* STROKE TELEMEDICINE NOW COVERED FOR HIGHMARK MEMBERS *

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NOVEMBER 3, 2010

TO: 
(1) CHIEF FINANCIAL OFFICER 
(2) DIRECTOR/MANAGER OF PATIENT ACCOUNTS 
(3) BILLING OFFICE STAFF 

FROM: 
HIGHMARK BLUE SHIELD, HOSPITAL RELATIONS 

SUBJECT: 
STROKE TELEMEDICINE NOW COVERED FOR HIGHMARK MEMBERS 

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PURPOSE

This bulletin announces coverage for stroke telemedicine (telestroke) services payable to vascular neurologists for Highmark members with Medicare Advantage and Commercial coverage as well as providing instructions for facility payment.

BACKGROUND/OVERVIEW

Stroke telemedicine is a consultative modality that facilitates care of patients with acute stroke in hospital emergency departments by specialists (vascular neurologists) at stroke centers. Evidence based literature supports the use of telemedicine in the form of real-time videoconferencing for timely consultation with vascular neurologists.

Each year, approximately 800,000 Americans have a stroke. The most promising treatment for ischemic (closed vessel) strokes, which occur in 87 percent of cases, is a clot-busting drug called tissue plasminogen activator (tPA). Patients who receive this drug within three hours of stroke onset may have reduced mortality rates and improved long-term speech and motor function.

Unfortunately, the application of tPA is not without challenges; tPA must be administered within three hours of stroke onset and cannot be used for hemorrhagic stroke. One of the side effects of tPA is the risk of converting a bland (non-hemorrhagic) stroke into a hemorrhagic stroke. Stroke centers
have arisen which are staffed by specialists in vascular neurology.

Stroke centers are generally limited to larger urban and academic medical centers; rural and community hospitals may lack comparable staffing and expertise. However, telemedicine technology for stroke, known as “telestroke,” allows community hospitals to access the expertise of the stroke centers and provide enhanced stroke care, most notably in the decision of whether to administer tPA therapy.

Telestroke technology operates on a “hub and spoke” model, in which specialist vascular neurologists at the stroke center “hub” communicate with “spoke” community hospital emergency departments via a video-conference link. During the encounter, stroke patients and their physicians communicate with telestroke specialists using a battery powered, portable cart with a PC, monitor, webcam and Internet access. Computed tomography (CT) scans and other tests conducted at the spoke facility are shared electronically with the hub-based specialists. Vascular neurologists (representing the “hub”) are able to visualize real-time video feeds and conduct examinations of patients experiencing stroke-like symptoms from various Emergency Departments (representing the “spoke”). Working together, the specialist and the emergency department staff develop a care plan based on established stroke protocols including, if appropriate, the administration of tPA.

IMPACT/ACTION

Medical Policy

Since Highmark’s Medical Policy bulletins outline requirements for telestroke services that are provided for members with Medicare Advantage and Commercial coverage, facilities may find this information helpful. Therefore, facilities are encouraged to refer to Medicare Advantage Medical Policy Bulletin Z-68 and the Highmark Medical Policy Bulletin Z-66, available via the NaviNet® Provider Resource Center. Instructions on how to access both Medical Policies are available in the ASSISTANCE section of this bulletin.

Billing Instructions for Originating Site Technical Services for Members with Medicare Advantage or Commercial Coverage

When a “spoke” facility is furnishing telestroke services via a telecommunications system (for Highmark members with Medicare Advantage or Commercial coverage), they are to use HCPCS code Q3014 (telehealth originating site facility fee) to bill for the originating site technical services along with Revenue Code 0780 (telemedicine) and a stroke diagnosis code.

The corresponding emergency visit codes should be billed with the ET modifier (denoting emergency services).

Payment for Facilities

Payment will result for “spoke” facilities when the Billing Instructions provided above (regarding usage of HCPCS code Q3014, along with Revenue Code 0780 and a stroke diagnosis code) are followed by “spoke” facilities furnishing telestroke services via a telecommunications system.

EXCEPTIONS
When an inpatient admission results following the provision of outpatient telestroke services, the “spoke” facility payment for outpatient telestroke services will be subject to contractual pre-admission criteria as applicable, with the result that such facility services may be considered part of the inpatient admission and may not be eligible for separate reimbursement.

Members from the Federal Employee Program (FEP) are not subject to telestroke coverage provisions outlined in this bulletin.

TIME FRAME
Telestroke services will be covered for Highmark members with Medicare Advantage and Commercial coverage when the billing instructions and program requirements outlined in this bulletin are followed.

ASSISTANCE
Medical Policy is available within the Provider Resource Center available via NaviNet or Highmark’s corporate website (www.highmarkblueshield.com). To access this information, select the Medical & Claims Payment Guidelines link; then click on the Medical Policy link that will display both Medicare Advantage Medical Policy and Highmark Medical Policy. After selecting either the Medicare Advantage Medical Policy or the Highmark Medical Policy category, a Search screen is presented for the entry of specific policy numbers (in this case, Z-66 or Z-68, respectively).

Questions About This Bulletin
Non-clinical questions regarding this bulletin may be directed to the appropriate Facility Customer Service Unit, based upon the product under which the member has coverage:

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<td>FreedomBlue PPO</td>
<td>1-866-588-6967</td>
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<td>FreedomBlue PFFS</td>
<td>1-866-675-8635</td>
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Inquiries About Eligibility, Benefits, Claim Status or Authorizations
For inquiries about eligibility, benefits, claim status or authorizations, Highmark encourages providers to use the electronic resources available to them – NaviNet® and the applicable HIPAA transactions – prior to placing a telephone call to Facility Customer Service.

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