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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 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](https://www.bcbsm.com) portal.

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 typically involves 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. Examples include depression symptoms, severe anxiety, repetitive thoughts and change in appetite or sleep patterns.

General information about telehealth visits

For behavioral health telehealth visits, we expect providers to use both audio and visual technology, which is the standard of care. Visual technology enables providers to determine risk and identify symptoms and signs that they can't identify otherwise.

Telephone-only visits aren't included under the telemedicine policy for psychotherapy and telepsychiatry sessions. They are billable only for giving the results of laboratory tests, clarifying treatment plans or transmitting information, and are billable as separate services. Telephone-only visits should not be used for therapy sessions.

Blue Cross and BCN have been allowing eligible providers to bill for telehealth services for more than 10 years. Telehealth visits have become more widespread as technology has advanced and have become the standard of care for remote care. Blue Cross and BCN allow providers to bill for the following behavioral health services delivered via telehealth: psychotherapy, assessments and medication reviews.

Authorization requirements for telehealth visits

Routine outpatient behavioral health services performed by BCN-contracted providers don't require authorization.

Telehealth technology and patient confidentiality

Members with low-complexity behavioral health and medical care issues can take advantage of online visits. There are various mechanisms through which providers can conduct online visits:

- For members who have Blue Cross Online VisitsSM as part of their benefits, Blue Cross and BCN offer Blue Cross Online Visits through bcbsmonlinevisits.com or the app, *BCBSM Online VisitsSM*, found in the App Store or on Google Play.

- For members who don't have Blue Cross Online Visits as part of their benefits, providers can conduct telehealth visits using free portals, as discussed above.

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.

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.

Autism services

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

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.

HIPAA compliance requirements for telehealth visits have been suspended during the COVID-19 crisis to make it easier for providers to conduct health care visits remotely.

We've temporarily aligned our requirements with the Centers for Medicare and Medicaid Services as outlined in their [Medicare Telemedicine Health Care Provider Fact Sheet](#).**

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: 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. **Submit these codes with a modifier of GT or 95 and place of service 02.**

- **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.

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 6.

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, but they must submit the codes with a modifier of GT or 95 and place of service 02. For BCN, providers must also include the behavioral health modifier that matches your credentials (for example, AM, HA, HO, AJ).

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 telehealth: *90832, *90834, *90837.

In addition, behavioral health medical providers can bill the psychotherapy add on codes: *90833, *90836 and *90838.

The following psychotherapy crisis codes are covered when delivered using telehealth or by telephone only: *90839 and *90840.

Determining whether a member has a telehealth benefit

Generally, the Blue Cross' PPO and BCN HMO members have telehealth as a routine benefit. However, some groups choose to opt out of the telehealth benefit.

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.

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, you must submit the procedure codes with a modifier of GT or 95 and place of service 02.

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 can process telemedicine claims with an OPC facility NPI.

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