

General Telehealth Policy Overview

1. Where can providers find existing Blue Cross and Blue Shield of Louisiana telehealth policies?

Our existing telehealth policies are outlined in Section 5.37 of our *Professional Provider Office Manual*, which is available online at www.BCBSLA.com/providers >Resources >Manuals. It includes our Telemedicine/Telehealth guidelines and requirements as well as a list of the direct-to-consumer (DTC) reimbursable CPT[®]/HCPCS codes and provider types for providers utilizing their own telehealth platform/technology.

2. Has Blue Cross expanded its telehealth guidelines to help with remote care during the novel coronavirus (COVID-19) pandemic?

Yes, as a relief to the COVID-19 pandemic, Blue Cross has developed many temporary telehealth provisions with a focus on easing the administrative burden for providers to ensure members receive the care they need. The full details on these temporary provisions are available online at www.BCBSLA.com/providers, then click on the “COVID-19 Provider Resources” link at the top of the page. We will continue to add updated information to this page as it develops.

3. What are the effective dates of Blue Cross’ expanded COVID-19 telehealth policies?

The expanded COVID-19 telehealth policies are effective for dates of service on and after March 16, 2020. They will continue to be effective until we are past this national emergency. Blue Cross will notify providers when the expanded telehealth policies are no longer effective. Additionally, we will continually review our telehealth guidelines and update as new developments occur.

4. How does Blue Cross define telehealth services?

Blue Cross defines telehealth services as the healthcare delivery, diagnosis, consultation, treatment and transfer of medical data using interactive telecommunication technology that enables the network provider and the member, at two locations separated by distance, to interact via two-way video and audio transmission simultaneously.

5. Does Blue Cross allow the use of telephone-only services? What documentation is required?

Yes, during this pandemic, Blue Cross is allowing reimbursement for telehealth phone-only visits for both established and new patients as a replacement for office visits as outlined in our expanded COVID-19 telehealth guidelines available on our COVID-19 Provider Resources page. Providers must fully document the telehealth encounter in the patient’s medical record adhering to the criteria listed in the expanded telehealth guidelines.

6. Can a credentialed network provider offer telehealth services to Blue Cross patients? Must a provider agreement include telehealth as a service before the provider can deliver such services to Blue Cross patients?

Providers do not need to sign an additional provider agreement. The expanded COVID-19 telehealth changes apply to Blue Cross-credentialed, Louisiana participating doctors, nurse practitioners, physician assistants, behavioral health specialists, chiropractors, dentists, physical therapists, occupational therapists, speech therapists and registered dietitians, providing telehealth services to replace office visits.

General Member Benefits Overview

7. What telehealth services are covered under a member’s policy?

Coverage is subject to the terms, conditions and limitations of each individual member contract and policy. For member eligibility, benefits and claims status, please use iLinkBlue (www.BCBSLA.com/ilinkblue), our online self-service provider tool. Please understand that the expanded COVID-19 provisions will not display in iLinkBlue. Providers must refer to the COVID-19 Provider Resources page for the expanded provisions.

8. Are preventive wellness visits covered via telehealth?

Yes, our expanded COVID-19 telehealth policies allow providers to deliver preventive wellness services during the COVID-19 crisis. Refer to the preventive wellness telehealth guidelines on our COVID-19 Provider Resources page.

9. What is the member’s cost share for telehealth services?

Effective for dates of service on and after April 15, 2020, Blue Cross is waiving all member cost shares (deductible, coinsurance and copayment) for telehealth services rendered by an eligible Blue Cross-credentialed, Louisiana participating provider for our individual members who buy their own healthcare coverage and those who are covered through a fully insured employer group. Fully insured members can be identified by the words “Fully Insured” on the member ID card.

These members can have \$0 telehealth audio/video or phone-only visits with credentialed network doctors, nurse practitioners, physician assistants, registered dietitians, chiropractors and behavioral health specialists. They also have \$0 telehealth visits with credentialed network physical, occupational or speech therapists. Waived cost shares also apply to facility outpatient telehealth for therapy.

Self-insured employer groups have the option to waive the out-of-pocket costs for their employees if they desire. Visit the iLinkBlue (www.BCBSLA.com/ilinkblue) message board for the list of self-insured employer groups that are **not** waiving the member cost share.

10. Can a provider that is not in the member’s specific network offer telehealth services to any Blue Cross patient?

During the COVID-19 crisis, members in our HMO and HMO select networks (Blue Connect, Community Blue, Precision Blue and Signature Blue) may obtain audio/visual and phone-only telehealth services from any participating credentialed provider in a Blue Cross and Blue Shield of Louisiana network and the member’s in-network level of benefits will be applied.

11. Are additional patient consents needed for telehealth services?

No, Blue Cross does not require additional patient consents for telehealth services.

General Claims Billing Overview

12. What documentation is required for each telehealth encounter?

Providers must fully document the telehealth encounter in the patient’s medical record to support all services discussed, rendered and/or performed.

13. What information should a provider report on telehealth claims submitted to Blue Cross? What place of service and modifier should be included for telehealth claims?

Providers should file claims for services as they normally would for office visits. Claims should include the place of service code typically used by the provider (e.g., 11), and append Modifier GT or 95 to indicate that the service was telehealth. The telehealth modifiers can be present in any of the four modifier positions. Providers must adhere to the telehealth billing guidelines in the provider manual and the expanded telehealth guidelines available on our COVID-19 Provider Resources page.

14. What CPT/HCPCS codes does Blue Cross reimburse as telehealth services? What is the reimbursement for these telehealth services?

Refer to Section 5.37 of the *Professional Provider Office Manual* for our Telemedicine/Telehealth guidelines on evaluation and management (E&M) codes as well as additional direct to consumer (DTC) reimbursable CPT/HCPCS codes. The expanded telehealth guidelines outlined on our COVID-19 Provider Resources page also includes additional CPT/HCPCS codes that are reimbursable during the COVID-19 crisis.

Providers must agree to Blue Cross’ allowable charges. Providers can research allowable charges on iLinkBlue (www.BCBSLA.com/ilinkblue) under the “Payments” menu option.

15. What should a provider do if a claim for telehealth services was filed to Blue Cross, but the provider did not report all appropriate information as outlined in the expanded COVID-19 telehealth policies?

To correctly apply the appropriate guidelines for an already processed telehealth claims, a corrected claim should be submitted. For example, if the claim was submitted with the wrong place of service, then a corrected claim should be submitted. Refer to our *Submitting Corrected Claims* provider tidbit available at www.BCBSLA.com/providers, then click on "Resources" and look under "Tidbits."

Behavioral Health Telehealth Services

16. What are the requirements for a behavioral health provider to offer telehealth services?

Included as part of our response to COVID-19, Blue Cross will allow any of its credentialed network behavioral health providers to provide audio/visual or phone-only telehealth encounters to replace office visits. Behavioral health encounters must adhere to the telehealth guidelines in our provider manual as well as the expanded telehealth guidelines outlined on our COVID-19 Provider Resources page.

For audio/video telehealth encounters, providers may report services using the listing of behavioral health CPT/HCPCS codes included in Section 5.37 Telemedicine/Telehealth guidelines of our *Professional Provider Office Manual*.

For phone-only telehealth encounters, psychiatrists, psychologists, licensed professional counselors and social workers may report services using the service codes normally used for office visits.

Claims for telehealth services should include the place of service code typically used by the provider (e.g., 11), along with Modifier GT or 95.

17. Can a behavioral health provider, utilizing their own HIPAA-compliant telehealth platform/technology, offer telehealth services to new or existing patients?

Yes, a non-public facing telehealth platform that is either HIPAA-compliant or not excluded by the Health and Human Services Office of Civil Rights must be used to provide services.

18. Are intensive outpatient program (IOP) services allowed via telehealth?

Yes, a facility provider operating within the scope of its license to deliver IOP services can do so through telehealth encounters that adhere to the expanded telehealth guidelines available on our COVID-19 Provider Resources page.

19. Are partial hospitalization program (PHP) services allowed via telehealth?

No, Blue Cross will not reimburse PHP telehealth encounters due to the complexity of services. PHP services are typically six hours in length and must essentially be the same nature and intensity (including medical and nursing) as would be provided in a hospital, except that the patient is in the program less than 24 hours per day.

Applied Behavioral Analysis (ABA) Telehealth Services

20. Are applied behavioral analysis (ABA) services included in Blue Cross' expanded telehealth policies?

Yes, credentialed network ABA providers can deliver limited telehealth (audio/visual) services to replace office visits during the COVID-19 pandemic.

21. What CPT/HCPCS codes for ABA telehealth services are allowed?

Telehealth ABA services are limited to the following CPT codes: 97151, 97152, 97153, 97154, 97155, 97156, 97157 and 97158. Blue Cross will not reimburse telehealth services for CPT codes 0362T or 0373T due to their complexity requiring a face-to-face encounter.

22. What place of service code should an ABA provider bill?

ABA providers should bill services as they normally would for office visits and append Modifier 95 or GT to indicate that the service was telehealth.

Chiropractic Services

23. Are chiropractor services included in Blue Cross' expanded telehealth policies?

Yes, credentialed network chiropractors may report telehealth audio/video or phone-only visits that adhere to the telehealth guidelines in the provider manual and the expanded telehealth guidelines available on the COVID-19 Provider Resources page.

Chiropractors delivering telehealth services must also continue to follow the billing and coding outlined in Section 5.8 Chiropractic and Physical Medicine Services guidelines of our *Professional Provider Office Manual*.

24. What chiropractic services are allowed as telehealth encounters? What CPT/HCPCS codes are allowed?

- Therapeutic procedures 97110, 97112, 97116, 97530 and 97535 are acceptable for telehealth services; however, they are excluded for phone-only as it would be necessary to visually observe the patient.
- For established patient office visits, the following CPT codes are acceptable: 99211, 99212, 99213, 99214 and 99215.

- For new patient office visits, the following CPT codes are acceptable: 99201, 99202, 99203, 99204 and 99205.

Please refer to the evaluation and management (E&M) visit guidelines on p. 5.8-7 as well as p. 5.37-5 and p. 5.37-6 of our *Professional Provider Office Manual*.

The CPT code billed should match the documentation of services provided in the medical record. Services that require physical contact, manipulation, mechanical traction or massage therapy are not eligible for telehealth.

Therapy Services

25. Are physical, occupational or speech therapy included in Blue Cross' expanded telehealth policies?

Yes, during this crisis, any credentialed network physical, occupational or speech therapist may report limited telehealth encounters to replace office visits.

26. What physical/occupational/speech therapy services are allowed as telehealth encounters? What CPT/HCPCS codes are allowed?

Telehealth therapy services are limited to the following CPT codes: 92507, 92521, 92522, 92523, 92524, 92526, 92610, 96105, 97110, 97112, 97116, 97161, 97162, 97164, 97165, 97166, 97168, 97530, 97535.

27. Are there any conditions or restrictions for a physical/occupational/speech therapist to see a patient via telehealth?

Blue Cross will not reimburse telehealth services for CPT codes 97163 and 97167 due to the complexity of requiring a face-to-face encounter and examination. The CPT code billed should match the documentation of services provided in the medical record. Services that require physical contact, manipulation, mechanical traction or massage therapy are not eligible for telehealth.

28. Does the \$0 telehealth visit policy also apply to facility outpatient telehealth visits for therapy services?

Yes, waived cost shares also apply to facility outpatient telehealth for therapy.

Federal Employee Program (FEP)

29. Where can providers find information about FEP telehealth benefits during the COVID-19 crisis?

Providers can access FEP specific COVID-19 resources online at www.fepblue.org/en/coronavirus-updates.