is private and away from distractions.

Security guidelines

Virtual PCP Visits and Virtual Retail Clinic Visits must be conducted through real-time interactive audio and video telecommunications 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 equipment and software used on either side of the virtual transmission.

Guidelines for providing services

Virtual visits are not intended to replace in-person visits and support; it is another care delivery option that can be used by primary care providers if they choose. The primary care provider can make the determination whether Virtual PCP Visits and Virtual Retail Clinic Visits are the right course of treatment for their patients. If you offer Virtual PCP Visits or Virtual Retail Clinic Visits but feel that it will not be the most effective approach for a patient, then you may refuse to see the patient virtually.

Virtual PCP Visits and Virtual Retail Clinic Visits can be conducted for initial, follow-up, or maintenance care; however, providers should give careful consideration in determining whether an in-person office visit for the initial visit would be beneficial in establishing a doctor-patient relationship.

The following guidelines must be followed when conducting Virtual PCP Visits and Virtual Retail Clinic Visits:

- Any telecommunications technology used **must provide both audio and video streams** that meet Highmark's technology and security guidelines.
- All services provided must be medically necessary.
- Services performed must fall under the scope of the provider's licensure.

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS,

Continued

Guidelines for providing services (continued)

- Providers shall comply with local, state, and federal laws and other regulatory agency requirements.
- Mechanisms to ensure continuity of care, follow-up, and referrals for emergency services must be in place and transparent to patients.
- 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.
- The provider must take the appropriate steps to establish a doctor-patient relationship and conduct all appropriate evaluations and history consistent with traditional standards.
- The 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) prior to delivery of a medical diagnosis and treatment.
- Documentation of any visits using secure interactive audio and video telecommunications technology must be maintained in the patient's medical record as required with in-person diagnosis and treatment services.

Billing and reimbursement

Claims for Virtual PCP Visits and Virtual Retail Clinic Visits are submitted based on how you are contracted with Highmark. Claims must include the following:

- **Professional claims (1500/837P):**
 - Outpatient Evaluation & Management (E&M) CPT codes (99201-99205; 99211-99215) applicable to the services.
 - **GT or 95 modifier** indicating the use of interactive audio and video telecommunications technology.
 - Place of Service "02" (Telehealth) must be used when reporting the GT or 95 modifier.
- **Outpatient Facility Claims (UB-04/837I):**
 - Appropriate procedure code (99201-99205; 99211-99215 or G0463).
 - **GT or 95 modifier** indicating the use of interactive audio and video telecommunications technology.
 - Appropriate revenue code.

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

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2.5 VIRTUAL PCP VISITS AND VIRTUAL RETAIL CLINIC VISITS,

Continued

**PCPs:
Updating your
information for
the online
Provider
Directory**

If you are able to offer Virtual PCP Visits, 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 Virtual PCP Visits, please see the section in this unit on **Updating the Provider Directory for Virtual Services.**

**Delaware
House Bill 69**



In 2015, the State of Delaware enacted telemedicine legislation that provides coverage for the telemedicine services of most physicians and many other providers. For additional information, please see the section of this unit on the **Delaware Telemedicine Mandate – House Bill 69.**

[What Is My Service Area?](#)

OBSOLETE

2.5 VIRTUAL BEHAVIORAL HEALTH

Overview

The demand for behavioral health care services continues to steadily increase, while access to qualified behavioral health specialists remains limited. The growing demand often results in longer wait times for patients to receive treatment. However, telemedicine is now allowing behavioral health specialists to provide their expertise remotely, offering more flexibility and reducing the time it takes for patients to receive proper treatment.

Effective for dates of service on and after January 1, 2015, Highmark will reimburse mental health providers for outpatient care delivery via Virtual Behavioral Health.

What is Virtual Behavioral Health?

Virtual behavioral health is the remote delivery of outpatient mental health services through the use of secure real-time interactive audio and video telecommunications technology. A patient can participate in a virtual visit with a behavioral health specialist from the privacy of their own home, office, or other private setting.

Why Virtual Behavioral Health?

Virtual behavioral health is about more than convenience – it is about getting members the care that they need when they need it, or the care they are afraid to seek in person due to social stigma. It helps address barriers to access, stigma, and time constraints typically associated with mental health services.

Virtual behavioral health can provide expanded access to services, more efficient delivery of services, and also potential cost savings.

- Access to mental health care can be increased for all patients but especially for individuals with multiple chronic health conditions, those with severe illness and disability, and underserved populations in rural and remote areas.
 - Virtual visits can provide added comfort to patients who otherwise might be fearful and resistant to meet face-to-face in a clinic.
 - Counseling and intervention services can be delivered more quickly via teleconferencing sessions versus on-site appointments that may take longer to arrange.
 - Virtual visits are a cost-effective way to engage with patients and deliver care anywhere, anytime while reducing administrative costs for the provider and travel costs for the patient.
 - Virtual behavioral health visits can be used to conduct psychiatric consultations to triage cases and help reduce emergency room visits and hospitalizations by diverting clients to less costly forms of care.
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2.5 VIRTUAL BEHAVIORAL HEALTH, Continued

Non-covered services

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

- Asynchronous (online) medical evaluations (e-Visits)
- Remote critical care services (0188T, 0189T)
- Unsecured and unstructured services such as, but not limited to, Skype and instant messaging
- Provider to provider consultations, telephone conversations, facsimile, or email communications

Eligible providers

Any Highmark participating mental health provider who has the necessary telecommunications technology to support a virtual outpatient mental health visit may participate. The services performed must fall under the scope of the provider's license, and the sessions must be conducted following Highmark's recommended service and security guidelines. Providing virtual behavioral health visits for Highmark members is optional and not a requirement.

Member eligibility

Virtual behavioral health is available to most Highmark members with individual health plans and employer group coverage, both fully and self-insured, that include an **Outpatient Mental Health** benefit. **Please Note:** If a member's group plan does not include or carves out mental health benefits to a vendor, then Highmark's virtual behavioral health coverage would not apply to the member.

Any member cost-sharing under the **Outpatient Mental Health** benefit would apply. For example, if a member's benefit plan has a copay for an outpatient mental health visit, the copayment will apply to virtual behavioral health services.

Virtual behavioral health services are not available for members with Medicare Advantage and Medicare supplemental plans.

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

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2.5 VIRTUAL BEHAVIORAL HEALTH, Continued

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

Virtual behavioral health is a service delivery option provided to our members under the **Outpatient Mental Health** 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 virtual behavioral health 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 [Virtual Behavioral Health Member Flier](#) can be customized with your practice information and instructions, and then printed and given to your Highmark patients with coverage that includes virtual behavioral health services.

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

**Technology
requirements**

The virtual behavioral health visit must take place via real-time interactive video and audio telecommunications. Interactive telecommunications technology must be multi-media communication that, at a minimum, includes audio and video equipment permitting real-time consultation among the patient location and provider location.

The provider must ensure that the aesthetic quality of the consultation is comparable to that of an in-person consultation (i.e., proper lighting, camera positioning, network connection, etc.). The provider's monitor resolution (matrix) must be a minimum of 512 X 512 at 8-bit pixel depth.

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2.5 VIRTUAL BEHAVIORAL HEALTH, Continued

Technology requirements (continued)

The technology needed by the member will be driven by the technology platform that the provider uses to conduct this service. Members can be at any location that they choose that is conducive for virtual behavioral health visits, provided the member has access to both audio and video streaming technology. The member should be in a location that is private and away from distractions.

Security guidelines

Virtual behavioral health visits must be conducted through real-time interactive audio and video telecommunications 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

Virtual visits are not intended to replace in-person visits and support; it is another care delivery option that can be used by mental health providers if they choose. The provider can make the determination whether a virtual behavioral health visit is the right course of treatment for their patients. The mental health provider must determine what channel of care is the best for their patient. If you offer virtual behavioral health services, but feel that it will not be the most effective approach for a patient, then you may refuse to see the patient virtually.

Virtual behavioral health visits can be conducted for initial, follow-up, or maintenance care; however, providers should give careful consideration in determining whether an in-person office visit for the initial visit would be beneficial in establishing a doctor-patient relationship.

The following guidelines must be followed when conducting virtual behavioral health visits:

- Any telecommunications technology used **must provide both audio and video streams** that meet Highmark's technology and security requirements.
- All services provided must be medically appropriate and necessary.
- 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.

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2.5 VIRTUAL BEHAVIORAL HEALTH, Continued

Guidelines for providing services (continued)

- 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.
- The provider must take the appropriate steps to establish a doctor-patient relationship and conduct all appropriate evaluations and history consistent with traditional standards.
- 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) to deliver a competent medical diagnosis, treatment, and counseling plan.
- Documentation of the real-time interactive audio and video telecommunication relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record.

Billing and reimbursement

Claims for virtual behavioral health services are submitted based on how you are contracted with Highmark. Claims must include the following:

- **Professional claims (1500/837P):**
 - Appropriate existing outpatient mental health CPT codes.
 - Appropriate license-level modifier for the clinician who provided the service.
 - **GT or 95 modifier** indicating the use of interactive audio and video telecommunications technology.
 - Place of Service "02" (Telehealth) must be used when reporting the GT or 95 modifier.
- **Outpatient Facility Claims (UB-04/837I):**
 - Appropriate existing outpatient mental health CPT codes.
 - Appropriate license-level modifier for the clinician who provided the service.
 - **GT or 95 modifier** indicating the use of interactive audio and video telecommunications technology.
 - Appropriate behavioral health revenue code (900-919).

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.

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2.5 VIRTUAL BEHAVIORAL HEALTH, Continued

Updating your information for the online Provider Directory

If you are able to offer virtual behavioral health 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 virtual behavioral health services, please see the section in this unit on **Updating the Provider Directory for Virtual Services**.

OBSOLETE

2.5 SPECIALIST VIRTUAL VISIT

Overview

Telemedicine is defined as the exchange of medical information between sites via electronic communication for transmitting clinical information for diagnostic, monitoring, and therapeutic purposes. The term “telehealth” is often used in conjunction with telemedicine and is intended to include a broader range of services using telecommunication technologies, including videoconferencing.

An enhancement to the specialist visit benefit provides Highmark members with coverage for outpatient “virtual” visits with specialists using telecommunications technology. This “specialist virtual visit” benefit enhancement provides coverage for specialist services for members who do not have readily available access to such specialty services.

What is a specialist virtual visit?

The specialist virtual visit is an outpatient telehealth service that is a real-time interactive audio and video transmission of a physician-patient encounter from one site to another using telecommunications technology.

The patient is located at an “originating site.” An originating site can be a **medical site** (e.g., PCP’s office, outpatient facility) or a **non-medical site** (e.g., member’s home or office) and is connected to a specialist at a “distant site.” The benefit provides coverage for the services of the specialist at the distant site and also for an access fee billed by the **medical originating site** where the patient is located, when applicable.

[What Is My Service Area?](#)

Applicable products

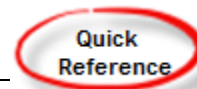
The specialist virtual visit benefit enhancement is applicable to all Highmark group products and to most individual products.

This benefit enhancement **does not apply** to the following:

- All Medicare Advantages products in Pennsylvania and West Virginia
- Medicare supplemental products in all service areas
- Individual HMO product available in Pennsylvania’s Western Region
- *Complete Care* in Pennsylvania

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2.5 SPECIALIST VIRTUAL VISIT, Continued



Verifying member eligibility

Participating providers should use the *Eligibility and Benefits Inquiry* in NaviNet® to verify a member’s coverage for specialist virtual visits. On the *Eligibility and Benefits Details* page, select **Additional Benefit Provisions**, and then the **Professional Services** category -- scroll to the **Specialist Office/Outpatient Visit and Consultation** service provision. If NaviNet is not available, please call the Provider Service Center.

“Specialist Virtual Visit” and “Originating Site Access Fee” (access fee applicable only when the originating site is a **medical site**) will be displayed with a “Yes” if the member is eligible for the service. If services are not covered under the member’s benefit plan, the services will not be displayed under the provision.

Specialist Office/Outpatient Visit and Consultation	Yes
Coverage	Specialist Virtual Visit
Services Include	Yes for Specialist Virtual Visit
Originating Site Access Fee	Subject to Program Deductible and Coinsurance

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

[What Is My Service Area?](#)

Member flier available

The flier available below can be given to your Highmark patients with coverage that includes the specialist virtual visit benefit enhancement. Click on the applicable link for your service area:

- Pennsylvania:
 - [Highmark BCBS Specialist Virtual Visit Member Flier](#)
 - [Highmark Blue Shield Specialist Virtual Visit Member Flier](#)
- [Highmark Delaware Specialist Virtual Visit Member Flier](#)
- [Highmark West Virginia Specialist Virtual Visit Member Flier](#)

These fliers are also available on the Provider Resource Center – select **FORMS**, and then choose **Miscellaneous Forms**.

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2.5 SPECIALIST VIRTUAL VISIT, Continued

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

Specialist virtual visits are a benefit enhancement and 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 specialist virtual visits. 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**.

Requirements

The specialist virtual visit benefit enhancement provides coverage for outpatient specialist services for members who do not have readily available access to such specialty services. When a covered benefit, evaluation and management and consultation services that occur with the specialty physician using telecommunications technology may be covered under the following conditions:

- Any telecommunications technology **must provide both audio and video streams** that meet Highmark's technology and security requirements;
- When applicable, at a medical originating site, the medical examination of the patient at the originating site must be under the control of the specialty practitioner at the distant site;
- All services provided must be medically appropriate and necessary;
- Services performed must be under the scope of the provider's licensure;
- Providers shall comply with local, state, and federal laws and other regulatory agency requirements;
- Mechanisms to ensure continuity of care, follow-up, and referrals for emergency services must be in place and transparent to patients;
- The specialist consultation must take place via real-time interactive audio and video telecommunications technology. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio and video equipment permitting real-time consultation;
- Documentation of the real-time interactive audio and video telecommunication relevant to the ongoing medical care of the patient should be maintained as part of the patient's medical record;
- A designated room with appropriate equipment, including camera, lighting, transmission, and other needed electronics and the appropriate medical office amenities is established in both the medical originating site, when applicable, and the distant site.

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2.5 SPECIALIST VIRTUAL VISIT, Continued

Requirements (continued)

- 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.
- The provider must take the appropriate steps to establish a doctor-patient relationship and conduct all appropriate evaluations and history consistent with traditional standards;
- 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) to deliver a competent medical diagnosis, treatment, and counseling plan.

Non-covered services

Services that are not covered under the specialist virtual visit benefit enhancement include, but are not limited to, the following:

- Mental health counseling and therapy*
- Asynchronous (online) medical evaluations (e-Visits)
- Remote critical care services (0188T, 0189T)
- Unsecured and unstructured services such as, but not limited to, Skype and instant messaging
- Provider to provider consultations, telephone conversations, facsimile, or email communications

* For information on behavioral health virtual services, please see the section of this unit on **Virtual Behavioral Health**.

REMINDER: Directing care to network providers

Providers are reminded that members will receive the highest level of benefits if the specialist involved in the specialist virtual visit is a participating Highmark network provider and, when applicable, is in the highest benefit tier. Depending on their benefit plan, some members may not receive coverage for services provided by an out-of-network specialist or may be responsible for higher cost-sharing amounts for services provided by an out-of-network specialist.

As a participating provider, you should direct members to other providers who participate in the network associated with the member's benefit plan. If a recommended specialist is not participating in the network associated with the member's benefit plan, the member must be notified in advance that a non-participating provider is not obligated to follow Highmark contractual guidelines and services could result in higher out-of-pocket expenses for the member.

Continued on next page

2.5 SPECIALIST VIRTUAL VISIT, Continued

Security guidelines

Specialist virtual visits must be conducted through interactive audio and video telecommunications hardware and software that are HIPAA (Health Insurance Portability and Accountability Act) and HITECH (Health Information Technology for Economic and Clinical Health Act) compliant, which must be certified by your technology platform vendor. The provider is responsible for ensuring that the aesthetic quality of the consultation is comparable to that of an in-person consultation (e.g., proper lighting, camera positioning, network connections, etc.).

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.

Originating site billing and reimbursement

The originating site is the location of an eligible member at the time the evaluation or consultation service is being provided via a specialist virtual visit. The originating site can be either a **medical site** or a **non-medical site**.

Only a medical originating site (e.g., PCP's office, outpatient facility) is eligible for an access fee. Highmark will accept HCPCS code Q3014 ("telehealth originating site facility fee") for the service. Claims for the medical originating site's access fee will be accepted as either professional (1500/837P) or outpatient facility (UB-04/837I using Revenue Code 780). **No other services reported on the medical originating site claim will be eligible for payment by Highmark or the member.**

The access fee is an all-inclusive fee that includes all medical originating site fees including, without limitation, providing a physical location for the virtual visit as well as providing all equipment to be utilized for the secure connection. No other fees may be billed to either Highmark or to the member by the medical originating site and all contractual member hold harmless requirements shall apply. **Highmark will accept and reimburse only one claim per encounter for the medical originating site access fee. Procedure code Q3014 will be reimbursed according to the current fee schedule in place at the time the services were rendered.**

The member will be responsible for applicable cost-sharing (deductible and/or coinsurance) according to their benefit plan.

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2.5 SPECIALIST VIRTUAL VISIT, Continued

Distant site billing and reimbursement

The distant site is the location where the specialist rendering the professional service is located. Highmark will accept only a professional claim (1500 Claim Form/837P) for the specialist's evaluation/assessment services provided at the distant site.

- Evaluation and management (E&M) visits (99201-99205; 99211-99215) and consultation services (99241-99245) are eligible codes for the specialist's services rendered at the distant site.
- The procedure code representing the specialist's services must be billed with a **GT or 95 modifier** indicating the use of an interactive audio and video telecommunications system. The GT or 95 modifier is only billed by the specialty practitioner.
- Place of Service "02" (Telehealth) must be used when reporting the GT or 95 modifier.

Reimbursement will be based on the current fee schedule in place at the time the services were rendered. Highmark will not accept or reimburse claims submitted for an access fee by the distant site. Member cost-sharing (copay, deductible, and/or coinsurance) will apply if applicable.

Updating your information for the online Provider Directory

If you are able to offer Specialist Virtual Visits, 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 Specialist Virtual Visits, please see the section in this unit on **Updating the Provider Directory for Virtual Services**.

2.5 TELEDERMATOLOGY

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.

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.

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.

Continued on next page

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

Highmark will accept claims for teledermatology services from dermatologists billing on a 1500 (02/12) claim form or 837P electronic format. Services should be billed using procedure code 99444.

99444 – Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous seven (7) days, using the Internet or similar electronic communication network.

Outpatient facility claims (UB-04/837I) should be billed using procedure code 99444 and Revenue Code 780.

Note: A telehealth modifier is not needed with the 99444 code as the description of the code already indicates that the service is "online."

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.

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2.5 TELEDERMATOLOGY, Continued

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**.

OBSOLETE

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, OK, Telemedicine

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 described below 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.

Highmark Delaware will accept claims from medical provider covered under Delaware House Bill 69 as follows:

- **Real-time audio:**
Professional services claims (1500/837P) should be billed using CPT codes 99441-99443 & 98966- 98968.
Outpatient facility claims (UB-04/837I) should be billed using CPT codes 99441-99443 & 98966- 98968 and the appropriate revenue code.
- **Real-time audio & visual:**
Professional service claims (1500/837P) should be billed using existing outpatient evaluation & management Level I CPT codes or CMS Level II office visit codes applicable to the services provided with a GT or 95 modifier indicating the use of an interactive audio and video telecommunications system. **Note:** Place of Service “02” (Telehealth) must be used when reporting the GT or 95 modifier for professional claims.
Outpatient facility claims (UB-04/837I) should be billed with existing outpatient evaluation & management Level I CPT codes or CMS Level II office visit codes applicable to the services provided with a GT or 95 modifier, indicating the use of an interactive audio and video telecommunications system, and the appropriate revenue code.
- **Store and forward:**
Professional service claims (1500/837P) should be billed using existing evaluation & management Level I CPT codes or CMS Level II office visit codes applicable to the services provided with a GQ modifier indicating the use of asynchronous telecommunications system. **Note:** Place of Service “02” (Telehealth) must be used when reporting the GT or 95 modifier for professional claims.
Outpatient facility claims (UB-04/837I) should be billed using existing evaluation & management Level I CPT codes or CMS Level II office visit codes applicable to the services provided with a GQ modifier, indicating the use of asynchronous telecommunications system, and the appropriate revenue code.

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2.5 DELAWARE TELEMEDICINE MANDATE – HOUSE BILL 69,

Continued

What Is My Service Area?

Billing and reimbursement (continued)



- **Originating Site:**

The originating medical site (i.e., provider's office, outpatient facility) is the location of an eligible member at the time the service is performed. Highmark Delaware will accept only one claim for the originating site access fee per visit that involves both an originating medical site and a distant site. Only the originating medical site will receive payment for an access fee. (Access fee not applicable for non-medical sites, i.e., member's home.)

Professional service claims (1500/837P) should be billed using CMS Level II code Q3014, indicating the telehealth origination site fee, when applicable.

Outpatient facility claims (UB-04/837I) should be billed using CMS Level II code Q3014 and Revenue Code 780, when applicable.

- **Distant Site:**

The distant site is the location from where the provider is rendering the service is located.

Highmark Delaware will not accept or reimburse claims submitted for an access fee by the distant site.

- **Telehealth Transmission:**

Professional service claims (1500/837P) should be billed using CMS Level II code T1014 indicating the telehealth transmission, if appropriate.

Outpatient facility claims (UB-04/837I) should be billed using CMS Level II code T1014 and the appropriate revenue code.

Highmark Delaware will accept only one telehealth transmission code per encounter, per provider; if both a medical originating and distant site were involved, Highmark Delaware will accept one from each site, when applicable.

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**.

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.

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. 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.