



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

Telehealth

Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

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This document contains frequently asked questions about telehealth visits. For broader information about telehealth, see the following documents:

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

You can access 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.

General information

What is 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 can help avoid the spread of illness in physician office and emergency room settings.

What is a telemedicine visit and a Blue Cross Online Visit?

During both telemedicine and Blue Cross Online 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 as to which visits should be handled via telemedicine. The medical documentation should support the code that is submitted for payment.

What is the difference between a telemedicine visit and a Blue Cross Online Visit?

A telemedicine visit can be conducted by any Blue Cross or BCN provider, while a Blue Cross Online Visit is a low complexity health care visit handled through the AmwellTM web-based service from American Well[®] by providers contracted with American Well.

Here are 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 "What is a telephone-only visit?" below. For information about setting up a secure network in your office for audiovisual visits, see the "Telehealth technology and patient confidentiality" section on page 6.	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 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.

What is a telephone-only visit?

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. Some services require both audio and visual. For more information, see the *Telehealth for medical providers* and *Telehealth for behavioral health providers* guides.

How do I determine whether a member has a telehealth benefit?

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

Who can deliver services using telehealth?

Any eligible provider can deliver services using telehealth. Blue Cross and BCN follow all federal and state regulations regarding licensure. An eligible provider is any practitioner who is able to 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

What services can be conducted using telehealth?

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. 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.

Are telehealth visits available to members outside of Michigan?

Yes. Members in state, out of state and out of the country can get telehealth visits from their in-network provider or through Blue Cross Online Visits if the member's contract includes coverage for Blue Cross Online Visits.

Can a practitioner licensed in Michigan, yet located outside of Michigan, perform telehealth services to members?

Yes. According to the *Telemedicine Services Medical Policy*, the provider must be licensed, registered, or otherwise authorized to perform service in their health care profession in the state where the patient is located. The provider is not required to be located in the state of Michigan. In addition, services must fall within their scope of practice.

Which services are covered via telehealth with no member cost sharing during the COVID-19 pandemic?

Blue Cross and BCN are waiving member cost sharing on select telehealth services for Blue Cross (commercial) PPO, Medicare Plus Blue PPO, BCN HMO (commercial) and BCN Advantage members.

- **For Blue Cross (commercial) PPO and BCN HMO (commercial) members**:** **Cost sharing applies beginning July 1, 2020.** Cost sharing was waived temporarily for dates of service March 16 through June 30, 2020. The services are still covered, but member deductibles, copayments and coinsurance apply again as of July 1, 2020.
- **For Medicare Plus Blue PPO and BCN Advantage members**:** **Cost sharing is waived for dates of service March 16 through December 31, 2020.**

You can find the *Telehealth procedure codes for 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. The list of telehealth procedure codes is not all inclusive. Additional services are covered through telehealth under the Blue Cross and BCN *Telemedicine Services Medical Policy* that are not listed in the codes list. The additional services covered through telehealth require standard member cost sharing.

Telehealth technology and patient confidentiality

How safe is telehealth for delivering care?

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.

Note: 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. We've aligned our requirements with the Office for Civil Rights at the Department of Health and Human Services 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.

Which remote communication technologies are acceptable to use for telehealth?

This is a list of commonly used HIPAA-compliant telemedicine (audiovisual) technologies in use as reported by Blue Cross Blue Shield of Michigan and Blue Care Network physician offices:****

- Doxy.me
- MyChart, powered by Epic
- Amwell
- eClinicalWorks Healow
- InTouch

- Vidyo[®]
- Care Convene
- BlueJeans
- Updox
- Zoom for Healthcare

Behavioral Health

Can telehealth be used for autism spectrum disorder services?

Yes. To see which services are and are not covered, please see the *Telehealth for behavioral health providers* document in the telehealth sections of our coronavirus webpage, which is available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

Can telehealth visits include online group therapy?

Yes. Outpatient therapy code *90853 is covered when delivered using telemedicine (audiovisual) or telephone only. To see other covered codes for outpatient group therapy, please Page 7 of the *Telehealth for behavioral health providers* (PDF) in the telehealth sections of our coronavirus webpages, which is available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

Billing

Is an originating site requirement needed for BCN HMOSM and BCN AdvantageSM members?

No. In March 2020, we 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*. The policy can be found in the telehealth sections of our coronavirus webpages, available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

What location code should be used when billing?

In general, providers should use place of service code 02 when billing for a telehealth visit unless the procedure code can only be used for an online visit and cannot be used for a face-to-face visit.

During the COVID-19 pandemic, providers can temporarily use a place of service code equal to what it would have been had the service been furnished in-person instead of using POS 02. The GT or 95 modifier is still required to ensure that member cost share is waived for applicable services.

Special requirements apply for outpatient psychiatric centers billing telehealth services for Blue Cross' PPO (commercial) members. OPCs can temporarily use place of service 11, instead of place of service 02. If place of service 11 is used, the GT or 95 modifier must be included.

For medical providers, please see the Billing requirements section of the *Telehealth for medical providers*. For behavioral health providers, see the Billing telehealth visits section of the *Telehealth for behavioral health providers*. These can be found in the telehealth sections of our coronavirus webpages, available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

Which procedure codes are covered with no cost sharing for COVID-19?

The *Telehealth procedure codes for COVID-19* shows the codes associated with telehealth procedures covered with no cost sharing for members during the COVID-19 pandemic. It can be found in the telehealth sections of our coronavirus webpages, available on our public website at bcbsm.com/coronavirus and through Provider Secured Services.

- **For Blue Cross (commercial) PPO and BCN HMO (commercial) members**, cost sharing applies beginning July 1, 2020.** Cost sharing was waived temporarily for dates of service March 16 through June 30, 2020. The services are still covered, but member deductibles, copayments and coinsurance apply again as of July 1, 2020.
- **For Medicare Plus Blue PPO and BCN Advantage members**, cost sharing is waived for dates of service March 16 through December 31, 2020.**

Which NPI should I use on a claim as an outpatient psychiatric center?

Effective April 2, 2020, Blue Cross' PPO (commercial) can now accept telemedicine claims from outpatient psychiatric centers using the OPC facility NPI. OPC providers no longer need to submit claims for telemedicine services using their individual professional NPI, or bill under the NPI of a supervising physician for Blue Cross commercial PPO claims. This means Blue Cross and BCN can process telehealth claims with an OPC facility NPI for Blue Cross' PPO, Medicare Plus Blue PPO, BCN HMO and BCN Advantage members.

Other

Can preventive/well visits be done via telehealth?

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. 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. If you determine a well visit can be conducted while meeting these criteria, you can conduct the well visit via telehealth.

Is a postpartum visit payable as a telehealth visit?

Yes. For relatively straightforward, uncomplicated situations, a telehealth visit is reasonable and appropriate for a postpartum visit.

Can bariatric patients use telehealth to report their required specifics (weight, blood pressure, etc.) to providers?

During national emergencies declared by the federal and state government (such as COVID-19), patients could use telehealth to report their data. Providers should note that this data was provided by the patient.

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

**Some commercial self-funded groups are extending the waiver of member cost share. In addition, some Medicare Advantage groups have a different end date for the waiver of member cost share. Providers are encouraged to submit claims to Blue Cross and BCN and wait for the voucher before charging member cost share, if applicable.

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