



The information in this document applies to services provided during the COVID-19 public health emergency, which ends on May 11, 2023.

For dates of service on or after May 12, 2023, see the standard [Telehealth for behavior health providers](#) document.

In this document

- General information2
- Medicare Plus Blue.....2
- Definitions2
 - Telehealth2
 - Telemedicine visits and Blue Cross Online Visits.....3
 - Telephone-only visits4
- General information about telehealth visits.....4
- Determining whether a member has a telehealth benefit5
- Authorization requirements for telehealth visits5
- Telehealth technology and patient confidentiality5
- Autism services.....6
- Psychiatry and psychotherapy services not related to autism7
 - Outpatient psychotherapy codes covered via telehealth8
 - IOP and PHP for mental health and substance use disorders9
- Routine online provider visits or “check in” visits (between scheduled sessions).....10
- Cost-sharing for telehealth visits.....11
- Originating site requirements for telehealth visits11
- Billing telehealth visits.....11
 - Outpatient psychiatric care facilities12
 - Facility providers who provide IOP or PHP services for mental health and substance use disorders14
 - Rural health clinics and federally qualified health centers16
 - Professional behavioral health services17
 - Additional billing resources18

General information

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 find these documents — along with other information about COVID-19 — on our secure Provider Resources website, which you can access by doing the following:

1. Log in to our provider portal (avallity.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
5. Click *Member Care* on the menu bar and then click *Coronavirus*.

Due to the COVID-19 pandemic, Blue Cross Blue Shield of Michigan and Blue Care Network temporarily relaxed certain requirements for telehealth visits. Information about temporary changes appears in red boxes throughout this document.

Medicare Plus Blue

The general telehealth information in this document, such as definitions, authorization requirements, and telehealth technology and patient confidentiality, applies to Medicare Plus Blue members.

To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [List of Telehealth Services webpage](#)* on the **cms.gov** website.

When billing telehealth visits, follow Centers for Medicare & Medicaid Services guidance.

Definitions

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 avoid the spread of illness in physician offices 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.

Due to the COVID-19 pandemic, we're encouraging providers and members to use telehealth services to avoid the spread of illness in physician offices and emergency room settings.

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

	Telemedicine visits ⁽¹⁾	Blue Cross Online Visits (Amwell)
Who initiates the visit?	Member or provider Visits are scheduled by provider offices. Note: Visits with AbleTo ⁽²⁾ therapists are scheduled by members and initiated through ableto.com/bcbsm .	Member Visits are initiated through bcbsmonlinevisits.com or the <i>BCBSM Online Visits</i> SM app, found in the App Store or on Google Play.
Is audiovisual equipment required?	Visits can be conducted by telephone only, if audiovisual (video) technology isn't available. For more information, see "Telephone-only visits" on page 4. Note: Visits with AbleTo ⁽²⁾ therapists can be conducted by telephone or using audiovisual technology. For information about setting up a secure network in your office for audiovisual visits, see "Telehealth technology and patient confidentiality" on page 5.	Yes. This online health care service is provided through the Amwell™ web-based service.
Does the visit handle high-complexity health care?	Depends on the provider. Note: Visits with AbleTo ⁽²⁾ therapists consist of a standardized eight-week cognitive behavioral therapy program.	No
Does the visit handle chronic care or ongoing visits?	Yes Note: Visits with AbleTo ⁽²⁾ therapists consist of a standardized eight-week cognitive behavioral therapy program.	No, for medical visits. Yes, for therapy and psychiatric visits.

	Telemedicine visits ⁽¹⁾	Blue Cross Online Visits (Amwell)
What are the network requirements?	<p>If the member receives telemedicine services provided by an in-network provider, the visit will be reimbursed according to their in-network mental health benefit.</p> <p>If the member receives telemedicine services provided by an out-of-network provider, the visit will be reimbursed according to their out-of-network mental health benefit.</p> <p>The network provider can use any acceptable telehealth technology platform; see the “Telehealth technology and patient confidentiality” section on page 5 for more information.</p>	<p>If the member receives services through Blue Cross Online Visits, all Amwell providers are in-network.</p>

¹To be considered in network, providers must be contracted with Blue Cross for Blue Cross commercial and Medicare Plus Blue members or be contracted with BCN for BCN commercial and BCN Advantage members. AbleTo providers are in network for telemedicine visits for members who have mental health benefits through Blue Cross or BCN, for dates of service on or after July 15, 2022.

²For AbleTo visits to be payable, the member must have both telemedicine benefits and mental health benefits through Blue Cross or BCN.

Telephone-only visits

In addition to visits that use audiovisual technology, Blue Cross and BCN will cover telephone-only behavioral health visits for all services for which telemedicine is payable for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members. This isn’t a change for Blue Cross commercial and Medicare Plus Blue members. For BCN commercial and BCN Advantage members, this change was effective March 2020.

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.

General information about telehealth visits

Blue Cross and BCN allow providers to bill for the following behavioral health services delivered via telehealth: psychotherapy, assessments and medical treatments.

For behavioral health telehealth visits, we expect providers to conduct telehealth visits using audiovisual technologies whenever possible because visual technology enables providers to determine risk and identify symptoms and signs that they can’t identify otherwise.

Services that are delivered via telemedicine must be provided synchronously (in real time), with the exception of *96130 and *96156, which can be delivered asynchronously. Telemedicine asynchronous (store and forward) care is generally not payable for behavioral health services.

Note: For more information about synchronous versus asynchronous care, see our *Telemedicine Services medical policy*.

Determining whether a member has a telehealth benefit

Most Blue Cross commercial, all Medicare Plus Blue, all BCN commercial and all BCN Advantage members have coverage for telemedicine visits with in-network providers.

Note: To determine whether a member has telemedicine visits (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 on our secure Provider Resources site, which is accessed through Availity Essentials.

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.

Prior authorization requirements for telehealth visits

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

For intensive outpatient program, or IOP, and partial hospital program, or PHP, services for substance use disorders and mental health disorders, the normal requirements apply for initial authorizations and continuing stay reviews.

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 relaxed HIPAA compliance requirements for telehealth visits during the COVID-19 pandemic. This makes it easier for providers to conduct health care visits remotely. We temporarily aligned our telemedicine requirements with these relaxed requirements.

The relaxation of these requirements concludes May 11, 2023, with a 90-day transition period through Aug. 9, 2023. Some Medicare telehealth flexibilities remain in effect; for details, see the [Behavioral health telehealth flexibilities for Medicare Advantage members to continue after PHE ends](#) article in the May 2023 issue of *The Record*.

To learn more about the relaxed requirements, 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 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.

Autism services

Important! For members who have the autism benefit:

- To determine which procedures can be performed via telehealth for Medicare Plus Blue and BCN Advantage members, see the [List of Telehealth Services webpage](#)* on the **cms.gov** website.
- For Blue Cross commercial and BCN commercial members, follow the guidance in this section.

The following applied behavior analysis services for autism spectrum disorder are payable via synchronous telemedicine visits:

- **Code *97151⁽¹⁾** — Assessment, which includes live interaction with the member. This service is critical to the evaluation process.
- **Code *97153⁽²⁾** — Applied behavior analysis, or ABA. This service is allowed via telehealth for members who meet appropriateness criteria. The [Guidelines for autism interventions delivered via telemedicine](#) document offers guidance in determining which members can benefit from direct-line ABA interventions delivered via telemedicine.
- **Code *97154⁽³⁾** — Skills training, which is delivered by a behavior technician in a group of two or more clients. The [Guidelines for autism interventions delivered via telemedicine](#) document offers guidance in determining which members can benefit from direct-line ABA interventions delivered via telemedicine.

- **Code *97155** — Protocol modification, which can be provided using telehealth for up to 100% of the time during which services are provided. (Prior to the Nov. 1, 2021, update to the *Autism Spectrum Disorder Services* medical policy, telehealth was allowed for only 50% of the total time of services provided.)

Note: During the COVID-19 pandemic for dates of service from April 14, 2020, through Oct. 31, 2021, we allowed licensed behavior analysts, or LBAs, to troubleshoot treatment protocols directly with the parent/guardian/caregiver functioning as the behavior technician. With the Nov. 1, 2021, update to the *Autism Spectrum Disorder Services* medical policy, this temporary measure is no longer payable.

- **Code *97156** — Caregiver training.
- **Code *97157** — Multi-family caregiver training.
- **Code *97158⁽³⁾** — Skills training (more intensive services), which is delivered by an LBA in a group setting in which protocol modification is made.
- **Code S5108** — LBA supervision of a technician performing line therapy or skills training. Includes time after session to process feedback and make adjustments to the treatment plan.

Note: S5108 is payable only to Michigan providers who deliver services to out-of-state members and cannot use the American Medical Association category 1 codes.

- **Code S5111** — Caregiver training. Includes training a parent, guardian or caregiver on how to work with a member using the principles of ABA therapy and skills training.

Note: S5111 is payable only to Michigan providers who deliver services to out-of-state members and cannot use the American Medical Association category 1 codes.

⁽¹⁾We began allowing this service to be delivered via telemedicine during the COVID-19 pandemic, for dates of service on or after April 14, 2020.

⁽²⁾We began allowing this service to be delivered via telemedicine during the COVID-19 pandemic, for dates of service on or after Aug. 3, 2020.

⁽³⁾We began allowing this service to be delivered via telemedicine during the COVID-19 pandemic, for dates of service on or after Nov. 9, 2020.

For information about billing these codes, see “Billing telehealth visits” on page 11.

Psychiatry and psychotherapy services not related to autism

Important! To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [List of Telehealth Services webpage](#)* on the **cms.gov** website. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

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 (M.D./D.O.)

- 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 care facilities, see “Outpatient psychiatric care facilities” on page 12.

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.

For information about billing, see “Billing telehealth visits” on page 11.

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 commercial members](#)

Outpatient psychotherapy codes covered via telehealth

This section lists codes that can be billed for telehealth.

Telemedicine (audiovisual) or telephone only

The following outpatient psychotherapy codes are covered when delivered using telemedicine (audiovisual) or telephone-only visits:

- ***90785:** Interactive complexity
- ***90791:** Psychiatric diagnostic evaluation (no medical services)
- ***90792:** Psychiatric diagnostic evaluation with medical services
- ***90832:** Psychotherapy, 30 minutes
- ***90833:** Psychotherapy, 30-minute add-on (behavioral health medical providers only)
- ***90834:** Psychotherapy, 45 minutes
- ***90836:** Psychotherapy, 45-minute add-on (behavioral health medical providers only)
- ***90837:** Psychotherapy, 60 minutes
- ***90838:** Psychotherapy, 60-minute add-on (behavioral health medical providers only)
- ***90839:** Psychotherapy for crisis, first 60 minutes
- ***90840:** Psychotherapy for crisis, each additional 30 minutes

- ***90846:** Family psychotherapy (without the patient present) (Medicare restrictive coverage)
- ***90847:** Family psychotherapy (conjoint psychotherapy with patient present) (Medicare restrictive coverage)
- ***90849:** Multiple-family group psychotherapy
- ***90853:** Group psychotherapy (other than for a multiple-family group)

In addition, behavioral health medical providers can bill all applicable evaluation and management, or E&M, codes.

For information about billing these codes, see “Billing telehealth visits” on page 11.

Telephone and online assessment and management services

The following codes are specific to health care professionals who deliver E&M or assessment and management services by telephone or online:

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross commercial and BCN commercial	<ul style="list-style-type: none"> • By telephone: *99441, *99442 and *99443 • Online: *99421, *99422 and *99423 	<ul style="list-style-type: none"> • By telephone: *98966, *98967 and *98968 • Online: G2061, G2062 and G2063
BCN Advantage	<ul style="list-style-type: none"> • By telephone: *99441, *99442, *99443 and G2012 • Online: *99421, *99422 and *99423 	<ul style="list-style-type: none"> • By telephone: Not applicable <div style="border: 2px solid red; padding: 5px; margin: 5px 0;"> <p>For BCN Advantage members, we temporarily allowed these providers to bill procedure codes *98966, *98967 and *98968 during the COVID-19 pandemic. Effective May 12, 2023, follow Medicare billing and coding rules.</p> </div> <ul style="list-style-type: none"> • Online: <ul style="list-style-type: none"> ○ For dates of service before Jan. 1, 2021, use G2061, G2062 and G2063. ○ For dates of service on or after Jan. 1, 2021, follow CMS guidelines.

⁽¹⁾Includes M.D.s, D.O.s, nurse practitioners and physician assistants who deliver evaluation and management services.

⁽²⁾Includes psychologists and clinical social workers and other psychotherapy practitioners.

For information about billing these codes, see “Billing telehealth visits” on page 11.

IOP and PHP for mental health and substance use disorders

We allow IOP and PHP services to be payable to contracted facility providers when delivered via telemedicine (audiovisual visits or telephone-only visits) for substance use disorders and for mental health disorders.

See the [Outpatient detoxification and follow-up care protocols for treating substance use disorders](#) document for more information.

For information about billing, see “Billing telehealth visits” on page 11.

Notes

- We began allowing these services to be payable to contracted facility providers when delivered via telemedicine during the COVID-19 pandemic (for dates of service on or after April 16, 2020).
- Facilities can provide IOP and PHP services to BCN commercial and BCN Advantage members only when their contracts specifically include IOP and PHP services.
- For Blue Cross commercial members, most plans don’t cover IOP services for mental health or PHP services for substance use disorders. IOP services for substance use disorders must be delivered by a substance abuse treatment facility. Be sure to check member eligibility and benefits through our provider portal ([availity.com](#)**) or Provider Inquiry prior to performing services.

Routine online provider visits or “check in” visits (between scheduled sessions)

Important! To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [List of Telehealth Services webpage](#)* on the **cms.gov** website. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

These visits are initiated by established patients and occur between scheduled sessions.

The following codes are covered when these visits are delivered using both audio and visual technology.

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross commercial and BCN commercial	*99421, *99422 and *99423	*98970, *98971, *98972, G2061, G2062, and G2063
BCN Advantage	*99421, *99422 and *99423	G2061, G2062, and G2063

⁽¹⁾Includes M.D.s, D.O.s, nurse practitioners and physician assistants who deliver evaluation and management services.

⁽²⁾Includes psychologists and clinical social workers and other psychotherapy practitioners.

Note: These codes aren’t appropriate for ongoing treatment, telephone-only visits or Blue Cross Online Visits.

For information about billing these codes, see “Billing telehealth visits” on page 11.

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 provided no-cost share telehealth visits for the most common office visits and hospitalization follow-up visits and for the most common behavioral health services for Blue Cross commercial and BCN commercial members.

Through Dec. 31, 2020, we provided no-cost share telehealth visits for the most common office visits and hospitalization follow-up visits and for the most common behavioral health services for Medicare Plus Blue and BCN Advantage members.

Originating site requirements for telehealth visits

In March 2020, we removed the telemedicine originating site requirement for BCN commercial and BCN Advantage members. With this change, our separate Blue Cross and BCN Telemedicine Services medical policies combined into one joint *Telemedicine Services Medical Policy*.

Billing telehealth visits

Important! For information about billing for services provided to Medicare Plus Blue members, follow CMS guidance. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

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. Procedure 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.

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.

Click a link to access billing information for various services.

- [Outpatient psychiatric care facilities](#)
- [Facility providers who provide IOP or PHP services for mental health and substance use disorders](#)
- [Rural health clinics and federally qualified health centers](#)
- [Professional behavioral health services](#)
- [Additional billing resources](#)

Outpatient psychiatric care facilities

For Blue Cross commercial, BCN commercial and BCN Advantage members, we can process telehealth claims with an OPC facility NPI.

Note: Medicare Plus Blue doesn't recognize outpatient psychiatric care facilities. BCN Advantage does recognize OPC facilities.

For telemedicine visits that use both audio and visual technology, OPC facilities should include modifiers on the claim in this order:

1. The modifier that indicates the licensure level (level of care) for the rendering provider should be listed first. Examples are AH, AJ or HO.

Notes:

- For Blue Cross commercial, see the [Requirements for providing behavioral health services to Blue Cross commercial members](#) document for a full list of modifiers.
- For BCN commercial and BCN Advantage, see the [Requirements for providing behavioral health services to BCN members](#) document for a full list of modifiers.

2. The telemedicine modifier (either GT or 95).

Exceptions: You don't need to include the GT or 95 modifier for the procedure codes specified in the following table.

Product	Codes that don't require the GT or 95 modifier
BCN commercial and BCN Advantage	*98970, *98971, *98972, *99421, *99422 and *99423
Blue Cross commercial	<ul style="list-style-type: none"> • For dates or service on or after July 1, 2022: *98970, *98971 and *98972 • For dates of service before July 1, 2022: These codes aren't payable to OPC facilities for Blue Cross commercial members. <p>Important: The following codes aren't payable to OPC facilities for Blue Cross commercial members: *99421, *99422 and *99423.</p>

3. Then, do one of the following:

- For dates of service on or after Jan. 1, 2022:
 - For telehealth services performed with a patient who is in their home, include place of service code 10.
 - For telehealth services performed with a patient who is in a location other than their home, include place of service code 02.

For more information, see the alert titled [Telehealth services require place of service code 10 beginning February 1 for services provided in the patient's home](#).

- For dates of service on or before Dec. 31, 2021, include place of service code 02.

During the COVID-19 pandemic, you can temporarily do the following:

- **For Blue Cross commercial members:** You can use place of service 11, instead of place of service 02 or 10. Include the GT or 95 modifier, whether billing place of service 02, 10 or 11.
- **For BCN commercial members:**
 - **For dates of service on or after May 1, 2022:** You must use place or service 02 or 10 and append modifier GT or 95.
 - **For dates of service before May 1, 2022:** You can 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 or 10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services.
- **For BCN Advantage members:** You can 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 or 10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

You can bill for services that fall within your scope of practice as long as you can meet the documentation requirements of the codes billed. We aren't expanding the scope of services for which you can bill.

For telephone-only visits, OPC facilities should include:

- The rendering provider modifier, as appropriate
- The appropriate place of service code as outlined in step 3 above.
- The GT or 95 modifier.

Exceptions: You don't need to include the GT or 95 modifier for the procedure codes specified in the following table.

Product	Codes that don't require the GT or 95 modifier
BCN commercial and BCN Advantage	*98966, *98967, *98968, *99441, *99442 and *99443
Blue Cross commercial	<ul style="list-style-type: none"> • For dates of service on or after July 1, 2022: *98966, *98967 and *98968 • For dates of service before July 1, 2022: These codes aren't payable to OPC facilities for Blue Cross commercial members. <p>Important: The following codes aren't payable to OPC facilities for Blue Cross commercial members: *99441, *99442 and *99443.</p>



Notes:

- For Blue Cross commercial members, see the [Requirements for providing behavioral health services to Blue Cross commercial members](#) document for a full list of modifiers.
- For BCN commercial and BCN Advantage, see the [Requirements for providing behavioral health services to BCN members](#) document for a full list of modifiers.

During the COVID-19 pandemic, you can temporarily do the following:

- **For Blue Cross commercial members:** You can use place of service 11, instead of place of service 02 or 10. Include the GT or 95 modifier, whether billing place of service 02, 10 or 11.
- **For BCN commercial members:**
 - **For dates of service on or after May 1, 2022:** You must use place or service 02 or 10 and append modifier GT or 95.
 - **For dates of service before May 1, 2022:** You can 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 or 10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services.
- **For BCN Advantage members:** You can 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 or 10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

You can bill for services that fall within your scope of practice as long as you can meet the documentation requirements of the codes billed. We aren't expanding the scope of services for which you can bill.

Facility providers who provide IOP or PHP services for mental health and substance use disorders

Important! For information about billing for services provided to Medicare Plus Blue members, follow CMS guidance. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

We allow IOP and PHP services to be payable to contracted facility providers when delivered via telemedicine (audiovisual visits or telephone-only visits) for substance use disorders and for mental health disorders.

Only the revenue codes specified below have been approved for IOP and PHP services delivered via telemedicine.

- **For Blue Cross commercial, BCN commercial and BCN Advantage members:**

- **For IOP:** Bill for IOP services delivered via telemedicine as follows. Billing requirements vary based on claims submission date and date of service as outlined in the following table.

Dates	Details
For claims submitted on or after July 1, 2020	<p>You must bill as follows to indicate that the services were provided via telemedicine (and not in a face-to-face setting):</p> <ul style="list-style-type: none"> • Bill revenue code 0905 (for all BCN commercial members, all BCN Advantage members and select Blue Cross commercial members) or 0906. <p>Note: For Blue Cross commercial, only select Blue Cross self-funded groups cover mental health IOP. Check the member's benefits through our provider portal (availability.com**)) or Provider Inquiry before providing services.</p> <ul style="list-style-type: none"> • Include the applicable procedure code. <p>Note: For dates of service on or before Sept. 30, 2021, include procedure code Q3014.</p> <ul style="list-style-type: none"> • Include the GT or 95 modifier. • For substance use disorder claims for Blue Cross commercial members, use type of bill 73x.
For claims submitted on or before June 30, 2020, with dates of service on or after April 16, 2020	If you billed as though you provided the service in a face-to-face setting — using standard billing processes, the appropriate revenue code and no modifier — you don't need to resubmit the claim.

- **For PHP:** Bill for PHP services delivered via telemedicine as follows. Billing requirements vary based on claims submission date as outlined below.

Dates	Details
For claims submitted on or after July 1, 2020	<p>You must bill as follows to indicate that the services were provided via telemedicine (and not in a face-to-face setting):</p> <ul style="list-style-type: none"> • Bill revenue code 0912 with the following procedure code(s) for these services: <ul style="list-style-type: none"> ○ For Blue Cross commercial, bill the usual procedure codes. ○ For BCN commercial and BCN Advantage, bill procedure code S0201. • Include the GT or 95 modifier. • For substance use disorder claims for Blue Cross commercial members, use type of bill 86x.

Dates	Details
For claims submitted June 23, 2020, through June 30, 2020, with dates of service on or after April 16, 2020	If you billed as though you provided the service in a face-to-face setting — using standard billing processes, the appropriate revenue code and no modifier — you don't need to resubmit the claim.

- **For Medicare Plus Blue members**, see the [List of Telehealth Services webpage](#)* on the **cms.gov** website to determine which IOP and PHP procedures codes are billable for telehealth.

Notes

- We began allowing these services to be payable to contracted facility providers when delivered via telemedicine during the COVID-19 pandemic.
- Facilities can provide IOP and PHP services to BCN commercial and BCN Advantage members only when their contracts specifically include IOP and PHP services.
- For Blue Cross commercial members, most plans don't cover IOP services for mental health or PHP services for substance use disorders. IOP services for substance use disorders must be delivered by a substance abuse treatment facility. Be sure to check member eligibility and benefits through our provider portal ([availity.com](#)**) or Provider Inquiry prior to performing services.

Rural health clinics and federally qualified health centers

Here's how to bill for distant site telehealth services provided in an RHC or FQHC:

- **For Blue Cross commercial, BCN commercial and BCN Advantage plans:** We allow reimbursement of HCPCS code G2025 for services provided in an RHC or an FQHC. Bill as follows:
 - **For Blue Cross commercial members:** Bill G2025 for the distant site on a CMS-1500 professional claim form.
 - **For BCN commercial and BCN Advantage members:** Bill according to the contracted agreement.
- **For Medicare Plus Blue, Medigap and Medicare Supplement plans:** Follow CMS guidance. See the CMS Medicare Learning Network document titled [New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE](#).**

Professional behavioral health services

Bill for professional behavior health services as outlined below.

For telemedicine visits that use audiovisual technology:

- Include the GT or 95 modifier when billing procedure codes **other than** *98970, *98971, *98972, *99421, *99422, *99423.
- Include the appropriate place of service code based on the date of service:
 - For dates of service on or after Jan. 1, 2022:
 - For telehealth services performed with a patient who is in the patient's home, include place of service code 10.
 - For telehealth services performed with a patient who is in a location other than the patient's home, include place of service code 02.

For more information, see the alert titled [Telehealth services require place of service code 10 beginning February 1 for services provided in the patient's home.](#)

- For dates of service on or before Dec. 31, 2021, include place of service code 02.

For telephone-only visits

- Submit the appropriate place of service code as outlined above.
- Include the GT or 95 modifier when billing procedure codes **other than** *98966, *98967, *98968, *99441, *99442 or *99443.
- For BCN commercial and BCN Advantage, include the behavioral health modifier that matches your credentials (for example, AM, HA, HO, AJ).

For Blue Cross commercial and BCN commercial members:

- **For dates of service on or after May 1, 2022:** You must use place of service 02 or 10 and append modifier GT or 95.
- **For dates of service before May 1, 2022:** You can 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 or 10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services. This was a temporary measure that started during the COVID-19 pandemic and ends April 30, 2022.
- **For BCN Advantage members:** You can 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 or 10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services. This temporary change aligns with guidance issued by CMS in April 2020.



Additional billing resources

For additional information about billing for behavioral health services, see the following resources:

- **For Blue Cross commercial members:** See the “Claims” chapter of the *Blue Cross Commercial Provider Manual*. To access the chapter:
 1. Log in to our provider portal (availity.com**).
 2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
 3. Click the *Resources* tab.
 4. Click *Secure Provider Resources (Blue Cross and BCN)*.
 5. Click the *Provider Manuals* link in the Easy Access tile.
 6. Click *Blue Cross commercial*.
 7. Click the *Claims* link, which is listed under “Billing.”
- **For Medicare Plus Blue members:** See the [For Providers: How Do I Submit a Medicare Plus Blue PPO Claim?](#) page on the **bcbsm.com** website.
- **For BCN commercial and BCN Advantage members:** See the *Billing instructions: Behavioral health services* document. To find this document:
 1. Log in to our provider portal (availity.com**).
 2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
 3. Click the *Resources* tab.
 4. Click *Secure Provider Resources (Blue Cross and BCN)*.
 5. Click the *Provider Manuals* link in the Easy Access tile.
 6. Click *BCN commercial and BCN Advantage*.
 7. Click the *Claims (Billing)* link.

None of the information included herein is intended to be legal advice and as such it remains the provider’s responsibility to comply with all applicable state and federal laws and regulations, including all coding and documentation requirements.

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