

Online Visits (E-visits)

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Online Visits

An online visit is 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 illness and providing medical or other health treatment. The patient initiates the visit. Medical information is exchanged via secured servers. Online visits should not replace a patient's relationship with a primary care provider, but can be invaluable when:

- The patient's primary care provider isn't available
- The patient can't leave home or work
- The patient is on vacation or traveling for work
- The patient is looking for affordable after-hours care

Original Medicare

Original Medicare covers telehealth under certain circumstances. However, coverage of telehealth services is limited and subject to conditions, including:

- The patient's location, known as the "originating site", must be in a Health Professional Shortage Area (HPSA) or in a county that is outside of any Metropolitan Statistical Area (MSA), defined by HRSA and the Census Bureau, respectively.
- The originating site must be one of eight qualifying medical facilities, and may not be the patient's home. The patient must be located in one of the following places:
 - o A doctor's office
 - o A hospital
 - o A critical access hospital (CAH)
 - o A rural health clinic
 - o A federally qualified health center
 - o A hospital-based or critical access hospital-based dialysis facility
 - o A skilled nursing facility
 - o A community mental health center
- The modality must be real time, face-to-face, interactive video consultation services where the patient is present ("store and forward" is only covered under demonstration programs in Alaska and Hawaii).
- The program only covers a limited set of services, designated by CPT code.

For most telehealth services, the patient pays the same amount that they would if they had gotten the services in person.

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Medicare Plus Blue PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for Online Visits (E - Visits) is provided to all Medicare Plus Blue PPO and most Medicare Plus Blue Group PPO members, with the exception of groups who have opted out of this benefit. Coverage for Online Visits is not subject to the same restrictions as Medicare-covered telehealth, meaning that members need not be located in a rural area or any specific originating site to take advantage of the benefit. Members have access to online medical and behavioral health services anywhere in the United States. Members can see and talk to:

- A doctor for minor illnesses such as a cold, flu, or sore throat
- A behavioral health clinician or psychiatrist to help work through challenges such as anxiety, depression and grief

Practitioners that utilize any form of an online visit must be in compliance with online secure transmission of protected health information (PHI). The handling of electronic patient information is considered the same as an in-office location and patient privacy must be maintained.

Inclusions:

- The online visit must be initiated by the patient.
- The online visit must be real-time (synchronous) between the patient and healthcare professional.
- The online visit should reflect an algorithmic question and answer approach. At the points of making decisions regarding diagnosis and/or treatment, the provider does not require face- to-face contact to make an optimal decision.
- The online visit is a low complexity, straightforward decision-making encounter that addresses urgent but not emergent clinical conditions; it is not anticipated that a follow-up encounter is required.

Exclusions:

- Store and Forward (Collecting clinical information and sending it electronically to another site or provider for evaluation)
- Telemonitoring
- Email only communication*
- Telephone only communication*
- Text only communication*
- Facsimile transmission
- Request for medication refills
- Reporting of normal test results
- Provision of educational materials
- Scheduling of appointments and other healthcare related issues
- Registration or updating billing information
- Reminders for healthcare related issues
- Referrals to other providers
- Any online visit encounter resulting in an office visit, urgent care or emergency care encounter on the same day for the same condition
- Ongoing treatment (typically requiring more than 3-5 visits) without the expectation of a face-to face visit with the same treating clinician/provider group.

*Telephone, text and email communication can be considered an enhancement to the online visit, but if done independently is not considered as meeting criteria for an online visit.

Policy Guidelines

A secured electronic channel must include and support all the following for online encounters:

1. The electronic channel must be secure, with provisions for privacy and security, including encryption, in accordance with HIPAA guidelines.
2. A mechanism must be in place to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.
3. The patient's informed consent to participate in the consultation must be obtained, including discussing appropriate expectations, disclaimers and service terms, and any fees that may be imposed. Expectations for appropriate use must be specified as part of the consent process including: use of specific written guidelines and protocols, avoiding emergency use, heightened consideration of use for highly sensitive medical topics, relevant privacy issues.
4. The name and patient identification number is contained in the body of the message, when applicable.
5. A standard block of text is contained in the provider's response that contains the physician's full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies, when applicable.
6. A record of online communications descriptive of the e-visit should be made available to the patient if requested.
7. The channel must be free of any third-party advertising on its site and must not use the patient's information for marketing.
8. If the provider collects payment for patients utilizing a credit card, it should be Payment Card Industry Data Security Standard (PCI-DSS) compliant.

Benefit Considerations

Online visits are subject to all terms and conditions of the policy, certificate or contract agreed upon between the policy, certificate or contract holder and the insurer, including, but not limited to required copayments, coinsurances and deductibles.

Conditions for payment

The table below specifies payment conditions for additional chiropractic care.

Conditions for payment			
Eligible provider	Any provider who can provide Medicare covered Telehealth Services; subject to the scope of provider practice can bill for Online Visits		
Payable location	No restrictions		
Frequency	See exclusions		
CPT codes	Online Visits Billable Codes	Modifiers	Description
	99441	N/A	Online Medical Visit, 5-10 minutes
	99442	N/A	Online Medical visit, 11-20 minutes
	90834	GT AJ (Masters Level)	Individual psychotherapy, 45 minutes
		GT AH (Doctorate Level)	Individual psychotherapy, 45 minutes
	90792	GT	Psychiatric diagnostic interview (for prescribers/medical services)
	99213	GT	Level 3 Established Office visit
The codes listed in this policy are for reference purposes only and is not a guarantee of coverage. This list of codes may not be all inclusive. All codes specific to scope of practice.			
Diagnosis restrictions	No restrictions		
Age restrictions	No restrictions		

Reimbursement

All charges for services delivered by online visit providers are handled under the terms of the contract between Blue Cross and the provider. Providers who don't have a contract to specifically provide online visits for MA PPO will be paid in accordance to the Medicare Physician Fee Schedule. Out-of-network providers will be paid in accordance with Medicare fee schedule.

Member cost sharing

Member program eligibility is verified by Blue Cross prior to the member's referral to the provider for online visits. The copays for online visits will generally be equal to what the member would have paid if they received the same service in person.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
 - a. Michigan providers: Please use the online billing process for professional claims
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision History

Policy Number: MAPPO

Effective: 01/01/2019