UPDATE: NEW REIMBURSEMENT POLICY
RP-046 FOR TELEMEDICINE AND TELEHEALTH SERVICES EFFECTIVE JULY 15, 2019

Highmark has developed Reimbursement Policy Bulletin RP-046, Telemedicine and Telehealth Services, to help establish the framework and requirements for the current and future strategic reimbursement direction of telemedicine services. Effective July 15, 2019, this policy will apply to commercial products only.

Guidance on the reimbursement of telemedicine, telehealth, virtual care, and e-Visit services for commercial products that resided in Chapter 2, Unit 5 of the Highmark Provider Manual has been moved to the reimbursement policy. In addition, reimbursement guidelines for these services for Medicare Advantage products in Pennsylvania and West Virginia will remain in Medicare Advantage Medical Policy Z-68, Telemedicine/Telehealth Services. Medicare Advantage Medical Policy can be accessed from the Provider Resource Center by selecting CLAIMS, PAYMENT AND REIMBURSEMENT, and then Medical Policy.

Although the Highmark Provider Manual’s Chapter 2, Unit 5 on Telemedicine Services will no longer provide reimbursement information beginning July 15, it will continue to include helpful information on telemedicine services, such as benefit information for virtual services, guidelines for providing services, technology and security requirements, and much more. To access the Highmark Provider Manual, select MANUALS from the Quicklinks Bar across the top of the Provider Resource Center, and then click on Highmark Provider Manual.

LOCATING RP-046: TELEMEDICINE AND TELEHEALTH SERVICES
Highmark Reimbursement Policy Bulletin RP-046 will be posted to the Provider Resource Center on June 28, 2019, to allow providers time to review it prior to the July 15 effective date of this information transfer. To review this policy beginning June 28, 2019:

- Go to the Provider Resource Center
- Select CLAIMS, PAYMENT & REIMBURSEMENT
- Click on Reimbursement Policy