

**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.**

## Definitions

### Telehealth

Telehealth is an umbrella term that includes audiovisual visits (telemedicine visits and Blue Cross Online Visits<sup>SM</sup>) 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

### 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.

The answers to the following questions outline the main differences between these types of visits.

	Telemedicine visits	Blue Cross Online Visits
Who initiates the visit?	Member or provider  Visits are scheduled by provider offices.	Member  Visits are initiated through <a href="https://bcbsmonlinevisits.com">bcbsmonlinevisits.com</a> or the <i>BCBSM Online Visits<sup>SM</sup></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" below.  For information about setting up a secure network in your office for audiovisual visits, see the "Telehealth technology and patient confidentiality" section below.	Yes. This online health care service is provided through the Amwell <sup>TM</sup> web-based service from American Well <sup>®</sup> .
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.
Does the provider have to be in-network with the member's plan?	Yes	No. Providers are contracted with Amwell.

### Telephone-only visits

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

All Blue Cross' PPO, Medicare Plus Blue, BCN HMO 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](https://bcbsm.com/coronavirus) and through Provider Secured Services.

## 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.

### Billing telehealth visits

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.

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

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 continue to include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

This temporary change aligns with guidance issued by the Centers for Medicare & Medicaid Services in April 2020.

Codes	Place of Service 02
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)	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 *90839 and *90840 Modifier GT or 95 required	Yes
ABA codes that are appropriate for telemedicine *97155 – *97157 Require the GT or 95 Modifier All must meet the medical policy criteria	Yes

### 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 waived cost share for the most common primary care services for Blue Cross' PPO and BCN HMO members.

Through Dec. 31, 2020, we're waiving cost share for the most common primary care services when delivered via telehealth for Medicare Plus Blue PPO and BCN Advantage members.

To make this easier for you, we've published the *Telehealth procedure codes for COVID-19* document, which contains a list of codes that temporarily have no member cost sharing. You can find this document in the telehealth sections of our coronavirus webpages, which are available on our public website at [bcbsm.com/coronavirus](https://bcbsm.com/coronavirus) and through Provider Secured Services.

Telehealth services that are covered under the Blue Cross and BCN *Telemedicine Services Medical Policy* that are not listed in the above list of codes, are still covered but will require standard member cost sharing.

### Originating site requirements for telehealth visits

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.

### Rural health clinics and federally qualified health centers

Blue Cross' PPO, Medicare Plus Blue, BCN HMO and BCN Advantage plans allow for reimbursement of HCPCS code G2025 for services provided in an RHC or FQHC.

- **For commercial plans (Blue Cross PPO and BCN HMO):** Continue to follow normal billing guidelines.
  - For Blue Cross' PPO members, bill G2025 on a CMS-1500 professional claim form.
  - For BCN HMO members, bill according to the contracted agreement.
- **For Medicare Advantage (Medicare Plus Blue and BCN Advantage), Medigap and Medicare Supplement plans:** Follow CMS billing guidelines. See the CMS Medicare Learning Network document titled [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#).\*\*

## 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 in the telehealth sections of our coronavirus webpages, which are available on our public website at [bcbsm.com/coronavirus](https://bcbsm.com/coronavirus) and through Provider Secured Services.
- 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)
- [We're using some new codes for online visits, starting Jan. 1](#) (December 2019 *The Record* article)

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

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