Medical Policy

BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

BCN Policy Effective Date: 1/1/16
(See policy history boxes for previous effective dates)

Title: Telemedicine

Description/Background

Telehealth and telemedicine are terms that are frequently used interchangeably. For this policy, Telehealth is an umbrella term used to describe all the possible variations of health care services and health care education using telecommunications. Telehealth allows for health care services such as telemedicine, telemonitoring, store and forward in addition to health care education for patients and professionals, and related administrative services.

Telemedicine, a subset of telehealth, means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real-time, interactive audio or video, or both, telecommunications system and the patient must be able to interact with the off-site health care professional at the time the services are provided. Many have advocated the use of telemedicine to improve health care in rural areas, in the home and in other places where medical personnel are not readily available. Telemedicine may substitute for a face-to-face, hands-on encounter between a patient and the health care provider when using the appropriate technology.

The use of telecommunications to support a clinical decision can incorporate patient data collected and reviewed immediately, such as clinician interactive, or reviewed later when the patient is no longer available such as telemonitoring or store and forward.

- **Clinician Interactive** – An electronically based, real-time clinician-patient encounter where the patient and health care provider are in different locations. This virtual encounter can either be audio only or audio visual. The virtual encounter can also be hosted. A hosted visit is a virtual consult with a remote health care provider hosted by a provider who is face-to-

face with the patient. Certain clinical scenarios will dictate the use of a hosted visit, so as to minimize risk to the patient and maximize the clinical outcome. For example, when a patient presents to the emergency room with acute stroke symptoms and the neurology specialist is not on site, the emergency room physician hosts a consult with the remote neurologist in a real-time encounter.

- **Store and Forward** - The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. A store and forward process eliminates the need for the patient and clinician to be present at the same time and place. Data that is sent to a remote clinician and interpreted in real-time is not store and forward. For example, a radiologist reading a study for the emergency room remotely is not considered store and forward since the clinical decision is occurring in real time.

- **Telemonitoring** - Services that enable providers to monitor test results, images and sounds that are usually obtained in a patient's home or a care facility. Post-acute care patients, patients with chronic illnesses and patients with conditions that limit their mobility often require close monitoring and follow-up. These types of programs use various strategies to monitor patients while reducing the need for face-to-face visits. An example is remote blood pressure monitoring in the home reported electronically to the provider. Telemonitoring is considered an asynchronous encounter.

- **eVisits** (or, "online visits") - Low-complexity clinician-interactive telemedicine visits. An eVisit represents a structured, real-time (synchronous) health encounter using secure online communication technology to virtually connect a physician or other healthcare provider in one location to a patient in another location for the purpose of diagnosing and providing medical or other health treatment. The patient initiates the virtual electronic medical evaluation. The medical information is exchanged via secured servers. Typically, eVisits use straightforward decision making to address urgent but non-emergent conditions that can be appropriately managed with this non face-to-face encounter. These encounters should reflect an algorithmic question and answer approach. At the point of making decisions regarding diagnosis and/or treatment, the provider does not require face-to-face contact to make an optimal decision.

Telehealth that is not delivered real-time such as store and forward and telemonitoring is out of scope for this policy.

Regulatory Status:

N/A

Medical Policy Statement

The safety and effectiveness of telemedicine have been established. It may be considered a useful diagnostic and therapeutic option when indicated.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:

- Originating site required.
  - An originating site is the location of the member at the time the service, furnished via a telecommunications system, occurs.
  - Originating sites are as followed:
    - The offices of physicians or practitioners
    - Hospitals
    - Critical Access Hospitals (CAH)
    - Rural Health Clinics
    - Federally Qualified Health Centers
    - Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
    - Skilled Nursing Facilities (SNF)
    - Community Mental Health Centers (CMHC)
- The provider must be licensed, registered, or otherwise authorized to perform service in their health care profession in the state where the patient is located. The provider is not required to be located in the state of Michigan but must be contracted with BCN. Services must fall within their scope of practice.
- Telemedicine delivered services are available to all clinicians, however, it may not be the preferred method of delivery in certain clinical scenarios, for example chronic suicidal ideation or unstable angina. A hosted visit may be necessary due to the complexity of the clinical situation.
- Telemedicine delivered services for ongoing treatment of a condition that is chronic and/or is expected to take more than 3-5 sessions before the condition resolves or stabilizes may require a hosted visit or a face-to-face encounter during the active treatment period.
- The service must be conducted over a secured channel with provisions described in Policy Guidelines.
- Eligible providers may include:
  - MD/DO
  - Certified nurse midwife
  - Clinical nurse practitioner
  - Clinical psychologist
  - Clinical social worker
  - Physician Assistant
  - Licensed Professional Counselor

Exclusions:

- Store and Forward
- Telemonitoring
- Email only communication
- Telephone only communication

- Text only communication
- Facsimile transmission
- Request for medication refills
- Reporting of normal test results
- Provision of educational materials
- Scheduling of appointments and other health care related issues
- Registration or updating billing information
- Reminders for health care related issues
- Referrals to other providers
- Any telemedicine visit resulting in an office visit, urgent care or emergency care encounter on the same day for the same condition
- Any telemedicine visit for the same condition originating from an office visit, urgent care or emergency care encounter within the previous seven days
- Any telemedicine visit occurring during the post-operative period

Policy Guidelines:

A secured electronic channel must include and support all of the following for online encounters:

1. The electronic channel must be secure, with provisions for privacy and security, including encryption, in accordance with HIPAA guidelines.
2. A mechanism must be in place to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.
3. The patient’s informed consent to participate in the consultation must be obtained, including discussing appropriate expectations, disclaimers and service terms, and any fees that may be imposed. Expectations for appropriate use must be specified as part of the consent process including: use of specific written guidelines and protocols, avoiding emergency use, heightened consideration of use for highly sensitive medical topics relevant to privacy issues.
4. Expectations are established for turnaround times for responses from the provider.
5. The name and patient identification number is contained in the body of the message, when applicable.
6. A standard block of text is contained in the provider’s response that contains the physician’s full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies, when applicable.
7. A record of online communications descriptive of the eVisit should be made available to the patient if requested.
8. The channel must be free of any third party advertising on its site and must not use the patient’s information for marketing.
9. If the system collects payment for patients utilizing a credit card, it should be Payment Card Industry Data Security Standard (PCI-DSS) compliant.

CPT/HCPCS Level II Codes

(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)

Established codes – Require GT Modifier:

90791	90792	90832	90833	90834	90836	90837
90838	90845*	90846	90847	90951	90952	90954
90955	90957	90958	90960	90961	96116	96150
96151	96152	96153	96154	97802	97803	97804
99201	99202	99203	99204	99205	99211	99212
99213	99214	99215	99231	99232	99233	99307
99308	99309	99310	99354	99355	99406	99407
99495	99496	G0108	G0109	G0270	G0396	G0397
G0406	G0407	G0408	G0420	G0421	G0425	G0426
G0427	G0436	G0437	G0438*	G0439*	G0442	G0443
G0444	G0445	G0446	G0447	G0459	Q3014	

*For Medicare Only

Other codes (investigational, not medically necessary, not a benefit, etc.):

N/A

Rationale

According to the State of Michigan legislative act released in 2012 the definition of telemedicine and associated requirements were established. So, telemedicine means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine, the health care professional must be able to examine the patient via a real time, interactive audio or video or both, telecommunications system and the patient must be able to interact with the off-site health care professional at the time the services are provided.

Michigan, along with almost half of the other states in the country, currently mandates coverage for telemedicine services. Policy makers seek to reduce healthcare delivery problems, contain costs, improve care coordination, and alleviate provider shortages. Many are using telemedicine to achieve these goals.

Since 2012 the number of states with parity laws; those are laws that require private insurers to cover telemedicine in provided services comparable to that of in person, has doubled. Michigan adopted a parity law in 2012.

Telemedicine enables providers to extend their reach and improve their efficiency and effectiveness while still maintaining high quality care and attention to patient safety. Recognition

of both the benefits and inherent limitations of care delivery via telemedicine remains the ultimate responsibility of the provider.

Telemedicine technologies should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law. Telemedicine supports a consistent standard of care and scope of practice notwithstanding the delivery tool or business method in enabling physician-to-patient communications. For clarity, a physician using telemedicine technologies in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the physician-patient relationship and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine technologies as a component of, or in lieu of, in-person provision of medical care, while others are not.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. A physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies. An appropriate physician-patient relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telemedicine services and not be assigned to a physician at random.

There is evidence that telemedicine technology can be used beneficially from a clinical and economic standpoint. While there are many promising initiatives underway, there are few mature telemedicine programs and few good scientific evaluations. There is still some need to work collaboratively to identify best practices. For example, telemedicine services for ongoing treatments or treatments of chronic conditions are feasible, but not demonstrated as best practice.

Certain health services, eg. behavioral health, neurology or endocrinology services, often rely upon more subtle and detailed observations of speech, behavior and affect. Therefore, these services require the most advanced communications and internet technologies for the delivery of telemedical care and may not always be well-suited to a telemedicine approach. By using advanced communication technologies, health professionals are able to widen their reach to patients in a cost effective manner, ameliorating the maldistribution of specialty care.

Government Regulations

National:

There is no national coverage determination specific to Telemedicine.

CMS telehealth services indicated in Appendix A.

Local:

There is no local coverage determination specific to Telemedicine.

Wisconsin Physician Service Local Coverage Determination (LCD): Psychological and Neuropsychological Testing (L34646)

Components of the Neuropsychological Evaluation
Neurobehavioral Status Examination
The face-to-face evaluation begins with a neurobehavioral status exam conducted by the provider (CPT code 96116; in rural areas or where there is a shortage of providers, the neurobehavioral status exam may be administered as a TELEHEALTH service using the TELEHEALTH/"GT" modifier)

Michigan Department of Community Health:

MDCH telemedicine services indicated in Appendix B.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

eVisits

References

1. American College of Physicians "e- Health and its Impact on Medical Practice - A Position Paper" 2008
2. Clancy, Carolyn, MD, Director AHRQ, "Telemedicine Activities at the Department of Health and Human Services," Before the Subcommittee on Health Committee on Veterans Affairs, May 18, 2005, < http://www.ahrq.gov/news/test51805.htm > (December 7, 2009).
3. CMS, 42CFR, Supplementary Medical Insurance Benefits, 410.78 Telehealth Services, 11/1/2001, last update 11/25/09.
4. CMS, 42CFR, Payment for Part B Medical and Other Health Services, 414.65Payment for Telehealth Services, 11/1/01, last update 11/25/09.
5. CMS Manual System, List of Medicare Telehealth Services, Pub. 100-04, Medicare Claims Processing, Transmittal 517, April 1, 2005, change request 3747.

6. Evidence Report/ Technology Assessment, Telemedicine for the Medicare Population, Number 24, AHRQ Publication Number 01-E011, February 2001. http://www.ahrq.gov/clinic/epcsums/telemedsum.htm > (December 7, 2009)
7. HAYES Medical Technology Directory, “Telephone intervention for depression,” Lansdale, PA: HAYES, Inc., September 3, 2008.
8. HAYES Medical Technology Brief, “Electronic intensive care unit (ICU) use and patient outcomes," Lansdale, PA: HAYES, Inc., August 21, 2008.
9. HAYES Search and Summary, "Telephone intervention for depression," Lansdale, PA: HAYES, Inc., August 17, 2009.
10. HAYES Search and Summary, "Electronic intensive care unit (ICU) use and patient outcomes," Lansdale, PA: HAYES, Inc., September 15, 2009.
11. American Telemedicine Association “Practice Guidelines for Videoconferencing-Based Telemental Health” October 2009
12. Michigan Common Law-500-3476 - THE INSURANCE CODE OF 1956 (EXCERPT)
13. American Telemedicine Association “State Telemedicine Gaps Analysis, Coverage and Reimbursement” - September 2014, page 4
14. Federation of State Medical Boards “Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine” – April 2014, page 3
15. Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections 30.3 – Examples of Eligible Supplemental Benefits

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 10/29/15, the date the research was completed.

Appendix A

CY 2015 Medicare Telehealth Services

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Psychoanalysis (effective for services furnished on and after January 1, 2015)	CPT codes 90845
Family psychotherapy (without the patient present) (effective for services furnished on and after January 1, 2015)	CPT code 90846

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Appendix A (continued)

CY 2015 Medicare Telehealth Services (cont.)

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Family psychotherapy (conjoint psychotherapy) (with patient present) (effective for services furnished on and after January 1, 2015)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (effective for services furnished on and after January 1, 2015)	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (effective for services furnished on and after January 1, 2015)	CPT code 99355
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit (effective for services furnished on and after January 1, 2015)	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit (effective for services furnished on and after January 1, 2015)	HCPCS code G0439

For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular access site.

Appendix B

MDCH
Telemedicine Database
January 2015

Revenue Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine		$0.00	$0.00	

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
90791	GT	Psych Diagnostic Evaluation	P	$72.31	$70.13	
90792	GT	Psych Diag Eval W/Med Srvc	P	$80.23	$78.05	
90832	GT	Psytx Pt & Family 30 Minutes	P	$36.05	$35.66	
90833	GT	Psytx Pt&/Fam W/E & M 30 Minutes	P	$37.04	$36.65	
90834	GT	Psytx Pt&/Family 45 Minutes	P	$47.35	$46.95	
90836	GT	Psytx Pt&/Fam W/E&M 45 Min		$39.22	$39.22	
90837	GT	Psytx Pt&/Family 60 Minutes	P	$70.13	$69.73	
90838	GT	Psytx Pt&/Fam W/E&M 60 Minutes	P	$60.62	$60.22	
90846	GT	Family psytx w/o patient		$62.01	NA	Coverage added effective 01/01/2015
90847	GT	Family psytx w/patient		$64.16	NA	Coverage added effective 01/01/2015
90951	GT	ESRD Serv 4 Visits P Mo < 2 Yr	P	$524.97	$524.97	
90952	GT	ESRD Serv 2-3 Vsts P Mo < 2 Yr		$357.11	$357.11	
90954	GT	ESRD Serv 4 Vsts P Mo 2-11	P	$457.41	$457.41	
90955	GT	ESRD Srv 2-3 Vsts P Mo 2-11	P	$256.14	$256.14	
90957	GT	ESRD Srv 4 Vsts P Mo 12-19	P	$360.34	$360.34	
90958	GT	ESRD Srv 2-3 Vsts P Mo 12-19	P	$243.27	$243.27	
90960	GT	ESRD Srv 4 Visits P Mo 20+	P	$158.48	$158.48	
90961	GT	ESRD Srv 2-3 Vsts P Mo 20+	P	$133.12	$133.12	
96116	GT	Neurobehavioral Status Exam	P	$51.70	$48.34	
99201	GT	Office/Outpatient Visit New	P	$24.17	$14.86	
99202	GT	Office/Outpatient Visit New	P	$41.40	$27.93	
99203	GT	Office/Outpatient Visit New	P	$60.42	$42.99	
99204	GT	Office/Outpatient Visit New	P	$91.72	$72.50	
99205	GT	Office/Outpatient Visit New	P	$91.72	$72.50	
99211	GT	Office/Outpatient Visit Est	P	$11.09	$5.15	
99212	GT	Office/Outpatient Visit Est	P	$24.17	$14.26	
99213	GT	Office/Outpatient Visit Est	P	$40.41	$28.33	
99214	GT	Office/Outpatient Visit Est	P	$59.63	$43.58	
99215	GT	Office/Outpatient Visit Est	P	$80.82	$62.20	
99231	GT	Subsequent Hospital Care	P	NA	$21.79	
99232	GT	Subsequent Hospital Care	P	NA	$40.41	
99233	GT	Subsequent Hospital Care	P	NA	$58.44	
99241	GT	Office Consultation	P	$27.14	$18.82	
99242	GT	Office Consultation	P	$50.91	$39.22	
99243	GT	Office Consultation	P	$69.53	$54.68	
99244	GT	Office Consultation	P	$102.81	$86.57	
99245	GT	Office Consultation	P	$125.79	$107.57	
99251	GT	Inpatient Consultation	P	NA	$27.54	
99252	GT	Inpatient Consultation	P	NA	$42.20	
99253	GT	Inpatient Consultation	P	NA	$64.38	
99254	GT	Inpatient Consultation	P	NA	$92.91	
99255	GT	Inpatient Consultation	P	NA	$112.32	

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Appendix B (continued)

MDCH
Telemedicine Database
January 2015

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
99307	GT	Nursing Fac Care Subseq	P	$24.76	$24.76	
99308	GT	Nursing Fac Care Subseq	P	$38.23	$38.23	
99309	GT	Nursing Fac Care Subseq	P	$50.71	$50.71	
99310	GT	Nursing Fac Care Subseq	P	$75.48	$75.48	
99354	GT	Prolonged Service Office		$55.47	$51.51	Coverage added effective 01/01/2015
99355	GT	Prolonged Service Office		$53.69	$49.72	Coverage added effective 01/01/2015
99406	GT	Behav chng smoking 3-10 Min	P	$7.92	$6.93	
99407	GT	Behav chng smoking > 10 Min	P	$15.25	$14.26	
99495	GT	Trans care mgmt 14 day disch	P	$91.13	$61.61	
99496	GT	Trans care mgmt 7 day disch	P	$128.96	$89.34	
G0108	GT	Diab Manage Trn Per Indiv	P	$29.32	NA	
G0109	GT	Diab Manage Trn Ind/Group	P	$7.92	NA	
G0406	GT	Inpt/ tele follow up 15	P	NA	$21.79	Service denied without modifier
G0407	GT	Inpt/ tele follow up 25	P	NA	$40.41	Service denied without modifier
G0408	GT	Inpt/ tele follow up 35	P	NA	$58.44	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	P	$60.02	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	P	$13.87	NA	
G0425	GT	Inpt/ED teleconsult 30	P	NA	$56.85	Service denied without modifier
G0426	GT	Inpt/ED teleconsult 50	P	NA	$76.66	Service denied without modifier
G0427	GT	Inpt/ ED teleconsult 70	P	NA	$112.92	Service denied without modifier
G0436	GT	Tobacco-use Counsel 3-10 Min	P	$7.92	$6.74	
G0437	GT	Tobacco-use Counsel > 10 Min	P	$15.65	$14.46	
G0459	GT	Telehealth inpt pharm mgmt	P	NA	$22.78	Service denied without modifier
Q3014	GT	Telehealth Facility Fee	P	$22.84	$22.84	Service denied without modifier

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BCN Medical Policy History

Date	Rationale
11/18/15	BCN policy established – Effective date 1/1/16

Next Review: 4th Quarter 2016

MEDICAL POLICY TITLE: TELEMEDICINE
BCN BENEFIT ADMINISTRATION

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered; criteria apply
BCNA (Medicare Advantage)	Covered; See Government Regulations section of policy and Appendix A.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.
Blue Cross Complete	Covered; See Government Regulations section of policy and Appendix B.

II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.