

# TELEMEDICINE vs. TELEHEALTH

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



Telemedicine is the term for a referring physician and a consulting physician interacting using electronic communications.

## CAM 032 Telemedicine:

- ◆ Includes two-way, real-time, electronic audio and video telecommunications systems that are interactive, secure and HIPAA-compliant.
- ◆ 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 refers to a patient and licensed health care provider interacting using electronic communications.

## CAM 176 Telehealth:

- ◆ Includes two-way, real-time, electronic audio and video telecommunications systems that are interactive, secure and HIPAA-compliant.
- ◆ Clinician and telehealth software vendor must have an established business associate agreement (BAA) prior to patient interaction.
- ◆ Is not face to face. Evaluations are typically in response to a patient's online inquiry and are used to address ongoing or new conditions that are not urgent.



Independent licensees of the Blue Cross Blue Shield Association

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

Even if you already provide virtual services, you must be approved. To get approval, email [VirtualCare@bcssc.com](mailto: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): \_\_\_\_\_

Group National Provider Identifier (NPI): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Please select the applicable virtual care service:  TELEHEALTH  TELEMEDICINE

### Vendor, System or Platform Information:

Name: \_\_\_\_\_

Website (URL): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### Do you have a fully executed business associate agreement (BAA) with this vendor?

Yes  No

### Are you able to comply with these requirements?

Yes  No  N/A **Telemedicine and Telehealth:** 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 telecommunication.

Yes  No  N/A **Telemedicine and Telehealth:** 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 **Telehealth:** Conduct telehealth services in accordance with the Blue Cross and Blue Shield of South Carolina Participating Telehealth Provider Agreement or the Companion Benefit Alternatives Telehealth Addendum along with the terms and conditions expressed in the associate plan, BlueCross BlueShield of South Carolina, telehealth policy (CAM 176), and all other federal and state laws and regulations.

Yes  No  N/A **Telehealth:** Provide telemedicine services that comply with the American Telemedicine Association (ATA) standards and conduct these services in accordance with the terms and conditions expressed in the BlueCross BlueShield of South Carolina or applicable policy and all other federal and state laws and regulations.

Yes  No  N/A **Telemedicine:** Conduct telemedicine services in accordance with the terms and conditions expressed in the associate plan, BlueCross BlueShield of South Carolina, telemedicine policy (CAM 032), and all other federal and state laws and regulations.

Yes  No  N/A **Telemedicine:** 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.

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 BlueShield of South Carolina or associate plan, federal, and state agency representatives.

**By checking the boxes below, the provider agrees to having policies and procedures in place for virtual care service delivery to include:**

- Yes    No   Written quality-of-care protocols.
- Yes    No   Patient confidentiality protocols.
- Yes    No   An informed consent form.

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

Provider's Name	License (MD, LISW, etc.)	Provider's Rendering NPI

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Submission Date: \_\_\_\_\_

**Please return this form to [VIRTUALCARE@bcbssc.com](mailto:VIRTUALCARE@bcbssc.com).**