

## BWC's Provider Billing and Reimbursement Manual

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Policy Name:	<b>Telemedicine</b>
Policy #:	BRM-09
Code/Rule Reference:	R.C. 4731.296, O.A.C 4123-6-02.2, O.A.C. 4731-11-09, O.A.C 4123-6-08; 4123-6-27
Effective Date:	August 20, 2018
Origin:	Medical Policy
Supersedes:	All medical policies and procedures, directives and memos regarding Telemedicine that predate the effective date of this policy/procedure.
History:	New
Review date:	07/01/2023

### I. POLICY PURPOSE

The purpose of this policy is to ensure that BWC provides direction for the authorization, billing and reimbursement of synchronous telemedicine services.

This policy defines reimbursement for synchronous, two-way, interactive videoconferencing as the modality by which telemedicine services are provided. The use of other modern technologies such as virtual reality, email, store and forward, e-consults without the injured worker (IW) present, remote monitoring devices are not included in this policy, however, may be otherwise covered and reimbursed through the BWC Professional Provider Fee Schedule.

### II. APPLICABILITY

This policy applies to all actions relevant to the request, approval and reimbursement of synchronous telemedicine services within the Ohio Workers' Compensation System.

### III. DEFINITIONS

**Asynchronous telecommunications (also known as store and forward telemedicine or non-interactive telecommunications):** Medical information that is stored and forwarded to be reviewed at a later time by a health care provider at a distant site. Information may include, but is not limited to, video clips, still images, x-rays, MRIs, EKGs and EEGs, lab results, audio clips and text.

**Distant site:** Location of the health care provider that is providing medical services. Authorized distant sites are health care provider offices or clinics, hospitals, critical access hospitals (CAHs), and skilled nursing facilities (SNFs).

**Medical Peripherals:** Any medical device that is attached to a computer externally such as pulse oximeters, weight scales, blood pressure cuff, stethoscope, etc.

**Modifier 95:** Modifier that denotes a synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.

**Originating site :** Location where the IW is physically located at the time when services are being performed by a provider via audio and visual telecommunications. Authorized originating sites may be one of the following locations: health care provider clinic or office, hospital, critical access hospital (CAHs), skilled nursing facilities (SNFs), and an employer's secure, private location that allows an IW access to a remote provider.

**Synchronous telecommunications: Live video conferencing:** Medical information that is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the IW and a distant health care provider who is providing the service.

**Telehealth:** A broad array of means or methods to enhance health care delivery and education through technology, including ehealth, mhealth applications, and distance education.

**Telemedicine:** A subset of telehealth, is defined as the delivery of health care services such as diagnosis, consultation, or treatment through the use of synchronous telecommunications, live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Telemedicine does not include the use of audio-only telephone, e-mail, store and forward, or facsimile.

**Telepresenter:** Medical professional with clinical background (e.g. medical assistant, LPN, RN, etc.) at the originating site that facilitates the visit, including the physical examination, at the direction of the distant site provider .

#### IV. POLICY

##### A. Licensure and Scope of Practice

1. Telemedicine providers shall comply with relevant licensing or certification laws in the jurisdiction:
  - a. Where the provider is physically located when providing telemedicine;  
**and**
  - b. Where the IW is physically located when receiving care.
2. Telemedicine providers must submit to the MCO proof of applicable licenses or certifications for all jurisdictions when requesting prior authorization or reimbursement for telemedicine services, including when an interstate licensure compact applies.
3. Providers of telemedicine services shall not:
  - a. Utilize telemedicine to expand the scope of practice of the health care provider; or
  - b. Practice in a jurisdiction where the provider does not have the required license or certification.
4. Telemedicine visits shall be held to the same standard of practice as those in traditional face-to-face settings (e.g. privacy, informed consent, medical documentation).

**B. Location of Care for Telemedicine**

1. An IW may receive medical care delivered through telemedicine provided the IW is located at an appropriate originating site, and the provider is at a distant site.
2. An originating site may be the IW's employer, but only when the employer provides a secure, private location that allows an IW access to a remote provider.
3. An originating site may not be the IW's residence, other than residence at a SNF or other long term care facility.

**C. Provider Responsibilities**

1. The telemedicine provider at the distant site must employ the use of a telepresenter when applicable, at the originating site to:
  - a. Facilitate the physical examination; and
  - b. Problem solve equipment and connectivity problems; and
  - c. Administer or apply the use of medical equipment when someone other than the IW must administer or apply.
2. Medical documentation shall clearly state:
  - a. The service was delivered by synchronous telemedicine;
  - b. When a telepresenter is used to assist with the physical examination at the originating site;
  - c. The originating site location: physical location of the IW (i.e. The IW was present at Dr. Smith's Office Practice at 123 Main Street, Columbus, Oh. for his/her telemedicine visit); and
  - d. The distant site location: physical location of the provider (i.e. the provider's servicing address).
3. Telemedicine providers shall be responsible for the telemedicine technology and security requirements for both the distant and originating site.
4. If the IW is presenting symptoms that are not appropriate for a telemedicine visit, the provider shall arrange within 24 hours :
  - a. A face to face visit with the IW; or
  - b. Refer and transfer care of the IW to a traditional brick and mortar provider if a face to face visit is not possible due to distance; or
  - c. Immediately refer the IW to appropriate emergency services when applicable.

**D. Telemedicine Technology and Security Requirements**

1. Technology requirements will apply to both the distant **and originating site**.
2. The telemedicine network and technology shall:
  - a. Be synchronous using interactive audio and visual telecommunications, permitting real-time communications between the distant site provider and the IW receiving health care services;
  - b. Utilize technically sufficient equipment and transmission speed to support the service provided:
    - i. Videoconferencing picture resolution, at a minimum, shall have a data rate of 30 frames per second (fps) with each frame containing 288 lines and 352 pixels per line.

- ii. Telemedicine systems shall have a minimum of 384 kilobytes per second (Kbps) of bandwidth, and the distant site shall have the capacity to zoom and follow the IW at the originating site.
3. The originating site must have technology to support the telemedicine visit that:
  - a. Shall be stationary;
  - b. Shall connect to medical peripherals to facilitate a physical examination, when applicable;
  - c. Shall have a screen size equal to or greater than 12 inches diagonal;
  - d. Shall not be a cell phone.

### E. Billing and Reimbursement

1. Telemedicine services are reimbursable pursuant to the Professional Provider Fee Schedule OAC 4123-6-08 in effect on the date of service.
  - a. Billing codes are limited to those with a -95 modifier in the fee schedule.
  - b. Place of service 02 must be used by the distant site provider in addition to the -95 modifier.
2. When prior authorization for a service is required pursuant to BWC's prior authorization requirements defined in the *Provider Billing and Reimbursement Manual*, the telemedicine provider must obtain prior authorization including when the service will be provided by telemedicine..
3. An originating site facility fee is payable to the originating site provider, except:
  - a. When the originating site is:
    - i. The employer;
    - ii. An inpatient hospital; or
    - iii. A SNF when the IW resides at the facility.
  - b. When the originating site:
    - i. Also billed for an evaluation and management service or other service provided to the same IW on the same day; and
    - ii. The distant site provider is part of the same group practice; and/or
    - iii. The distant site is not more than 25 miles from the originating site.
4. The following forms of technology and communication are not considered telemedicine and shall not be reimbursed as telemedicine services:
  - a. Telephone conversations;
  - b. Text messages;
  - c. Electronic mail messages;
  - d. Facsimiles (faxes);
  - e. Asynchronous or "store and forward" services;
  - f. Conversations between practitioners when the IW is not present.
5. Telemedicine services are not billable or reimbursable for the following:
  - a. Communication to the IW only to report results, provide education material, and/or address administrative matters;
  - b. Services that occur the same day as a face-to-face visit, when performed by the same provider and for the same condition;
  - c. Purchase, rental, installation or maintenance of telecommunications equipment or systems used in the delivery of telemedicine;

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- d. Provision of telemedicine using an unauthorized originating site;
- e. Services provided in a jurisdiction where the health care provider does not have the required license or certification.
- f. Multiple simultaneous sessions for different IWs by a single provider, other than group therapy.