

FEP UM Guideline 006: Telemedicine

Effective Date: April 1, 2026

Related Medical Policies:

2.02.08 Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry

Telemedicine

DESCRIPTION

Telehealth is a means of delivering healthcare services through the use of telecommunications technologies by a healthcare practitioner to a patient at a **different physical location** than the healthcare practitioner.³ Telemedicine allows health care services to be available when and where needed. It can **minimize geographical barriers** to care and maximize the efficient use of scarce resources.¹

FEP has telehealth and telemedicine benefits.

FEP telehealth services are provided by Teladoc®. These services are non-emergency services provided by phone or secure online video/messaging for minor acute conditions, dermatology care, behavioral health and substance use disorder counseling and nutritional counseling. This guideline does not address telehealth services provided by the FEP telehealth network (Teladoc®) (www.fepblue.org/telehealth).

FEP telemedicine services are provided by physician or other health care providers via phone or secure online video/messaging for certain medically necessary *services*. Telemedicine services involve the delivery of clinical evaluation and management services without direct patient contact. FEP telemedicine service requires the use of real-time, two-way communication using the phone or internet.

OBJECTIVE

The objective of this guideline for telemedicine is to identify when the services are eligible for reimbursement to facilitate the delivery of quality care in the setting of telemedicine. **Telemedicine services occur when the healthcare professional and the patient are not at the same site.**

This guideline does not override contractual requirements of the benefit provisions as outlined in the Blue Cross and Blue Shield federal brochures (RI-71005, RI 71-020/Standard and Basic Option¹ and RI 71-017, 71-025/FEP Blue Focus). This document does not determine medical necessity of care for benefit administration or is intended to replace medical judgment of a physician for treatment.

COVERED PROVIDERS

Healthcare professionals must be licensed, certified, or registered for the services provided as applicable by state/federal licensing regulations.⁵

Healthcare professionals providing telemedicine are subject to the same standard of care or practice standards as applicable to the in-person settings.

U.S. providers must use secure electronic/telephonic communications platforms which are HIPAA compliant.

For Members enrolled in Basic Option and FEP Blue Focus: Preferred providers must be used in order to receive benefits. See the assigned federal brochures (RI 71-005, RI 71-020/Standard and Basic Option² and RI 71-017, RI 71-025/FEP Blue Focus³) for exceptions.

For Members enrolled in Standard Option: Preferred provider and non-preferred provider benefits apply.

UM GUIDELINE

Only synchronous evaluation and management also therapy telemedicine services are covered. **Synchronous telemedicine services are real-time interactive video or telephone communication between a patient and a physician who is performing covered healthcare services but is not in the same location as the patient (site of service).**

Benefits are available for covered telemedicine services when provided to patients and billed by covered professional providers and outpatient facilities.

FEP UM Guideline 006 Telemedicine

Examples of sites of service* (site where the member/patient is located when the telemedicine visit occurs) **may** include:

- A patient's home- where the patient resides, this may include an extended care facility, skilled nursing facility, nursing home, or group home
- Consulting Physician for patient consultation while patient is **in referring physician's office** at a different location
- Urgent Care setting for telehealth services not located/available at the urgent care
- Inpatient or Outpatient setting of a hospital
- Observation care
- Emergency room

Synchronous evaluation and management telemedicine services may include:

- medical services, including physical, occupational and speech therapy.
- mental health and substance use disorder health care
- maternity services

An appropriate evaluation and management telemedicine procedure code with procedure code modifier and/or place of service should be used on the telemedicine claim.

Member responsibility for copayment/coinsurance is associated with the service provided and the member's site of service*.

- Example- an inpatient professional deductible/coinsurance would apply to a telemedicine hospital visit provided while a Standard Option member was inpatient in a hospital.

When prescribing based on a telemedicine encounter, a practitioner may prescribe the patient a legend drug, including a controlled substance, if the practitioner is authorized to prescribe such legend drug under applicable state and federal laws. To be valid, a prescription must be issued for a legitimate medical purpose by a practitioner acting in the usual course of the practitioner's professional practice. All prescribing must comply with applicable state and federal requirements.⁴

A practitioner utilizing telemedicine must provide the patient a reasonable mechanism to contact the practitioner, or a covering practitioner, for follow-up care related to the patient's telemedicine encounter. All telemedicine interactions and transactions must comply with applicable state and federal privacy and security requirements.⁴ All applicable laws and regulations and health care professional board rules/licensure for the jurisdiction(s) where the provider operates must be followed.⁵

Claims for telemedicine service charges that do not identify the type of telemedicine care provided will be returned to the provider for additional information.

Documentation of the patient encounter in the medical record must be maintained and must support the services rendered. The documentation should include the patient and provider identities and physical locations, diagnosis, procedure, treatment, prescriptions written, follow-ups required, and education provided. Relevant clinical practice guidelines and standards of care should be followed. The patient record should be available to the patient and their other providers when requested. Services offered via telemedicine should be comparable to in-person patient care.⁵

SERVICES NOT COVERED VIA TELEMEDICINE:

Asynchronous telemedicine services are not covered telemedicine services. These are services in which the medical information is collected remotely, stored, uploaded/forwarded, and reviewed by a provider without simultaneous interaction with the patient. Examples include fax, text, or email messages. Remote monitoring services, such as cardiac monitoring, is not addressed in this guideline; refer to the associated medical policy, such as policy 2.02.08.

This includes routine communications such as reporting of lab or other ancillary results, or brief check-in on symptoms or medication effectiveness or tolerability. However, billing is allowed for patient-initiated telemedicine

FEP UM Guideline 006 Telemedicine

visits unrelated to a previous E/M service within the 7 days of a previous visit and must not lead to an E/M service within the next 24 hours or the next available appointment.

Preventive services are not covered when delivered via telemedicine.

Preventive care services and diagnoses will not be reimbursed via telemedicine except for nutritional counseling.

Hearing aid evaluations

Benefits are not available for telemedicine service charges that do not identify the type of telemedicine care provided and will be returned to the provider for additional information.

Not every service is covered under the telemedicine benefit. Services other than evaluation and management services are not a covered telemedicine benefit.

The costs associated with enabling or maintaining providers' telemedicine technologies are not covered.

FEP UM Guideline 006 Telemedicine

References

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HISTORY

Date	Action	Description
January 2021	New guideline	UM Guideline for Telemedicine, guideline not published due to Public Health Emergency
April 2023	Updated	References updated. Guideline published at the end of public health emergency end date, May 11, 2023.
April 2024	Updated	Guidelines unchanged. References updated.
March 2025	Updated	Guidelines unchanged, non-covered services edited Benefits are not available for telemedicine service charges that do not identify the type of telemedicine care provided and will be returned to the provider for additional information.
March 2026	Updated	Guidelines unchanged. References updated.

Original Date: January 2021

FEP UM Guideline 006 Telemedicine

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