

Expanded Telemedicine Behavioral Health Coverage for BCBSAL

As we continue to monitor the outbreak of the new coronavirus (COVID-19) in Alabama, we are expanding Telemedicine to ease access to appropriate services for your patients who are Blue Cross and Blue Shield of Alabama members.

Beginning August 1, 2020, non-COVID diagnosis telehealth will begin assessing member cost share per member benefits.

What does the expansion include?

The expansion of Telemedicine services was effective starting **March 1, 2020** and allows clinicians to provide medically necessary services that can be appropriately delivered via telephone consultation (Telehealth). This is applicable for patients who wish to receive their care remotely to limit their exposure. These actions will continue through the end of the federal public health emergency and then will be reviewed for an additional continuance. During this period of expanded coverage, BCBS of Alabama and Lucet will waive the requirement to have a Telemedicine Behavioral Health Services Provider Attestation completed and on file. We have attached the attestation if you wish to provide Telemedicine services beyond the expansion period.

Please click this link for Telemedicine Attestation:

[Telemedicine Behavioral Health Services Provider Attestation](#)

Cost sharing during Telehealth crisis expansion:

Member cost-sharing will apply according to the member's contract benefits. This applies to all Blue Cross and Blue Shield of Alabama members including Blue Advantage®.

Beginning August 1, 2020, non-COVID diagnosis telehealth will begin assessing member cost share per member benefits.

To access this information please click the link and follow the directions below:

<https://providers.bcbsal.org/portal/>

- Enter your provider login information
- Patient & Claim
 - Patient
 - Eligibility and Benefits
 - Enter patient specific information
 - Covered Tab within patient information (see screenshot examples below)
 - Underwritten groups: no cost share for telehealth regardless of diagnosis
 - Self-funded groups:
 - for claims with COVID19 diagnosis – no cost share
 - for other diagnosis: default is no cost share; however, groups can opt out of this

This example is of a group where the patient is not responsible for the Co-pay. **First line**

Change Selections to Update Results

Service Type: Health Benefit Plan Coverage | Date of Service*: 03/25/2020 | Update Result

Alerts/Messages | **Covered** | Additional Coverage | Non-Covered | Limitations | Payer | Other | Summary Plan Description

Health Benefit Plan Coverage

Active Coverage: COVID-19 INFORMATION

- BENEFITS ARE AVAILABLE FOR IN-NETWORK TELEHEALTH SERVICES IDENTIFIED IN TELEHEALTH COVERAGE GUIDELINES ON OUR WEBSITE. MEMBER COST-SHARING (DEDUCTIBLE, COPAY AND COINSURANCE) ARE WAIVED FOR THESE SERVICES.
- MEMBER COST-SHARING IS WAIVED FOR IN-NETWORK CLAIMS WITH A COVID-19 DIAGNOSIS FOR SERVICES RENDERED IN THE PHYSICIAN'S OFFICE, EMERGENCY ROOM OR URGENT CARE SETTING.
- MEMBER COST-SHARING IS WAIVED FOR IN-NETWORK COVID-19 LABORATORY TESTING.
- SEE OUR WEBSITE FOR ADDITIONAL INFORMATION RELATED TO COVID-19.
- Utilization Management Organization: BCBSAL
- Information Contact:
- Website: [HTTP://AlabamaBlue.com/providers/coronavirus](http://AlabamaBlue.com/providers/coronavirus)

Messages for Underwritten and Self-Funded who are opted into the Telehealth cost-sharing waiver

This is an example of a group that does expect the patient to be responsible for the Co-pay. **First line**

Change Selections to Update Results

Service Type: Health Benefit Plan Coverage | Date of Service*: 03/25/2020 | Update Result

Alerts/Messages | **Covered** | Additional Coverage | Non-Covered | Limitations | Payer | Other | Summary Plan Description

Health Benefit Plan Coverage

Active Coverage: COVID-19 INFORMATION

- BENEFITS ARE AVAILABLE FOR IN-NETWORK TELEHEALTH SERVICES IDENTIFIED IN TELEHEALTH COVERAGE GUIDELINES ON OUR WEBSITE. STANDARD MEMBER COST-SHARING (DEDUCTIBLE, COPAYS AND COINSURANCE) APPLIES FOR THESE SERVICES.
- MEMBER COST-SHARING IS WAIVED FOR IN-NETWORK CLAIMS WITH A COVID-19 DIAGNOSIS FOR SERVICES RENDERED IN THE PHYSICIAN'S OFFICE, EMERGENCY ROOM OR URGENT CARE SETTING.
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Messages for HSA HDHP Plans and for Self-Funded groups that opt out of the Telehealth cost-sharing waiver

What types of providers can perform Telemedicine?

This applies to contracted providers who currently receive reimbursement on Blue Cross and Lucet fee schedules for behavioral health services.

What services can be performed?

All available fee schedule codes are appropriate for use by the Behavioral Health Providers through Telemedicine/ telephone consult, if the service provided can be done with the same quality as the service being provided in the office setting.

How do I bill?

When billing for Telemedicine services, use Place of Service Code - "02" - Telemedicine and/or you may choose one of the following two modifiers:

Modifiers

95	Synchronous Telemedicine Service Rendered via a Real time Audio and Video Telecommunications System
GT	Via interactive audio and video telecommunications systems

Additional information

Providers should only bill for telephonic services when the provider speaks directly with the patient. We **STRONGLY** encourage you to use a HIPAA compliant application approved for secure, HIPAA-compliant synchronous technology while delivering Telemedicine service.

For the most up to date information please use the following resources
Blue Cross and Blue Shield of Alabama: [AlabamaBlue.com/providers/coronavirus](https://www.alabamablue.com/providers/coronavirus)

Lucet: <https://www.LucetHealth.com/Providers/BCBSAL/Resources>

Questions should be directed to your provider relations representative.

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