CLIENT ALERTS

Telemedicine - Getting Paid

6.2.2016

We have previously issued a Health Alert on the specific issue of Telemedicine. One of the obstacles in providing telemedicine services has been reimbursement. In order to address this issue at least, in part, we have teamed with Kathy Jo Uecker*. Kathy is very knowledgeable in reimbursement and was pleased to assist in providing information on how providers can be paid for these services.

Telemedicine offers a clear opportunity for healthcare providers to connect with patients in cost-effective, efficient, and engaging ways. Yet while telemedicine continues to grow, challenges to widespread adoption remain.

The American Telemedicine Association estimates as many as 15 million people used telemedicine services in 2015 — a 50 percent jump from 2013. The use of this technology is being accelerated by the swift proliferation of smart phones and other personal electronic devices that enable convenient two-way conversation platforms for patients and their doctors, and it offers many benefits to healthcare.

One challenge for any healthcare provider has been the reimbursement for time spent taking care of the patients and making sure that care is documented. We are fortunate that Michigan Blue Cross Blue Shield (BCBSM) and Blue Care Network (BCN) have updated their medical policies this year.

One big change was that BCBSM has decided to remove the originating site requirement from their telemedicine policy effective 1-1-2016. As a result, providers are eligible to deliver telemedicine services that are consistent with their scope of practice. With the removal of the originating site requirement, it is possible that there are still clinical scenarios when the clinician may think it is medically necessary to present the patient to the physician at the distant site. The decision to do this will not be required but it is understood it may occur. For

example, certain services, such as psychotherapy or acute life threatening medical conditions, may be restricted to originating clinical sites where the patient can be monitored or assisted by an onsite provider. This is only for BCBSM as BCN is still requiring the originating site in their medical policy for telemedicine.

BCN has further clarified and defined "e-visits" in their Medical Policy effective 1-1-2016:

"eVisits (or, "online visits") - Low-complexity clinician-interactive telemedicine visits. An eVisit represents a structured, real-time (synchronous) health encounter using secure online communication technology to virtually connect a physician or other healthcare provider in one location to a patient in another location for the purpose of diagnosing and providing medical or other health treatment".

BCN continues in this policy to provide guidance as to when, where and who initiates this type of medical evaluation.

Priority Health updated their medical policy on telemedicine effective March 1, 2016 by removing the prior authorization requirement for telemonitoring. They have also included language as to some of the documentation requirements for the medical decision making.

As we see more and more of the Michigan third-party payers revise and change their reimbursement policies, we will be able to take advantage of the opportunity to treat patients through telemedicine. This will never replace the physician patient relationship but will enhance and improve the quality the time spent in the office for the face-to- face encounter.

We have linked to this Alert to the following sources for your review:

1. Blue Cross Blue Shield of Michigan Medical Policy effective January 1, 2016.

This policy provides a background on Telemedicine and definitions of "Clinician Interactive", "Store and Forward" and "Telemonitoring". The policy states that the practitioner must be licensed, registered or authorized to perform services where the patient is located as part of its inclusion criteria. The policy also provides for excluded items. The policy provides that all codes must contain a "GT" modifier. There are certain exceptions to the "GT" modifier requirement.

2. Blue Care Network Policy effective January 1, 2016.

This policy is similar to the first policy and provides more codes requiring the GT modifier.

3. Blue Care Network Policy on eVisits dated January 1, 2016.

This policy is very similar to the Blue Cross Blue Shield Policy.

4. Priority Health Medical Policy No. 91604-RI effective March 1, 2016.

The Priority Health Policy provides when the use of synchronous technologies may be considered medically necessary. The Policy also lists services which are not covered as telemedicine services. Specific coverage is provided for cardiac conditions, hypertension, COPD and diabetes telemonitoring. In addition, certain services are covered as well as exclusions for certain patients such as those unwilling or refusing the service, those with no caregiver, hospice patients, etc. Priority also provides specific codes for billing telemedicine services.

Should you have any questions regarding the use of the Blue Cross Blue Shield American WellTM program, please see this Frequently Asked Questions.

For any additional questions, please contact your regular Butzel Long attorney, the author of this alert, or any member of Butzel Long's Health Care Industry Group.

Kathy Jo Uecker and Net Source One are not related to Butzel Long and Butzel Long is not endorsing any particular vendor and those interested in the topic of this Health Alert should perform the requisite due diligence. Kathy Jo has been working in healthcare since 1989 and recently joined the consulting staff of Net Source One as a result of a merger. Her background is in billing, coding and revenue cycle management. She is a certified coder. She is certified with AHIMA for training in ICD-10 CM/PCS coding and compliance.

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