



Telemedicine
Telephone
Online Visits



Telehealth	An umbrella term for remote health care that may include health care education and administration as well as real-time clinical services
Telemedicine	A subset of telehealth, this describes real-time clinical health care services provided through electronic technology when distance separates the patient and health care provider
Online Visits	A real-time (synchronous) two way communication that is initiated by the patient to virtually connect a physician or other health care provider for a low complexity health care services

Medical Policy



Not-for-profit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 5/1/20**
(See policy history boxes for previous effective dates)

Title: Telemedicine Services

Description/Background

Telehealth and telemedicine are terms that are frequently used interchangeably. Telehealth is an umbrella term used to describe all the possible variations of healthcare services and health care education using telecommunications. Telehealth includes health care services such as telemedicine, telemonitoring and store and forward, in addition to healthcare education for patients and professionals and related administrative services.

Telemedicine, a subset of telehealth, is the use of telecommunications technology for real-time, medical diagnostic and therapeutic purposes when distance separates the patient and healthcare provider. Many have advocated the use of telemedicine to improve health care in rural areas, in the home and in other places where medical personnel are not readily available. Telemedicine may substitute for a face-to-face, hands-on encounter between a patient and the healthcare provider when using the appropriate technology.

The use of telecommunications to support a clinical decision can incorporate patient data collected and reviewed immediately, such as clinician interactive; or reviewed later when the patient is no longer available, such as telemonitoring or store and forward.

- **Clinician Interactive Visit** – An electronically based, real-time clinician-patient encounter where the patient and healthcare provider are in different locations. This virtual encounter can either be audio only or audio visual. The virtual encounter can also be hosted. A hosted visit is a virtual consult with a remote health care provider hosted by a provider who is face-to-face with the patient. Certain clinical scenarios will dictate the use of a hosted visit, so as to minimize risk to the patient and maximize the clinical outcome. For example, when a patient presents to the emergency room with acute stroke symptoms and the neurology specialist is not on site, the emergency room physician hosts a consult with the remote neurologist in a real-time encounter.

- Major Changes:
 - Remove BCN originating site requirement (effective 3/17/20)
 - Add four autism related codes
 - Remove three autism related codes
- Effective date reads 5/1/2020
- Announced 1/1/2020 - Codes for online visits went from two to six codes

Billing Guidelines

Telehealth Services

Place of Service 02-Telehealth



<p>Online Visits</p>	<ul style="list-style-type: none"> • Patient Initiated • No Modifiers • Procedure Codes: <ul style="list-style-type: none"> 98970, 98971. 98972 Payable to a qualified non-physician only 99421, 99422, 99423 Payable to a MD/DO/PA/CNP only G2061, G2062, G2063 Payable to a qualified non-physician only • Payable 1 time in a 7-day cumulative period • Low complexity, straight forward decision making • Audio visual communication
<p>Telephone</p>	<ul style="list-style-type: none"> • Patient or Provider initiated • No Modifiers • Procedure Codes: <ul style="list-style-type: none"> 99441, 99442, 99443 Payable to physician or other qualified health care professional 98966, 98967, 98968 Payable to qualified non-physician (Place of service 02 not required for PDCM coding)
<p>Telemedicine</p>	<ul style="list-style-type: none"> • Provider or Patient Initiated • Any CPT specific to provider’s scope of practice • Audio only or Audio and Visual • High complexity encounter, may not be the preferred method in certain clinical scenarios. Example; chronic suicidal ideation or unstable angina. A hosted site is preferred. • Originating site not required
<p>Blue Cross Online Visits (Am-Well)</p>	<ul style="list-style-type: none"> • Contracted Procedure Codes: 99422 (Online Visit), 90792 (BH), 90834 (BH) and 99213 (Office Visit)
<p>Applied Behavioral Analysis (ABA)</p>	<p>ABA codes for the treatment of Autism Spectrum Disorder that are appropriate for telemedicine</p> <ul style="list-style-type: none"> • 97155, 97156, 97157

Telehealth Medical Services Guide

Telehealth for medical providers
For Blue Cross' PPO (commercial), Medicare Plus Blue™ PPO, BCN HMO™ (commercial) and BCN Advantage™ members
March 23, 2020

Telehealth is an umbrella term that includes telemedicine, telephone and online visits which can be beneficial in reducing 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. **Not all contracts include coverage for telehealth.** Check your patient's benefits and encourage them to do the same through the BCBSM member app or bcbsm.com portal.

Definitions

Telemedicine is the use of telephone or telecommunications technology for real time clinical health care services provided through electronic technology when distance separates the patient and health care provider. The patient and health care provider are connected via a secure network.

Online visits are a real time (synchronous) two-way communication that is initiated by the patient to virtually connect a physician or other health care provider for low complexity health care services. The visit is typically straight forward 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. Examples include colds, sore throats, runny nose, sinus congestion, headaches, etc.

Differences

	Online visit	Telemedicine
Are visits real time? (synchronous)	Yes	Yes
Does the encounter require patient initiation?	Yes	Not always; can be initiated by the patient or physician
Is audio/visual equipment required?	Yes	No; telephone only can be used
Does the visit handle low complexity encounters (cold, stuffy nose, etc.)?	Yes	Yes
Does the visit handle high complexity?	No	Yes
Does the visit handle chronic care or ongoing visits?	No	Yes

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March 23, 2020

Using telehealth

Telemedicine
Physicians who already provide or wish to provide their own telemedicine services (via audio/visual equipment/computer) must have a secured electronic channel in accordance with HIPAA guidelines**. Please see the *Telemedicine Services Medical Policy* for detailed requirements.

****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.

Online visits
Blue Cross and BCN also offer Blue Cross Online Visits™ through bcbsmonlinevisits.com or the app, *BCBSM Online Visits™*, found in the App Store or on Google Play. This online health care service is provided through American Well's web-based service, Amwell™. If the Blue Cross or BCN plan covers virtual doctor visits, the member or anyone on their plan can use the service. If your patients receive online health care from this service, American Well's physicians encourage them to follow up with their primary care physicians. Patients can send an electronic report about their online care to their primary care physicians and other physicians. Patients can also print a report to take to their next office visit.

If you have questions or know a practitioner who is interested in joining the American Well Online Care Group, please direct them to Providerrecruiting@amwell.com or <https://providers.amwell.com/covid-19/>

For policy and inclusionary and exclusionary guidelines, please see the *Telemedicine Services Medical Policy* found on web-DENIS.

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Telehealth for medical providers
For Blue Cross' PPO (commercial), Medicare Plus Blue™ PPO, BCN HMO™ (commercial) and BCN Advantage™ members
March 23, 2020

Billing requirements

Codes	Place of Service
Online codes *98970-98972 (payable to a qualified non-physician only) *99421-99423 (payable to a MD/DO/PA/CNP only) *G2061-G2063 (payable to a qualified non-physician only)	02 Yes
Telephone codes *99441 - *99443 *98966 - *98968	Yes
Telemedicine codes CPT codes - Modifier GT or 95 required (appropriate for encounter and provider scope)	Yes
Crisis codes (telephone) *90839 and *90840	Yes
ABA codes that are appropriate for telemedicine *97155-97157 Require the GT or 95 Modifier All must meet the medical policy criteria	Yes

When care is delivered virtually, the appropriate place of service must be billed for all codes.

For members who don't have coverage for telehealth services

Members can contact the 24-hour Nurse Line:

- Blue Cross PPO members should call 1-800-775-2583
- BCN HMO members should call 1-855-624-5214

Where to find more information

- Blue Cross/BCN *Telemedicine Services Medical Policy* (found on the *Coronavirus information updates for providers* link on the *BCN Provider Publications and Resources* or *BCBSM Newsletters and Resources* web-DENIS pages)
- The *Medical-Surgical Services* chapter of the Blue Cross PPO Provider Manual
- Centers for Medicare and Medicaid Services [Coverage and Payment Related to COVID-19 Medicare fact sheet \(page 3\)](#)
- [How to Access Telehealth Care During the Coronavirus Outbreak](#) (MI Blues Perspectives)

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- Guide provides definitions and differences between online visits and telemedicine.
- Highlights relaxation of HIPAA standards for telemedicine during COVID-19.
- Summarizes billing requirements, including codes and requirements for place of service (02).



Telehealth for behavioral health providers

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

March 25, 2020

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.



Telehealth for behavioral health providers

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

March 25, 2020

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 (COVID-19)* 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.

- Share same definitions and callouts of HIPAA standards. (Pages 1-3)
- Highlights codes which are and are not covered for Autism services via telehealth
- Summarizes psychiatry and psychotherapy services appropriate for telehealth
- Reviews outpatient codes covered via telehealth
- Reviews how to bill telehealth visits, with callout for OPCs

Information Released on Telehealth

Alert/Document	Date Posted	General or specific to COVID-19
Waiving copays for medical telehealth visits for groups with the benefit through 4/30/2020	3/17/2020	COVID-19 specific
New Telemedicine policy <ul style="list-style-type: none">BCN originating site requirement removed	3/17/2020	General
Guidance for OPCs billing telemedicine services	3/19/2020	General
ABA code clarification	3/19/2020	General
Telehealth guide for medical services	3/20/2020	General with note*
Telehealth guide for behavioral health	3/20/2020	General with note*

*Notes relaxation of HIPAA compliance requirements for telehealth by CMS through 4/30/2020

Effective March 1, 2020, VBR for primary care physicians will be applied to the following telehealth codes, if the PCP is currently eligible to receive VBR. For example, if the PCP is currently receiving 120% VBR, the fees the PCP receives for these telehealth codes will be 120% of the standard fee.

- **99421** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **99422** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **99423** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- **99441** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **99442** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
- **99443** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

COVID-19: Provider Partnerships

HCV has received several requests to ease administrative requirements, advance provider payments, and reassess various programs.

	1 Administrative Requirements	2 Advance Payments	3 Value Based Programs
Issue	<p><i>Provider Organizations (PO) and Practice Units (PU) are experiencing labor shortages</i> due to a concentration on testing and caring for acute patients, higher than normal absenteeism, lack of PPE, revenue, and positive COVID-19 tests/self isolation</p>	<p><i>PO/PUs experience financial challenges</i> due to delays in elective visits, increase in uncompensated care, appointment cancellations, and higher PPE expenditures</p>	<p><i>PO/PUs are concentrating on providing care</i> and have not had time to work on the cost and quality aspects of the various value based arrangements including PGIP and Blueprint</p>
Request	<p><i>PO/PUs have requested relief from administrative tasks</i> such as CQIs (granted), Prior Authorization, Utilization Management etc.</p>	<p><i>PO/PUs have requested financial assistance</i> from BCBSM</p>	<p><i>PO/PUs want to know BCBSM's intent</i> on administering the current quality and value based programs</p>
Response	<p><i>BCBSM is working through these requests</i> and will get back to the PO/PUs next week</p>	<p><i>BCBSM working on several items to aid providers' financial position</i>; we will consider multiple items including: In-office fees for telehealth, early incentive payments, fee schedule enhancements, loans etc; we will get back to you next week</p>	<p><i>BCBSM is working through changes to these various arrangements</i> in light of the current environment and will get back to the PO/PUs next week</p>