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This document contains information specific to telehealth visits for behavioral health.
For broader information about telehealth, see the following documents:

- *Telehealth for medical providers*
- *Telemedicine Services Medical Policy*

You can find these documents in the telehealth sections of our coronavirus webpages,
which are available on our public website at bcbsm.com/coronavirus and through
Provider Secured Services.

Definitions

Telehealth

Telehealth is an umbrella term that includes audiovisual visits (telemedicine visits and Blue Cross Online VisitsSM) and telephone-only visits. These visits can reduce the need for in-person medical care. Seeking virtual consultations for mild flu-like symptoms is a safe step for members who want to talk with board-certified doctors and avoid the spread of illness in physician offices and emergency room settings.

Telemedicine visits and Blue Cross Online Visits

During these visits, patients and health care providers are connected via a secure network. These visits allow for real-time clinical health care services to be provided through electronic technology when distance separates the patient and health care provider.

Visits typically involve straightforward decision making that addresses urgent but not emergency clinical conditions for medical and behavioral health evaluations. When making decisions about diagnosis and/or treatment, the provider doesn't require face-to-face contact to make an optimal decision.

Both telemedicine visits and Blue Cross Online Visits are appropriate for low-complexity health care services, such as depression symptoms, severe anxiety, repetitive thoughts and change in appetite or sleep patterns.

With the recent public health emergency due to the COVID-19 crisis, Blue Cross and BCN encourage providers and members to use telehealth services to avoid the spread of illness in physician offices and emergency room settings.

The answers to the following questions outline the main differences between these types of visits.

	Telemedicine visits	Blue Cross Online Visits
Who initiates the visit?	Member or provider Visits are scheduled by provider offices.	Member Visits are initiated through bcbsmonlinevisits.com or the BCBSM Online Visits SM app, found in the App Store or on Google Play.

Telehealth for behavioral health providers

For Blue Cross' PPO (commercial), Medicare Plus BlueSM PPO,
BCN HMOSM (commercial) and BCN AdvantageSM members

April 3, 2020

	Telemedicine visits	Blue Cross Online Visits
Is audiovisual equipment required?	<p>No. Visits can be conducted by telephone only. For more information, see "Telephone-only visits" on page 3.</p> <p>For information about setting up a secure network in your office for audiovisual visits, see "Telehealth technology and patient confidentiality" on page 4.</p>	Yes. This online health care service is provided through the Amwell™ web-based service from American Well®.
Does the visit handle high-complexity health care?	Yes	No
Does the visit handle chronic care or ongoing visits?	Yes	No. It is not anticipated that follow-up care will be required.
Does the provider have to be in-network with the member's plan?	Yes	No. Providers are contracted with Amwell.

Telephone-only visits

In addition to visits that use audiovisual technology, Blue Cross and BCN will cover telephone-only behavioral health visits for all services for which telemedicine is payable for Blue Cross' PPO, Medicare Plus BlueSM PPO, BCN HMOSM and BCN AdvantageSM members. This isn't a change for Blue Cross' PPO and Medicare Plus Blue members. For BCN HMO and BCN Advantage members, this change is effective immediately.

Telephone-only visits use the telephone to provide real-time clinical health care services through electronic technology when distance separates the patient and health care provider. The patient and the health care provider are connected only by telephone.



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General information about telehealth visits

Blue Cross and BCN allow providers to bill for the following behavioral health services delivered via telehealth: psychotherapy, assessments and medication reviews.

For behavioral health telehealth visits, we expect providers to conduct telehealth visits using audiovisual technologies whenever possible because visual technology enables providers to determine risk and identify symptoms and signs that they can't identify otherwise.

Determining whether a member has a telehealth benefit

All Blue Cross' PPO, Medicare Plus Blue, BCN HMO and BCN Advantage members have coverage for telemedicine visits with in-network providers.

Note: To determine whether a member has coverage for Blue Cross Online Visits (conducted by Amwell), see the *Determining a member's telehealth benefits* document. You can find this document in the telehealth sections of our coronavirus webpages, which are available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

There is no difference in reimbursement for providing behavioral health services using telehealth. Services provided using telehealth pay the same as face-to-face onsite visits.

Authorization requirements for telehealth visits

Routine outpatient behavioral health services performed by BCN-contracted providers don't require authorization.

Telehealth technology and patient confidentiality

Blue Cross and BCN typically expect providers to use mechanisms that are compliant with the Health Insurance Portability and Accountability Act, or HIPAA, to conduct therapeutic encounters. Free portals are available to conduct this work. The American Telemedicine Association may be able to provide information that will help you to set up your system for telemedicine visits.

See the [telehealth basics](#)^{**} and [practice guidelines](#)^{**} pages of the American Telemedicine Association website to determine how to adhere to HIPAA requirements and protect patient confidentiality, as required in your Blue Cross or BCN contract.

HIPAA compliance requirements for telehealth visits have been relaxed during the COVID-19 crisis to make it easier for providers to conduct health care visits remotely.

Through April 30, 2020, we've aligned our requirements with the Centers for Medicare and Medicaid Services as outlined in their [Medicare Telemedicine Health Care Provider Fact Sheet](#).** Prior to April 30, we will re-evaluate this temporary alignment and, if needed, extend it.

We will accept non-secure telemedicine technologies such as Apple FaceTime, Facebook Messenger, Google Hangouts video or Skype until the end of April 2020 as long as both of these occur:

- You are actively working toward implementing a secure process
- You take responsibility for communicating the shortcomings of the process to the patient and proceed only if the patient accepts those shortcomings

Note that public-facing options are not acceptable. Facebook Live, Twitch and TikTok are examples of technologies that aren't acceptable.

Autism services

The following rules apply when providing services for autism spectrum disorder.

In response to ongoing concerns and questions regarding coronavirus disease, or COVID-19, and the use of telehealth for various services provided for autism spectrum disorder, Blue Cross and BCN have implemented these rules. Note that these rules were originally scheduled to go into effect on May 1, 2020.

Autism services that ARE covered via telehealth

The following services for autism spectrum disorder **are** covered via telehealth.

- **Code *97155:** Protocol modification, which can use a combination of face-to-face and telehealth services, when a technician is present face to face and telehealth is used only up to 50% of the total time of the services provided.
- **Code *97156:** Caregiver training, which can be provided using telehealth for up to 100% of the time during which services are provided.
- **Code *97157:** Multi-family caregiver training, which can be provided using telehealth for up to 100% of the time during which services are provided.

Autism services that are NOT covered via telehealth

The following services for autism spectrum disorder are among those that aren't covered when delivered using telehealth.

- **Code *97151:** Assessment, which includes live interaction with the child. This service is critical to the evaluation process and is not covered via telehealth.
- **Code *97153:** Applied behavior analysis, which is a direct face-to-face procedure. This service is not covered through telehealth.

For information about billing these codes, see "Billing telehealth visits" on page 10.

Additional information about autism services

The service code rules above are effective immediately and will remain in place until we notify you of changes.

The latest information about COVID-19 is available on our Coronavirus information updates for providers page, which you can access by logging in to Provider Secured Services and clicking the *Coronavirus (COVID19)* link in the red box at the top of the page.

Psychiatry and psychotherapy services not related to autism

Any eligible provider can deliver behavioral health services using telehealth. Blue Cross and BCN follow all federal and state regulations regarding licensure.

Eligible providers are practitioners who can bill independently and receive direct reimbursement for services. Here are some examples of eligible providers:

- Physician (MD/DO)
- Certified nurse midwife
- Clinical nurse practitioner
- Clinical psychologist
- Clinical social worker
- Physician assistant
- Licensed professional counselor
- Licensed marriage and family therapist

Important! For providers working in outpatient psychiatric centers, see "Outpatient psychiatric centers" on page 11.

When providing behavioral health services using telehealth, eligible providers should bill the same behavioral health psychotherapy and crisis codes as they do for face-to-face visits.

For information about billing, see "Billing telehealth visits" on page 10.

For additional information about eligible providers, see the following documents:

- [Requirements for providing behavioral health services to BCN members](#)
- [Requirements for providing behavioral health services to Blue Cross PPO \(commercial\) members](#)

Outpatient psychotherapy codes covered via telehealth

This section lists codes that can be billed for telehealth.

Telemedicine (audiovisual) or telephone only

The following outpatient psychotherapy codes are covered when delivered using telemedicine (audiovisual) or telephone-only visits:

- ***90785:** Interactive complexity
- ***90791:** Psychiatric diagnostic evaluation (no medical services)
- ***90792:** Psychiatric diagnostic evaluation with medical services
- ***90832:** Psychotherapy, 30 minutes
- ***90833:** Psychotherapy, 30-minute add-on (behavioral health medical providers only)
- ***90834:** Psychotherapy, 45 minutes
- ***90836:** Psychotherapy, 45-minute add-on (behavioral health medical providers only)
- ***90837:** Psychotherapy, 60 minutes
- ***90838:** Psychotherapy, 60-minute add-on (behavioral health medical providers only)
- ***90839:** Psychotherapy for crisis, first 60 minutes
- ***90840:** Psychotherapy for crisis, each additional 30 minutes

Telehealth for behavioral health providers

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- ***90846:** Family psychotherapy (without the patient present) (Medicare restrictive coverage)
- ***90847:** Family psychotherapy (conjoint psychotherapy with patient present) (Medicare restrictive coverage)
- ***90849:** Multiple-family group psychotherapy
- ***90853:** Group psychotherapy (other than for a multiple-family group)

In addition, behavioral health medical providers can bill all applicable evaluation and management, or E&M, codes.

For information about billing these codes, see “Billing telehealth visits” on page 10.

Telephone assessment and management services

The following codes are specific to health care professionals who deliver telephone-only E&M or assessment and management services:

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross PPO (commercial) and BCN HMO (commercial)	*99441, *99442 and *99443	*98966, *98967, *98968, G2061, G2062 and G2063
Medicare Plus Blue and BCN Advantage	*99441, *99442, *99443 and G2012	*98966, *98967, *98968, G2061, G2062 and G2063

⁽¹⁾Includes MDs, DOs, nurse practitioners and physician assistants who deliver evaluation and management services.

⁽²⁾Includes psychologists and clinical social workers and other psychotherapy practitioners

For information about billing these codes, see “Billing telehealth visits” on page 10.

Routine online provider visits or “check in” visits

These visits are initiated by established patients and occur between scheduled sessions.

The following codes are covered when these visits are delivered using both audio and visual technology.

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross PPO (commercial) and BCN HMO (commercial)	*99421, *99422 and *99423	*98970, *98971, *98972, G2061, G2062, and G2063
Medicare Plus Blue and BCN Advantage	*99421, *99422 and *99423	G2061, G2062, and G2063

⁽¹⁾Includes MDs, DOs, nurse practitioners and physician assistants who deliver evaluation and management services.

⁽²⁾Includes psychologists and clinical social workers and other psychotherapy practitioners

Note: These codes aren't appropriate for ongoing treatment, telephone-only visits or for Blue Cross Online Visits.

Cost-sharing for telehealth visits

During the COVID-19 pandemic, Blue Cross and BCN want to make it easier for you to care for your patients. Through June 30, 2020, we're providing no-cost telehealth visits for the most common office visits and hospitalization follow-up visits and for the most common behavioral health services. To make this easier for you, we've published the *Telehealth procedure codes for COVID-19* document, which contains a list of codes that have no member cost sharing through June 30, 2020. You can find this document in the telehealth sections of our coronavirus webpages, which are available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

Telehealth services that are covered under the Blue Cross and BCN *Telemedicine Services Medical Policy* that are not listed in the above list of codes, are still covered but will require standard member cost sharing.

Although we're waiving cost-sharing as outlined above, you won't see this reflected when checking a member's benefits via web-DENIS due to resource prioritization.

Originating site requirements for telehealth visits

In addition, we've removed the telemedicine originating site requirement for BCN HMO and BCN Advantage members. With this change, our separate Blue Cross and BCN Telemedicine Services medical policies have been combined into one joint Telemedicine Services Medical Policy.

While the new joint policy has an official effective date of May 1, 2020, the removal of the originating site requirement is effective immediately.

Billing telehealth visits

For all behavioral health services that can be performed using telehealth, bill the same procedure codes you would bill for in-office visits or for evaluation and management services, in line with the time spent in each session.

When you bill for telehealth services:

- For visits that use audiovisual technology, submit the codes with a modifier of GT or 95 and place of service 02.
- For telephone-only visits, submit place of service code 02. You don't need to include a telehealth modifier.



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For BCN, providers must also include the behavioral health modifier that matches your credentials (for example, AM, HA, HO, AJ).

Outpatient psychiatric centers

For Blue Cross' PPO, Medicare Plus Blue, BCN HMO and BCN Advantage members, Blue Cross and BCN can process telehealth claims with an OPC facility NPI.

For telemedicine visits that use both audio and visual technology, include:

1. The telemedicine modifier (either GT or 95) first on the claim
2. Followed by the modifier that indicates the level of care for the rendering provider second (for example, AH, AJ, HO)
3. Place of service 02

For telephone-only visits, include:

- The modifier that indicates the level of care for the rendering provider second (for example, AH, AJ, HO)
- Place of service 02

***CPT codes, descriptions and two-digit numeric modifiers only are copyright 2019 American Medical Association. All rights reserved.**

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