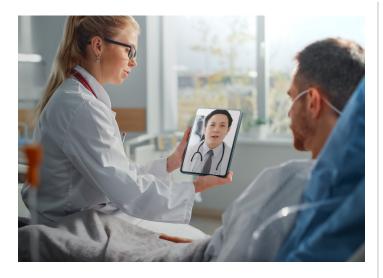
TELEMEDICINE vs. TELEHEALTH

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@bcbssc.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, Cli	nic or Pra	actice Nam	e:			
ony, otato	ana zii					
Please sel	ect the a	pplicable	virtual care service:	☐ TELEHEALTH	☐ TELEMEDICINE	
•	-		Information:			
Website (U	IRL):			Telephone:		
Address: _						
				ment (BAA) with this vendor?		
☐ Yes	□ No					
Are you al	ole to co	mply 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 o 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	Association (ATA) standard			
□ Yes	□ No	□ N/A	expressed in the associate	uct telemedicine services in accordance with the terms and conditions iciate plan, BlueCross BlueShield of South Carolina, telemedicine policy ner federal and state laws and regulations.		
□ Yes	□ No	□ N/A		edically necessary services via se m, which permits two-way commu 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.



service delivery to include:									
□ Yes	□ No	Written quality-of-care protocols.							
☐ Yes	□ No	Patient confidentiality protocols.							
☐ Yes	□ No	An informed consent form.							
Please list o	or attach	a roster of the provider(s) o	f virtual care services:						
	Prov	vider's Name	License (MD, LISW, etc.)	Provider's Rendering NPI					
Name:			Title:						

By checking the boxes below, the provider agrees to having policies and procedures in place for virtual care

Please return this form to <u>VIRTUALCARE@bcbssc.com</u>.