

Telemedicine vs. Telehealth

Don't be confused about telemedicine and telehealth. The difference is simple.



Telemedicine is when a referring physician and a consulting physician consult using electronic communications.

CAM 032 Telemedicine:

- Includes two-way, real-time, interactive, secured and HIPAA-compliant electronic audio and video telecommunications systems.
- Must be provided via approved telemedicine equipment.
- Is used by a referring physician when in-person, face-to-face contact with a consulting physician is not physically available.
 - The referring physician is the practitioner who has evaluated the patient. This physician decides the consultation is needed and arranges the services of the physician for consultation, diagnosis and/or treatment.
 - The consulting physician is the practitioner who evaluates the patient using telemedicine upon the recommendation of the referring physician.



Telehealth is when a patient and licensed health care provider interact using electronic communications.

CAM 176 Telehealth:

- Includes two-way, real-time, interactive, secured and HIPAA-compliant electronic audio and video telecommunications systems.
- Must be provided via approved telehealth software.
- Evaluations are non-face-to-face services, typically in response to a patient's online inquiry, and are used to address non-urgent ongoing or new conditions.



BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

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Providers must be approved by BlueCross BlueShield of South Carolina and BlueChoice HealthPlan to participate in telemedicine and telehealth separately in order to receive reimbursement.

Even if you already have the necessary software, you must be approved. To get approval, email VirtualCare@bcssc.com.

More guidance and criteria are included in the BlueCross and BlueChoice® medical policies CAM 032 Telemedicine and CAM 176 Telehealth.



VIRTUAL CARE SERVICES APPLICATION

Facility, Clinic or Practice Name: _____

Taxpayer Identification Number (TIN): _____

National Provider Identifier (NPI) Number: _____

Physical Address: _____

City, State and Zip code: _____

Please select the applicable virtual care service:

TELEMEDICINE:

Telemedicine requires an onsite visit.

TELEHEALTH:

Telehealth requires software security review.

Vendor, system or platform information:

Name: _____ Address: _____

Telephone: _____ Website: _____

Are you able to comply with these requirements?

- Yes No N/A Conduct telehealth services in accordance with the BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Participating Telehealth Provider Agreement or the Companion Benefit Alternatives Telehealth Addendum along with the terms and conditions expressed in the associate plan, BlueCross and BlueChoice®, telehealth policy (CAM 176) and all other federal and state laws and regulations.
- Yes No N/A Conduct telemedicine services in accordance with the terms and conditions expressed in the associate plan, BlueCross and BlueChoice, telemedicine policy (CAM 032) and all other federal and state laws and regulations.
- Yes No N/A Provide medically necessary services via secure interactive audio and video telecommunications system, which permits two-way communication between the rendering clinician and the member or consulting physician.
- Yes No N/A Provide technically sufficient virtual care access, transmission speed and image resolution, and allow the clinician to appropriately evaluate, diagnose or treat the patient for services billed.
- Yes No N/A Confirm all telecommunication services use an acceptable method of encryption that is secure and HIPAA-compliant to protect the confidentiality and integrity of the information transmitted. Applications and services include two-way video, email, smartphones, wireless tools and other forms of telecommunications.
- Yes No N/A Provide telemedicine services that comply with the American Telemedicine Associate (ATA) standards, and conduct these services in accordance with the terms and conditions expressed in the BlueCross and BlueChoice or applicable policy and all other federal and state laws and regulations.

By selecting "Yes," you understand that the performance of this service must be appropriately documented in medical records, and is subject to audit by BlueCross and BlueChoice or associate plan, federal and state agency representatives.

Please return this form along with the following documents to VIRTUALCARE@bcbssc.com:

- Written quality of care protocols for virtual care services
- Patient confidentiality protocols for virtual care services
- A sample copy of the informed consent form for telehealth services
- A copy of intended telehealth software security architecture



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Please list or attach a roster of the provider(s) of virtual care services:

Provider's Name:	Provider's NPI:	List Services Provided:

Name: _____ Title: _____

Telephone: _____ Submission Date: _____