

Telestroke

Policy ID:	HHO-DE-MP-1239
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	12/15/2021; 03/01/2023
Original Effective Date:	01/15/2022; 04/01/2023
Annual Approval Date:	12/28/2022
Last Revision Date:	12/22/2021; 12/28/2022
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary telestroke.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

Telestroke – An application of telemedicine bringing stroke specialists to hospitals lacking stroke expertise. Telestroke network models include both distributed and hub-and-spoke models providing evaluation and treatment of acute stroke including administration of intravenous tissue plasminogen activator (tPA) and/or selection of individuals who are candidates for endovascular therapy. Telestroke serves in multiple capacities to support stroke systems of care which facilitate communication among providers throughout a stroke system composed of comprehensive stroke centers, primary stroke centers, acute stroke ready hospitals, non-accredited hospitals, pre-hospital care by emergency medical services and post-acute care. Telestroke bridges geographical and temporal barriers that can introduce disparities to access to stroke services.

PROCEDURES

A prior authorization is not required.

STROKE TELEMEDICINE (TELESTROKE)

Provider interactive telemedicine services may be considered medically necessary when telestroke services are reported.

The following telestroke services apply when reported by a neurologist:

- Emergency department visit; or
- In-patient initial telestroke consultations; or
- In-patient follow-up telestroke consultations; or
- Pre-hospital telestroke evaluation of individuals with acute stroke being evaluated by emergency medical services (EMS); or
- Post-acute evaluation of stroke individuals residing in either inpatient rehabilitation facilities or skilled nursing facilities during the 90-day period after index hospitalization for stroke; or
- Telehealth originating site facility fee.

The neurologist delivering acute stroke intervention via telestroke services must be credentialed by the Plan and licensed in the state where the hub facility is physically located and where telestroke services are rendered to the individual.

The neurologist or radiologist performing the imaging interpretation services via teleradiology must be credentialed by the Plan and licensed in the state where the spoke facility is physically located and where telestroke services are rendered to the individual.

Computed tomography (CT) images must be transmitted in a real-time or near real-time mode (less than two (2) minutes) to ensure that the telestroke neurologist or radiologist can collaborate with the spoke facility ordering physician and radiology technicians performing the studies.

At a minimum, hub and spoke facilities must be:

- Connected via broadband or the necessary bandwidth to ensure real-time or near real-time image acquisition through transmission for final image display; and
- Hub and spoke facilities must have a picture archiving and communications system (PACS); and
- Hub facilities must have minimum monitor resolution (matrix) of 512 x 512 at 8-bit pixel depth.

Telestroke services not meeting the above criteria is considered not medically necessary.

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: INPATIENT/OUTPATIENT

Telestroke is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
Q3014	Telehealth originating site facility fee

COVERED DIAGNOSIS CODES FOR PROCEDURE CODES Q3014

Codes						
I63.00	I63.011	I63.012	I63.013	I63.02	I63.031	I63.032
I63.033	I63.09	I63.10	I63.111	I63.112	I63.113	I63.12
I63.131	I63.132	I63.133	I63.19	I63.20	I63.211	I63.212
I63.213	I63.22	I63.231	I63.232	I63.233	I63.29	I63.30
I63.311	I63.312	I63.313	I63.321	I63.322	I63.323	I63.331
I63.332	I63.333	I63.341	I63.342	I63.343	I63.39	I63.40
I63.411	I63.412	I63.413	I63.421	I63.422	I63.423	I63.431
I63.432	I63.433	I63.441	I63.442	I63.443	I63.49	I63.50
I63.511	I63.512	I63.513	I63.521	I63.522	I63.523	I63.531
I63.532	I63.533	I63.541	I63.542	I63.543	I63.59	I63.6
I63.81	I63.89	I63.9	Z92.82			

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

Demaerschalk BM, Berg J, Chong B, Gross H, Nystrom K, Adeoye O. et al. American Telemedicine Association: Telestroke Guidelines. *Telemed e-health*. 2017; 23(5),376-389.

Brechthel L, Gainey J, Penwell A, Nathaniel T. Predictors of thrombolysis in the telestroke and non telestroke settings for the hypertensive acute ischemic stroke patients. *BMC Nuerol*. 2018; 18:215.

Gainey J, Blum B, Bowie B, Cooley K, Medeline L, Ervin E. et al. Stroke and dyslipidemia: clinical risk factors in the telestroke versus non-telestroke. *Lipids Health Dis*. 2018; 17:226.

Lazarus G, Permana AP, Nugroho SW, et. al. Telestroke strategies to enhance acute stroke management in rural settings: A systematic review and meta-analysis. *Brain Behav*. 2020;10(10): e01787.

Zachrisson KS, Richard JV, Wilcock A, et. al. Association of hospital telestroke adoption with changes in initial hospital presentation and transfers among patients with stroke and transient ischemic attacks. *JAMA Netw Open*. 2021;4(9): e2126612.

POLICY UPDATE HISTORY

12/22/2021	Approved in Medical Policy Committee
01/2022	Approved in QI/UM
12/28/2022	Annual review; approved in Medical Policy Committee
01/03/2023	Approved in QI/UM