

Remote Technologies/Nurse Line

Applies to: All Plans

Remote Technologies/Nurse Line

Remote technologies and Nurse Lines permit the diagnosis and treatment of some conditions by health care practitioners who are not physically in the same location as the patient by using telephonic technologies, such as real time interactive audio video conferencing.

Original Medicare

Original Medicare permits the use of teleconferencing and/or real time interactive audio video conferencing to permit the efficient delivery of health care services and to supplement the on-going face-to-face provider-patient relationship. The services delivered by means of remote technologies must fall within the scope of practice of the provider and are expected to become part of the member's medical record.

Approved originating sites (the location of the beneficiary at the time the service is delivered) are limited to the following:

- An area outside of a Metropolitan Statistical area or
- A rural Health Professional Shortage Area (HPSA) located in a rural census tract.

The designation of these originating sites is defined each calendar year by agencies of the federal government and are valid for the entire year.

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.

The Nurse Hotline is covered in full for all members.

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

Medicare covered mental health virtual visits (audio/video consultation) if offered by behavioral health provider, are covered at mental health copay of the plan.

Conditions for Payment

The table below specifies payment conditions for remote telemonitoring 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, G0436-G0439, G0442-G0447, G0459, G0508, G0509, 90791-90792, 90832-90834, 90836-90838, 90845-90847, 90951, 90952, 90954, 90955, 90957, 90958, 90960-90961, 90963-90970, 96150-96154, 99201-99215, 99231-99233, 99307-99310, 99355-99357, 99406, 99407, 99495-99498
Diagnosis	Restrictions apply
Age restrictions	No restrictions

Reimbursement

Premera Blue Cross Medicare Advantage HMO plans' maximum payment amount to providers for remote telemonitoring services is available on our provider website, <https://www.premera.com/wa/provider/medicare-advantage/>, in the MA enhanced benefits fee schedule. 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/](https://www.premera.com/wa/provider/medicare-advantage/). Click on the "Log in to medical 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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