

Blue Cross & Blue Shield of Vermont Telemedicine Policies & Procedures

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BCBSVT Covers:

- Medically Necessary, clinically appropriate telemedicine consultations performed by a network provider
- Consultations, including second opinions
- Initial or follow-up inpatient consultations
- Office or other outpatient visits
- Follow-up visits after a skilled nursing facility or hospital stay
- Psychology and psychiatric examinations intended to provide a diagnosis
- Prescription drug management (applies only if member has prescription drug coverage)
- Nutritional counseling visits
- End-stage renal disease services
- Medical genetic and genetic counseling services (subject to applicable prior approval requirements)
- Neuro-cognitive testing
- Intervention and behavior change counseling to quit tobacco or smoking cessation or substance use disorder or alcohol use disorder treatment
- Education and training services for managing an illness
- Transitional care management services

BCBSVT does not reimburse:

- Services rendered via audio-only phone, email, fax, or other non-HIPAA-compliant means
- Services provided by store and forward means (asynchronous, patient not present)*
- A “hosting” or “facility” fee for the originating site
 - Exception: treatment of substance use disorder where the provider at the distant site and facility at the originating site are not owned by the same entity

BCBSVT requires:

- POS 02 (telehealth)
- Modifier -95 for CPT codes
- Modifier -GT for HCPCS codes
- Use of HIPAA-compliant software (not Skype or FaceTime)
- Services must be covered by the member's benefits
- Services must be delivered through the use of live interactive audio and video (synchronous)
- Distant site provider obtains patient's prior informed consent

Location Considerations

- If the patient is in VT, provider must be licensed here.
- If the patient is outside VT, the provider must comply with any state/local requirements that apply for that state or jurisdiction.
- For claims filing purposes, services are rendered where the provider is located (address for billing NPI).

BCBSVT's Telehealth Vendor – American Well (AmWell)

- BCBSVT contracts with American Well to provide a nationwide network of providers delivering services via telemedicine to BCBSVT members.
- AmWell services:
 - “sick visits” (cough, sore throat, vomiting, fever, bronchitis, sinus infection, stuffy head, allergies, pharyngitis, respiratory infections, flu, cold, pinkeye, rashes, UTIs)
 - Nutritional counseling
 - Breastfeeding support
 - Mental health and substance use disorder
- Option to enroll with AmWell (or other telehealth vendors) directly

I'm contracted with BCBSVT and my office is in VT. What should I know if I want to offer services via telemedicine?

- BCBSVT payment policy requirements apply, no reimbursement differential, no special contract
- Confirm member benefits (other Blue Plan members)
- Provider location matters
 - Provider's normal office location/NPI determines where the claim should be filed
 - If provider is using a VT-based NPI, file the claim to BCBSVT (even if provider was temporarily outside of VT at the time of service (e.g., on vacation))
- Patient location (at the time of service) matters

I'm contracted with BCBSVT and my office is in a county contiguous to VT. What should I know if I want to offer services via telemedicine?

- Claims for services rendered via telemedicine to BCBSVT members should be submitted to BCBSVT, and your BCBSVT contract controls.
- Claims for services rendered to non-BCBSVT members should be submitted to your local plan (e.g., Anthem if in NH).

Where do I file a claim if I have contracts with two different Blue Plans (not contiguous to each other, like VT and FL)?

- Provider location (billing NPI) at the time of service determines where the claim should be filed.
- Patient location at the time of services generally determines licensing requirements.

I'm contracted with BCBSVT, but I will be moving away from Vermont. How should I submit claims for telemedicine services when I move?

- If a provider leaves VT permanently, he/she is no longer eligible to participate with BCBSVT.
- Provider may have the option to participate with AmWell to maintain the relationship with BCBSVT members.
- Provider may contract with the local Blue plan and provide services via telemedicine pursuant to that plan's policies and procedures.