

Online visits

Applies to:

BCN Advantage Individual

BCN Advantage **HMO** SM
BCN Advantage **HMO-POS** SM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Online visits

Note: For the duration of the COVID-19 public health emergency, the U.S. Department of Health and Human Services waived certain restrictions on telehealth services covered by Medicare. For Medicare general information on telehealth, click [here](#). Click [here](#) for a list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth. When the PHE ends, Original Medicare telehealth coverage may change. We'll revise our online visits policy if some of the waivers become permanent.

An online visit is a structured, real-time (synchronous) health encounter using secure online communication technology to virtually connect a provider in one location to a patient in another location for the purpose of diagnosing illness and providing medical or other health treatment. The patient initiates the visit. Medical information is exchanged via secured servers. Online visits should not replace a patient's relationship with a primary care provider or a behavioral health provider, but can be invaluable when:...

- The patient's primary care or behavioral health provider isn't available
- The patient can't leave home or work
- The patient is on vacation or traveling for work
- The patient is looking for affordable after-hours care

Original Medicare

Original Medicare covers telehealth under certain circumstances. However, coverage of telehealth services is limited and subject to conditions, including:

- The patient's location, known as the "originating site," must be in a Health Professional Shortage Area (HPSA) or in a county that is outside of any Metropolitan Statistical Area (MSA), defined by HRSA and the Census Bureau, respectively.
- The originating site must be one of eight qualifying medical facilities, and may not be the patient's home. The patient must be located in one of the following places:
 - o A doctor's office
 - o A hospital
 - o A critical access hospital (CAH)
 - o A rural health clinic
 - o A federally qualified health center
 - o A hospital-based or critical access hospital-based dialysis facility
 - o A skilled nursing facility
 - o A community mental health center
- The modality must be real time, face-to-face, interactive video consultation services where the patient is present ("store and forward" is only covered under demonstration programs in Alaska and Hawaii).

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- The program only covers a limited set of services, designated by CPT code.

Under Original Medicare, for most telehealth services, patients pay the same amount that they would if they had gotten the services in person.

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for Online Visits (e-visits) is provided to all BCN Advantage Individual members. Coverage for Online Visits is not subject to the same restrictions as Medicare-covered telehealth, meaning that members need not be located in a rural area or any specific originating site to take advantage of the benefit. Members have access to online primary care provider and behavioral health provider services anywhere in the United States. Please reference the BCN Advantage Evidence of Coverage documents for cost sharing. Members can see and talk to:

- A primary care provider for minor illnesses such as a cold, flu, or sore throat
- A behavioral health clinician or psychiatrist to help work through challenges such as anxiety, depression and grief

Practitioners that utilize any form of an online visit must be in compliance with online secure transmission of protected health information (PHI). The handling of electronic patient information is considered the same as an in-office location and patient privacy must be maintained.

Inclusions:

- The online visit must be initiated by the patient.
- The online visit must be real-time (synchronous) between the patient and healthcare professional.
- The online visit should reflect an algorithmic question and answer approach. At the points of making decisions regarding diagnosis and/or treatment, the provider does not require face-to-face contact to make an optimal decision.
- The online visit is a low complexity, straightforward decision-making encounter that addresses urgent but not emergent clinical conditions; it is not anticipated that a follow-up encounter is required.

Exclusions:

- Store and Forward (Collecting clinical information and sending it electronically to another site or provider for evaluation)
- Telemonitoring
- Email-only communication*
- Telephone-only communication*
- Text-only communication*
- Facsimile transmission
- Request for medication refills
- Reporting of normal test results
- Provision of educational materials
- Scheduling of appointments and other healthcare related issues
- Registration or updating billing information
- Reminders for healthcare related issues
- Referrals to other providers
- Any online visit encounter resulting in an office visit, urgent care or emergency care encounter on the same day for the same condition
- Ongoing treatment (typically requiring more than three to five visits) without the expectation of

a face-to-face visit with the same treating clinician/provider group.

*Telephone, text and email communication can be considered an enhancement to the online visit, but if done independently is not considered as meeting criteria for an online visit.

Policy Guidelines

A secured electronic channel must include and support all the following for online encounters:

1. The electronic channel must be secure, with provisions for privacy and security, including encryption, in accordance with HIPAA guidelines.
2. A mechanism must be in place to authenticate the identity of correspondent(s) in electronic communication and to ensure that recipients of information are authorized to receive it.
3. The patient's informed consent to participate in the consultation must be obtained, including discussing appropriate expectations, disclaimers and service terms, and any fees that may be imposed. Expectations for appropriate use must be specified as part of the consent process including use of specific written guidelines and protocols, avoiding emergency use, heightened consideration of use for highly sensitive medical topics, relevant privacy issues.
4. The name and patient identification number is contained in the body of the message, when applicable.
5. A standard block of text is contained in the provider's response that contains the provider's full name, contact information, and reminders about security and the importance of alternative forms of communication for emergencies, when applicable.
6. A record of online communications descriptive of the e-visit should be made available to the patient if requested.
7. The channel must be free of any third-party advertising on its site and must not use the patient's information for marketing.
8. If the provider collects payment for patients utilizing a credit card, it should be Payment Card Industry Data Security Standard (PCI-DSS) compliant.

Benefit considerations

Online visits are subject to all terms and conditions of the policy, certificate or contract agreed upon between the policy, certificate or contract holder and the insurer, including, but not limited to, required copayments, coinsurances and deductibles.

Conditions for payment

The table below specifies payment conditions for online visits.

Conditions for payment			
Eligible provider	Any provider who can provide Medicare-covered telehealth services, subject to the scope of what the provider practice can bill for online visits		
Payable location	No restrictions		
Frequency	See exclusions		
CPT codes	Online Visits Billable Codes	Modifiers	Description
	99441	N/A	Online medical visit, 5-10 minutes
	99442	N/A	Online medical visit, 11-20 minutes
	90834	GT AJ (Master's Level)	Individual psychotherapy, 45 minutes
		GT AH (Doctorate Level)	Individual psychotherapy, 45 minutes
	90792	GT	Psychiatric diagnostic interview (for prescribers/medical services)
	99213	GT	Level 3 established office visit

The codes listed in this policy are for reference purposes only and are not a guarantee of coverage. This list of codes may not be all inclusive. All codes specific to scope of practice.

Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Reimbursement

All charges for services delivered by online visit providers are handled under the terms of the contract between Blue Care Network and the provider. Providers who don't have a contract to specifically provide online visits for BCN Advantage will be paid in accordance with the Medicare Physician Fee Schedule. Out-of-network providers will be paid in accordance with the Medicare fee schedule.

Member cost sharing

Member program eligibility is verified by BCN prior to the member's referral to the provider for online visits. The copays for online visits will generally be equal to what members would have paid if they received the same service in person.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing:
 - a. **Michigan providers:** Copies of the ANSI ASCX 12N 837 and 835 Institutional Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on our website in the provider online tools section at bcbsm.com/providers/help/edi.
 - b. **Providers outside of Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

Revision History

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