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General information

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, along with the latest information about COVID-19, in the telehealth sections of our coronavirus webpages, which are available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

Due to the COVID-19 crisis, Blue Cross Blue Shield of Michigan and Blue Care Network are temporarily relaxing certain requirements for telehealth visits. Information about temporary changes appears in red boxes throughout this document.

Medicare Plus Blue

The general telehealth information in this document, such as definitions, authorization requirements, and telehealth technology and patient confidentiality, applies to Medicare Plus Blue members.

To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [Medicare-covered telehealth services for the COVID-19 PHE](#) document.

When billing telehealth visits, follow Centers for Medicare & Medicaid Services guidance.

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.

Providers should use their judgement to determine which visits should be handled via telemedicine. The medical documentation should support the code that is submitted for payment.

Due to the COVID-19 crisis, we're encouraging 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 (Amwell)
Who initiates the visit?	Member or provider Visits are scheduled by provider offices.	Member Visits are initiated through bcbsmonlinevisits.com or the <i>BCBSM Online VisitsSM</i> app, found in the App Store or on Google Play.
Is audiovisual equipment required?	Visits can be conducted by telephone only, if video technology isn't available. For more information, see "Telephone-only visits" on page 4. For information about setting up a secure network in your office for audiovisual visits, see "Telehealth technology and patient confidentiality" on page 4.	Yes. This online health care service is provided through the Amwell TM 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.
What are the network requirements?	If the member receives telemedicine services (provided by network providers), ⁽¹⁾ the visit will be reimbursed according to their in-network or out-of-network benefit. The network provider can use any acceptable telehealth technology platform; see the "Telehealth technology and patient confidentiality" section on page 4 for more information.	If the member receives services through Blue Cross Online Visits, ⁽¹⁾ all Amwell providers are in-network.

¹To determine whether a member has telemedicine (provided by network providers) or Blue Cross Online Visits (conducted by Amwell) as a benefit, 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.

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 commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members. This isn't a change for Blue Cross commercial and Medicare Plus Blue members. For BCN commercial 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.

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 commercial, Medicare Plus Blue, BCN commercial 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.

For intensive outpatient program, or IOP, and partial hospital program, or PHP, services for substance use disorders and mental health disorders, the normal requirements apply for initial authorizations and continuing stay reviews.

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.

The Office for Civil Rights at the Department of Health and Human Services has relaxed HIPAA compliance requirements for telehealth visits during the COVID-19 crisis. This makes it easier for providers to conduct health care visits remotely.

We've aligned our telemedicine requirements with these relaxed requirements until further notice. To learn more, see the Office for Civil Rights' publication, [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)**.

During our alignment with the relaxed requirements, we'll accept non-secure telemedicine technologies such as Apple FaceTime, Facebook Messenger, Google Hangouts video or Skype, 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

Important! For members who have the autism benefit:

- To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [Medicare-covered telehealth services for the COVID-19 PHE](#) document.
- For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

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

In response to ongoing concerns and questions regarding 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.

During this crisis and until further notice:

- A parent/caregiver can perform this service in place of a technician 100% of the time.
- A licensed behavior analyst, or LBA, may troubleshoot treatment protocols directly with the parent/caregiver.

- **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.

During the COVID-19 crisis and until further notice, we're temporarily allowing providers to perform assessments via telehealth. This will allow providers to collect information via interviews, questionnaires, rating scales, etc.

- **Code *97153:** Applied behavior analysis, or ABA, which is a direct face-to-face procedure. This service is not covered through telehealth.

During the COVID-19 crisis and until further notice, we're temporarily allowing providers to perform direct-line ABA interventions via telehealth, for dates of service on or after Aug. 3, 2020. The [Guidelines for autism interventions delivered via telemedicine](#) document offers guidance in determining which members can benefit from direct-line ABA interventions delivered via telemedicine.

- **Code *97154:** Skills training, which is a direct face-to-face procedure delivered by an ABA technician in a group of two or more clients. This service is not covered through telehealth.

During the COVID-19 crisis and until further notice, we're temporarily allowing providers to perform skills training interventions via telehealth, for dates of service on or after Nov. 9, 2020. The [Guidelines for autism interventions delivered via telemedicine](#) document offers guidance in determining which members can benefit from direct-line ABA interventions delivered via telemedicine.

- **Code *97158:** Skills training (more intensive services), which is a direct face-to-face procedure delivered by an LBA in a group setting in which protocol modification is made. This service is not covered through telehealth.

During the COVID-19 crisis and until further notice, we're temporarily allowing providers to perform skills training via telehealth, for dates of service on or after Nov. 9, 2020.

For information about billing these codes, see "Billing telehealth visits" on page 11.

Additional information about autism services

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

Psychiatry and psychotherapy services not related to autism

Important! To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [Medicare-covered telehealth services for the COVID-19 PHE](#) document. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

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 12.

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 11.

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
- ***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 11.

Telephone and online assessment and management services

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

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross commercial and BCN commercial	<ul style="list-style-type: none"> • By telephone: *99441, *99442 and *99443 • Online: *99421, *99422 and *99423 	<ul style="list-style-type: none"> • By telephone: *98966, *98967 and *98968 • Online: G2061, G2062 and G2063
BCN Advantage	<ul style="list-style-type: none"> • By telephone: *99441, *99442, *99443 and G2012 • Online: *99421, *99422 and *99423 	<ul style="list-style-type: none"> • By telephone: Not applicable <div style="border: 2px solid red; padding: 5px; margin: 5px 0;"> <p>For BCN Advantage members, we're temporarily allowing these providers to bill procedure codes *98966, *98967 and *98968 during the COVID-19 crisis.</p> </div> <ul style="list-style-type: none"> • Online: 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 11.

IOP and PHP for mental health and substance use disorders

We don't routinely cover IOP and PHP services when delivered via telemedicine.

Notes

- Facilities can provide IOP and PHP services to BCN commercial and BCN Advantage members only when their contracts specifically include IOP and PHP services.
- For Blue Cross' PPO members, most plans don't cover IOP services for mental health or PHP services for substance use disorders. IOP services for substance use disorders must be delivered by a substance abuse treatment facility. Be sure to check member eligibility and benefits prior to performing services.

During the COVID-19 crisis, we're temporarily allowing contracted facility providers to provide IOP and PHP services via telemedicine (audiovisual visits or telephone-only visits):

- For substance use disorders, IOPs and PHPs are payable via telemedicine.
- For mental health disorders, IOPs and PHPs are payable via telemedicine.

See the [Outpatient detoxification and follow-up care protocols for treating substance use disorders](#) document for more information.

For information about billing, see "Billing telehealth visits" on page 11.

Routine online provider visits or "check in" visits (between scheduled sessions)

Important! To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [Medicare-covered telehealth services for the COVID-19 PHE](#) document. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

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 commercial and BCN commercial	*99421, *99422 and *99423	*98970, *98971, *98972, G2061, G2062, and G2063
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.

For information about billing these codes, see "Billing telehealth visits" on page 11.

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 provided no-cost share telehealth visits for the most common office visits and hospitalization follow-up visits and for the most common behavioral health services for Blue Cross commercial and BCN commercial members.

Through Dec. 31, 2020, we provided no-cost share telehealth visits for the most common office visits and hospitalization follow-up visits and for the most common behavioral health services for Medicare Plus Blue and BCN Advantage members.

Originating site requirements for telehealth visits

In March 2020, we removed the telemedicine originating site requirement for BCN commercial 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.

Billing telehealth visits

Important! For information about billing for services provided to Medicare Plus Blue members, follow CMS guidance. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

In general, you can bill for a telemedicine visit if the service falls within your scope of practice and you can meet the documentation requirements of the codes billed. Procedure codes should be billed for telemedicine only if the provider determines that significant progress to established treatment goals can be attained, such as management of acute and chronic conditions. This progress must be documented clearly in the medical record.

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.

Click a link to access billing information for various services.

- [Outpatient psychiatric centers](#)
- [Facility providers who provide IOP or PHP services for mental health and substance use disorders](#)
- [Rural health clinics and federally qualified health centers](#)
- [Professional behavioral health services](#)
- [Additional billing resources](#)

Outpatient psychiatric centers

For Blue Cross commercial, BCN commercial and BCN Advantage members, we can process telehealth claims with an OPC facility NPI.

Note: Medicare Plus Blue doesn't recognize outpatient psychiatric centers. BCN Advantage does recognize OPCs.

For telemedicine visits that use both audio and visual technology, OPC providers should include modifiers on the claim in this order:

1. The modifier that indicates the licensure level (level of care) for the rendering provider should be listed first. Examples are AH, AJ or HO.

Notes

- For Blue Cross commercial, see the [Requirements for providing behavioral health services to Blue Cross PPO \(commercial\) members](#) document for a full list of modifiers.
 - For BCN commercial and BCN Advantage, see the [Requirements for providing behavioral health services to BCN members](#) document for a full list of modifiers.
2. The telemedicine modifier (either GT or 95) should be listed second.
 3. Then, include place of service code 02.

During the COVID-19 crisis, you can temporarily do the following:

- **For Blue Cross commercial members:** You can use place of service 11, instead of place of service 02. If you use place of service 11, you must include the GT or 95 modifier to ensure that cost share is waived for appropriate services.
- **For BCN commercial and BCN Advantage members:** You can use the place of service equal to what it would have been had the service been furnished in person, instead of using place of service 02. If you use a place of service other than 02, you must include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

You can bill for services that fall within your scope of practice as long as you can meet the documentation requirements of the codes billed. We aren't expanding the scope of services for which you can bill.

For telephone-only visits, OPC providers should include the rendering provider modifier, as appropriate, and place of service code 02.

Notes

- For Blue Cross commercial members, see the [Requirements for providing behavioral health services to Blue Cross PPO \(commercial\) members](#) document for a full list of modifiers.
- For BCN commercial and BCN Advantage, see the [Requirements for providing behavioral health services to BCN members](#) document for a full list of modifiers.

During the COVID-19 crisis, you can temporarily do the following:

- **For Blue Cross commercial members:** You can use place of service 11, instead of place of service 02. If you use place of service 11, you must include the GT or 95 modifier to ensure that cost share is waived for appropriate services.
- **For BCN commercial and BCN Advantage members:** You can use the place of service equal to what it would have been had the service been furnished in person, instead of using place of service 02. If you use a place of service other than 02, you must include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

You can bill for services that fall within your scope of practice as long as you can meet the documentation requirements of the codes billed. We aren't expanding the scope of services for which you can bill.

Facility providers who provide IOP or PHP services for mental health and substance use disorders

Important! For information about billing for services provided to Medicare Plus Blue members, follow CMS guidance. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

We don't routinely cover IOP and PHP services when delivered via telemedicine.

Notes

- Facilities can provide IOP and PHP services to BCN commercial and BCN Advantage members only when their contracts specifically include IOP and PHP services.
- For Blue Cross commercial members, most plans don't cover IOP services for mental health or PHP services for substance use disorders. IOP services for substance use disorders must be delivered by a substance abuse treatment facility. Be sure to check member eligibility and benefits prior to performing services.

During the COVID-19 crisis, we're temporarily allowing contracted facility providers to bill for IOP and PHP services when delivered via telemedicine.

- **For Blue Cross commercial, BCN commercial and BCN Advantage members: Effective immediately**, our systems can accept the following temporary billing method for IOP and PHP services delivered via telemedicine. For claims submitted on or after July 1, 2020, you **must** bill as follows to indicate that the services were provided via telemedicine (and not in a face-to-face setting):

- **For IOP**

- Bill revenue code 0905 (for BCN commercial and BCN Advantage) or 0906 and with procedure code Q3014.

Note: For Blue Cross commercial, only select Blue Cross self-funded groups cover mental health IOP. Check the member's benefits before providing services.

- Include the GT or 95 modifier.
- For substance use disorder claims for Blue Cross commercial members, use type of bill 73x.
- Don't include place of service 02 when billing on a UB-04 claim form.

- **For PHP**

- Bill revenue code 0912 with the following procedure code(s) for these services:
 - For Blue Cross commercial, bill the usual procedure codes.
 - For BCN commercial and BCN Advantage, bill procedure code S0201.
- Include the GT or 95 modifier.
- For substance use disorder claims for Blue Cross commercial members, use type of bill 86x.
- Don't include place of service 02 when billing on a UB-04 claim form.

Note: Only the revenue codes listed above have been approved for IOP and PHP services delivered via telehealth.

For claims submitted prior to July 1, 2020, with dates of service on or after April 16, 2020: If you billed as though you provided the service in a face-to-face setting — using standard billing processes, the appropriate revenue code and no modifier — you don't need to resubmit the claim.

- **For Medicare Plus Blue members**, see the [Medicare-covered telehealth services for the COVID-19 PHE](#) document to determine which IOP and PHP procedures codes are billable for telehealth.

Rural health clinics and federally qualified health centers

Here's how to bill for distance site telehealth services provided in an RHC or FQHC:

- **For Blue Cross commercial, BCN commercial and BCN Advantage plans:** We allow reimbursement of HCPCS code G2025 for services provided in an RHC or an FQHC. Bill as follows:
 - **For Blue Cross commercial members:** Bill G2025 for the distance site on a CMS-1500 professional claim form.
 - **For BCN commercial and BCN Advantage members:** Bill according to the contracted agreement.
- **For Medicare Plus Blue, Medigap and Medicare Supplement plans:** Follow CMS guidance. See the CMS Medicare Learning Network document titled [New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE](#).**

Professional behavioral health services

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.

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

During the COVID-19 crisis, you can temporarily use the place of service equal to what it would have been had the service been furnished in person, instead of using place of service 02.

If you use a place of service other than 02, you must include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

This temporary change aligns with guidance issued by CMS in April 2020.

Additional billing resources

For additional information about billing for behavioral health services, see the following resources:

- **For Blue Cross commercial members:** See the "Claims" chapter of the *Blue Cross PPO Provider Manual*. To get to this chapter, log in to Provider Secured Services, click *BCBSM Provider Publications and Resources* and then click *Provider Manual*. Click *Provider Type* and select your provider type from the *Provider Type Criteria* field, click *Search* and then click the *Claims* link.

- **For Medicare Plus Blue members:** See the [Submitting Claims](#) page of the Medicare Advantage Provider Toolkit on the bcbsm.com website.
- **For BCN commercial and BCN Advantage members:** See the *Billing instructions: Behavioral health services* document. To find this document, log in to Provider Secured Services, click *BCN Provider Publications and Resources* and then click the *Billing / Claims* link. Scroll to the “Professional Claims – Billing Instructions” or the “Facility Claims – Billing Instructions” section and click the *Behavioral health* link.

None of the information included herein is intended to be legal advice and as such it remains the provider’s responsibility to comply with all applicable state and federal laws and regulations, including all coding and documentation requirements.

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