



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 01/01/19
LAST REVIEW DATE:
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

TELEHEALTH, TELEMEDICINE AND NON-FACE-TO-FACE SERVICES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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TELEHEALTH, TELEMEDICINE AND NON-FACE-TO-FACE SERVICES (cont.)

Description:

Telehealth Services:

Remote medical and behavioral health consultations available through the Telehealth Services Administrator (TSA), including:

- Medical consultations with a physician, physician's assistant or nurse practitioner
- Therapy consultations with a psychologist or other licensed therapist
- Psychiatry consultations with a psychiatrist

Telehealth provider determines if condition is appropriate for telehealth services. If condition is not appropriate, the provider will suggest in-person treatment.

Telemedicine Services:

Telemedicine is the interactive use of audio- video electronic media-for the purpose of diagnosis, consultation or treatment. Telemedicine services require both audio and visual media to be used in order for the health care service(s) to be covered. For purposes of this guideline, telemedicine services are considered face-to-face services when interactive, synchronous, audio-video electronic media are used. It does not include the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail.

Non-Face-To-Face Services:

Non-face-to-face services are not rendered in person. Examples of non-face-to-face services include:

- Care plan development when the patient is not present
- Care coordination and planning
- Evaluation and management (E/M) services before and/or after face-to-face patient care
- Telemedicine services not delivered through an audio-video electronic medium



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Criteria:

COVERAGE FOR TELEHEALTH AND TELEMEDICINE SERVICES IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

Telehealth Services:

- **If benefit for telehealth services is available**, telehealth services are considered **eligible for coverage** with documentation of **ALL** of the following:
 1. Services are provided by the Telehealth Services Administrator (TSA)
 2. TSA determines condition or diagnosis is appropriate for these services
 3. **ANY** of the following services:
 - Medical consultation with a physician, physician's assistant or nurse practitioner
 - Therapy consultation with a psychologist or other licensed therapist
 - Psychiatry consultation with a psychiatrist

- **If benefit for telehealth services is not available** or if above criteria not met, telehealth service is considered a **benefit plan exclusion** and **not eligible for coverage**.

These services include, *but are not limited to*:

- Emergency services
- Preventive services
- Services covered under the "Telemedicine Services" benefit
- Services not provided through the Telehealth Services Administrator



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TELEHEALTH, TELEMEDICINE AND NON-FACE-TO-FACE SERVICES (cont.)

Criteria: (cont.)

Telemedicine Services:

- **If benefit for telemedicine services is available**, telemedicine service provided by an in-network provider through interactive synchronous¹ audio-video electronic media is **eligible for coverage** with documentation service is to treat **ANY** of the following conditions:

1. Burns
2. Cardiologic condition
3. Dermatologic condition
4. Infectious disease
5. Mental health disorder
6. Neurologic diseases, including stroke
7. Pain medicine
8. Pulmonary medicine
9. Substance abuse
10. Trauma

- **If benefit for telemedicine services is available**, telemedicine emergency or urgent service provided by an out-of-network provider through interactive synchronous¹ audio-video electronic media is **eligible for coverage** with documentation service is to treat **ANY** of the following conditions:

1. Burns
2. Cardiologic condition
3. Dermatologic condition
4. Infectious disease
5. Mental health disorder
6. Neurologic diseases, including stroke
7. Pain medicine
8. Pulmonary medicine
9. Substance abuse
10. Trauma

¹ Non-face-to-face services may use interactive (also called “real-time,” “2-way,” or “synchronous” services) or non-interactive (also called “asynchronous” or “store and forward” services) communications equipment and media. As used in this guideline, “telemedicine” means non face-to-face services using interactive communications equipment and media. See, e.g., Arizona Revised Statutes 20-841.09; U.S. Centers for Medicare and Medicaid Services, Telehealth Services (ICN 901705 December 2015)



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Criteria: (cont.)

Telemedicine Services: (cont.)

- **If benefit for telemedicine services is not available** or if above criteria not met, telemedicine service is considered a **benefit plan exclusion** and **not eligible for coverage**.

These services include, *but are not limited to*:

- Non-emergency and non-urgent telemedicine services from an out-of-network provider
- Services delivered through the sole use of an audio-only telephone, a video-only system, a facsimile machine, instant messages or electronic mail
- Services provided through the "Telehealth" benefit

Non-Face-to-Face Services:

- Non-face-to-face services are considered a **benefit plan exclusion** and **not eligible for coverage**.

Resources:

Literature reviewed 12/18/18. We do not include marketing materials, poster boards and non-published literature in our review.

1. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.
2. Arizona Revised Statutes. §20-1406.05, 20-841.09, 20-1057.13.
3. Arizona House of Representatives. Senate Bill 1353.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

