



Telemedicine coverage policy to take effect 1/1/2016

Arkansas Blue Cross and Blue Shield and its affiliates and subsidiaries has had a pilot telemedicine policy in place since April 2014. Effective January 1, 2016, a new policy will take effect. With few exceptions, services covered in a face-to-face setting will be covered when performed via telemedicine. Please refer to coverage policy 2015034 for details, as there are a number of specific requirements for reimbursement. Telemedicine reimbursement requires that the provider have a professional relationship with the member, and that the member be physically present in a credentialed facility or office.

There are requirements regarding documentation and the network used for data transmission. **The telemedicine provider at both the originating and at the distant site **must attest** they meet all requirements of the new policy and that they have read and understand the coverage policy to be eligible for reimbursement.**

The attestation may be accessed at the following link: arkansasbluecross.com/doclib/documents/providers/telemed_attestation111815.pdf. It is located in the "Forms" section of the "Doctors and Hospitals" resources on the website. The completed and signed attestation may be returned via email as an attachment to: ProviderNetwork@arkbluecross.com.

The professional service allowable for telemedicine is equivalent to the allowable for the same service when done face-to-face, and this service should be billed with a -GT modifier in the first modifier position. The originating site (where the patient is located) should bill Q3014 for the same date of service. The allowable for Q3014 is \$32.50.

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