

In this document

Definitions	2
Telehealth	2
Telemedicine visits and Blue Cross Online Visits	2
General information about telehealth visits.....	3
Telephone-only visits	3
Determining whether a member has a telehealth benefit.....	3
Authorization requirements for telehealth visits	4
Telehealth technology and patient confidentiality	4
Autism services.....	5
Autism services that are NOT covered via telehealth	5
Autism services that ARE covered via telehealth.....	5
Additional information about autism services.....	6
Psychiatry and psychotherapy services not related to autism.....	6
Outpatient psychotherapy codes covered via telehealth.....	7
Billing telehealth visits.....	8
Outpatient psychiatric centers	8

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 access these documents by logging in to Provider Secured Services and clicking the *Coronavirus (COVID19)* link in the red box at the top of the page.

Definitions

Telehealth

Telehealth is an umbrella term that includes telemedicine visits and Blue Cross Online VisitsSM. 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.

Not all contracts include coverage for telehealth. See “Determining whether a member has a telehealth benefit” on page 3 for more information.

Telemedicine visits and Blue Cross Online Visits

Both telemedicine visits and Blue Cross Online Visits connect providers and members using audiovisual technology. 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. At the point of making decisions regarding diagnosis and/or treatment, the provider does not require face-to-face contact to make an optimal decision. It is not anticipated that a follow-up encounter is required.

These visits are appropriate for low-complexity health care services, such as depression symptoms, severe anxiety, repetitive thoughts and change in appetite or sleep patterns.

There are differences between these types of visits:

- **Telemedicine visits are scheduled by a provider office**, and the providers are in-network with the member's plan. The patient and health care provider are connected via a secure network that the provider has set up within his or her office. See “Telehealth technology and patient confidentiality” on page 4 for more information.
- For members who have Blue Cross Online Visits as part of their benefits, **members can initiate visits** through bcbsmonlinevisits.com or the *BCBSM Online VisitsSM* app, found in the App Store or on Google Play. This online health care service is provided through the AmwellTM web-based service from American Well[®], by providers who are contracted with American Well.

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.

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 and will remain in effect until we notify providers otherwise.

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.

Determining whether a member has a telehealth benefit

Generally, Blue Cross' PPO, Medicare Plus Blue, BCN HMO and BCN Advantage members have telehealth as a routine benefit. However, some groups choose to opt out of the telehealth benefit as a whole. Other groups have opted in to telemedicine visits, but they've opted out of Blue Cross Online Visits.

Before a member's first visit, we recommend that you check each member's benefits to determine whether they have a telehealth benefit and whether any copays or coinsurance will apply.

If the member is aware that they don't have a telehealth benefit and still wants to have a service via telehealth, you can make a private arrangement to provide the services remotely and skip billing the patient's insurance. The member must be aware that they won't be reimbursed for the services if they don't have a telehealth benefit.

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 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 NOT covered via telehealth

The following services for autism spectrum disorder **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.

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.

For information about billing these codes, see "Billing telehealth visits" on page 8.

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.

From this page, you can view the March 17, 2020 web-DENIS message in which we announced that telehealth virtual **medical** visits won't have member cost sharing through at least April 30, 2020; cost sharing continues to apply for behavioral health visits. We also announced that originating site requirements have been permanently removed from virtual medical and behavioral health visits.

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 8.

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 8.

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

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 8.

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.

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

Outpatient psychiatric centers

Blue Cross PPO commercial providers within an outpatient psychiatric center should report telemedicine procedures using their individual professional National Provider Identifier, or NPI, not the OPC facility NPI. If a provider in the OPC does not have their own NPI for billing, that practitioner should bill using the NPI of the supervising physician or fully licensed psychologist.

Telemedicine services are a professional benefit and are not payable to a Blue Cross PPO commercial provider that bills with a facility NPI. Although an OPC provider submits claims using a professional claim form, he or she is still considered a facility provider. Services rendered via telemedicine will only be considered for payment when billed with an individual or professional NPI.

Additional instructions for OPCs that bill telemedicine can be found in the [June 2017](#) and [June 2018](#) editions of *The Record*.

BCN HMO and BCN Advantage can process telehealth claims with an OPC facility NPI. BCN providers must also include the behavioral health modifier that matches your credentials (for example, AM, HA, HO, AJ) and:

- When submitting claims for telemedicine (audiovisual) visits, include a modifier of GT or 95 and place of service code 02.
- When submitting claims for telephone-only visits, submit the place of service 02. You don't need to include a telehealth modifier.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Telehealth for behavioral health providers

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

March 25, 2020

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

****Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're required to let you know we're not responsible for its content.**