

Telehealth

Applies to: All Premera Blue Cross Medicare Advantage (HMO) Plans

Original Medicare

Medicare telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services that are provided by a doctor or other health care provider who's located elsewhere using audio and video communication technology, like your phone or a computer.

You can get certain Medicare telehealth services without being in a rural healthcare setting, including:

- Monthly End-Stage Renal Disease (ESRD) visits for home dialysis.
- Services for diagnosis, evaluation, or treatment of symptoms of an acute stroke wherever you are, including in a mobile stroke unit.
- Services to treat a substance use disorder or a co-occurring mental health disorder (sometimes called a "dual disorder") in your home.
- You can get Medicare telehealth services at renal dialysis facilities and at home.
- You can get Medicare telehealth services for certain emergency department visits at home.
- You can get certain physical and occupational therapy services at home.
- Medicare covers some services delivered via audio only devices.
- Medicare also covers virtual check-ins and E-visits.

Premera Blue Cross Medicare Advantage HMO Plans Enhanced Benefit

Premera Blue Cross Medicare Advantage HMO plans are Medicare Advantage Plans, 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 healthcare plan. This flexibility allows Premera Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

The scope of the benefit, reimbursement methodology, maximum allowed payment amounts, and member cost sharing are determined by Premera Blue Cross. These virtual visits do not replace the in-person visits for the enrollees.

Medicare covered telehealth or virtual care visits such as e-visits and video visits, if offered by:

- A contracted PCP provider, visits are covered at the telehealth PCP copay of the plan.
- A contracted specialist provider, visits are covered at the telehealth specialist copay of the plan.

Medicare covered mental health virtual visits (audio/video consultation) if offered by behavioral health provider, are covered at telehealth mental health copay of the plan. This includes coverage for outpatient substance abuse telehealth.

Conditions for Payment

The table below specifies payment conditions for telehealth services.

Conditions for Payment	
Eligible provider	Physicians, Nurse practitioners, physician assistants, clinical nurse specialists, nurse midwives, certified registered nurse anesthetists, clinical psychologists, and clinical social workers
Payable location	Office, hospital, rural health clinic, federally qualified health center, renal dialysis center (including satellite facilities)
Frequency	Varies by service billed
CPT/HCPCS codes	G0108, G0109, G0396, G0397, G0406-G0408, G0420-G0421, G0425- G0427, G0439, G0442-G0447, G0459, G0508, G0509, 90791- 90792, 90832-90834, 90836-90838, 90845-90847, 90951, 90952, 90954, 90955, 90957, 90958, 90960- 90961, 90963-90970, 96156, 96158-96159 99201-99215, 99231-99233, 99307-99310, 99355-99357,99406, 99407, 99495-99498
Diagnosis	Restrictions apply
Age restrictions	No restrictions

Reimbursement

The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost Sharing

- Premera Blue Cross Medicare Advantage HMO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance, or a deductible. Providers can only collect the appropriate Premera Blue Cross Medicare Advantage HMO cost sharing amounts from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- To verify member eligibility, benefits, and cost share, go to the Premera Blue Cross Medicare Advantage HMO secure website at premera.com/wa/provider/medicare-advantage/. Click on the "Sign in to tools and resources" button.

Billing Instructions for Providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the Premera Blue Cross Medicare Advantage HMO 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. Use electronic billing.

Revision History

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