Managing Telehealth for a Safer Tennessee

A Guide for Our Providers

Updated March 2, 2021

As Tennessee's largest health care insurer, we thank you for the care you provide to our members every day. We're here to support you by continually adapting our business practices to provide the best possible service.

As the COVID-19 emergency began to unfold, we saw how telehealth made it easier for you to provide essential health care to our members from the safety of their homes. So, we're making important changes to support telephonic or audiovisual services for our Commercial members with in-network providers who offer them.

By making telehealth benefits available, we're making it easier for you to continue your focus on providing quality care. This coverage not only includes primary care, specialist and behavioral health services. We've expanded it to include occupational, physical, speech, and Applied Behavioral Analysis (ABA) therapy services.

As we all work together during these trying times, we'll continue to make updates to serve your needs and those of our members. Please visit BCBSTupdates.com for up-to-the-minute changes that affect the way we cover telehealth services.

> "We're committed to helping our members get the care they need, and telehealth offers them and the providers they trust with more options that fit their everyday needs."
>
> **JD Hickey**
> President and CEO

Defining Current Telehealth Services

Prior to the COVID-19 emergency, in-network telehealth required the patient to be in a room with a physician before BlueCross would cover the service. It was used when two physicians were consulting about a patient's care. Now, we use the term telehealth to refer to any real-time telephonic or audiovisual consultation between a patient and their in-network provider, or in some situations, an online assessment. It's also used for provider-to-provider consultations – regarding a patient's care – for certain covered services.

During the COVID-19 emergency, we allow telehealth visits through Apple® FaceTime®, Facebook, Skype, Zoom, Google Hangouts Meet™ and other office platforms. If you have questions about a different type of technology, please contact your Network Manager.

Please note: The list of allowed platforms are subject to change with the status of the health emergency. The most recent information will be available at **BCBSTupdates.com**.

Eligible Services

Payment for most telehealth services will be consistent with your BlueCross fee schedule. The only exception is reimbursement for COVID-19 testing, which we're paying at 100% of the current CMS rates until further notice. To be eligible for payment, services must:

- Be covered under the member's benefits, and eligible for payment as if it were an office visit;

- Take place in real time, with the provider and patient connected through an interactive audio or audio and video telecommunications system;

- Be medically appropriate and necessary, and meet the same requirements or the encounter code had it been delivered in person; and

- Include all relevant communications about the member's medical care and follow-up in their medical record.

Any evaluation and management services (E/M) provided through telehealth must include a problem-focused history and straightforward medical decision-making, according to the Current Procedural Terminology (CPT®) manual.

Sample Codes for Billing Telehealth Services

Type of Service	HCPCS/CPT® Codes	Place of Service Code
Telephonic provider-to-provider or provider-to-member	99441-99443	02 or normal POS code with 95 modifier
Virtual (interactive audio/visual) consultations with patients	99201-99215	02 or normal POS code with 95 modifier
Behavioral health consultations with patients	90791, 90792, 90832, 90834 and 90837	02 or normal POS code with 95 modifier
Diabetes education consultations with patients	97802, 97803, 97804 GO108 and GO109	02 or normal POS code with 95 modifier

Using Telehealth to Address Quality Measures

Tips for Closing HEDIS® Gaps in Care

Proper coding is key to help document the care you're giving – and reach your quality goals. We've included some telehealth updates and sample codes that you may find helpful as you conduct your telehealth visits.

When referring to "telehealth" in this context, it's helpful to note there are three categories:

1. Synchronous telehealth – which is **real-time interactive audio and video**. We'll refer to this as **telehealth** when addressing quality measures in this section of the guide.

   • Telehealth Place of Service Codes and the 95 Modifier

   When providing telehealth services using real-time audio and video telecommunications systems, use:

   - Place of Service 02 (POS 02)
     or
   - Your normal POS code with a 95 modifier.

2. Telephonic – meaning telephone visits only. In this guide, we'll refer to this as **telephone visits**.

   • Telephone Visits Only

     - Sample CPT® codes include: 98966-98968, 99441-99443

3. Asynchronous telehealth – which is representative of the e-visits or virtual check-ins, like patient portals, secure text messages, or emails. In this document, we'll refer to these types of visits as **online assessments.**

   • Online Assessments (codes for e-visits or virtual check-ins)

     - Sample CPT® codes include: 98970-98972, 99421-99423, 99444, 99458
     - Sample HCPCS codes include: G0071, G2010, G2012, G2061, G2062, G2063

Specific Measures

Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Children ages 6 to 12 who are starting or restarting ADD/ADHD medication should have three follow-up visits within a 10-month period. Telehealth visits are acceptable for all three follow-up visits.

- The first follow-up visit (within 30 days) must be **with a provider who has prescribing authority**, and may be performed as a telephone visit.

The subsequent two visits (within the next nine months) can be **with any provider** and may be an e-visit or telephone visit. However, only one of the two visits (during days 31-300) can be performed as a virtual check-in (on-line assessment).

Antidepressant Medication Management (AMM) – A telehealth visit may be helpful to check on patients and how they're doing with their antidepressant medications. This would also be a good way to discuss medication side effects and assist patients with refills. Prescribing 90-day medication fills often saves patients time and money while also helping them stay on their medications.

Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics (APP) – Children who are prescribed antipsychotics without a documented major mental health diagnosis should have a visit with a mental health provider. **Synchronous telehealth visits are acceptable in this situation**. For example, a psychiatric consultation or therapy session with audio/visual interaction. The visit must occur within 30 days of the medication-filled date OR within 90 days before the medication is filled, and must be completed by a **Mental Health Provider**.

Controlling High Blood Pressure (CBP) – We know that it's important to monitor the blood pressure readings of your patients with hypertension. Here are some tips that may help you monitor your patients' progress and close the gaps in care.

- You can now use member-reported B/P levels, but only if they were taken only **on a digital device**.
- B/P readings can be taken from any digital device.
- B/P levels should be documented in the chart by you, the provider, and it is helpful to note that the member checked their B/P on a digital device.
- When talking to your patient about their blood pressure, documenting the name of their digital pressure device in the chart can be helpful.
- The American Heart Association recommends that patients be encouraged to bring their digital devices to the provider office once a year to make sure the readings are accurate.
- If there are multiple B/Ps on the same date, use the lowest systolic and lowest diastolic B/P on that date as the representative B/P.
- The B/P must be a reading of less than 140/90 **as this gap in care can open and close throughout depending on whether or not the member's levels are within this range**.

Follow-Up After ED Visit for Alcohol/Other Drug Abuse or Dependence (FUA) – Patients 13 years or older, who were seen in the emergency department with a PRINCIPAL diagnosis of alcohol or other drug abuse (AOD) or dependence should have a follow-up visit for AOD within seven days of the ED visit. Any of the following meet the criteria for a follow-up:

- A telephone visit with a principal diagnosis of AOD abuse or dependence
- An e-visit or virtual check-in (on-line assessments) with a principal diagnosis of AOD abuse or dependence

Follow-Up After Hospitalization for Mental Illness (FUH) – Patients age 6 and older who were hospitalized for treatment of a selected mental illness or intentional self-harm diagnosis need a follow-up visit within seven days of discharge. Sample diagnoses include: dementia, schizophrenia, schizoaffective disorder, manic episode, bipolar episode, mental illness, and intentional self-harm. The following meets the criteria for a follow-up visit.

- A telephone visit **with a mental health provider**
- A synchronous (audio/visual) telehealth visit **with a mental health provider**

Please note that a visit that occurs on the same day as discharge will not meet the requirements for the follow-up visit for this measure.

Follow-Up After ED Visit for Mental Illness (FUM) – Patients age 6 years and older who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm need a follow-up visit within seven days of ED visit. Sample diagnoses include: dementia, schizophrenia, schizoaffective disorder, manic episode, bipolar episode, mental Illness, intentional self-harm. **ANY** telehealth encounter (synchronous, telephonic, or asynchronous) will meet the criteria for a follow-up visit, as long as one of the following two conditions apply.

- There is a principal diagnosis of a mental health disorder (in this case it doesn't matter if there is a diagnosis of intentional self-harm)
- There is a principal diagnosis of intentional self-harm, but in this case it must be accompanied by a diagnosis of mental health disorder.

Initiation and Engagement of Alcohol/Other Drug Abuse or Dependence Treatment (IET) – For patients who are 13 years and older, providers may use telehealth visits to meet the requirements of the measure. If these patients have a new episode of alcohol or other drug abuse/dependence, they should have the following visits:

- For **Initiation** of AOD treatment
  - The patient should have the following visit types within 14 days of the initial encounter with AOD diagnosis.
    - A telephone visit with a diagnosis matching the diagnosis of the initial encounter
    - An e-visit or virtual check-in (on-line assessment) with a diagnosis matching the diagnosis of the initial encounter

Please note that initiation follow-up visits that occur on the same day as the initial diagnosis must be with a different provider.

- For **Engagement** of AOD treatment
  - The patient must have two or more of the following visit types within 34 days of the initiation visit with AOD diagnosis.
    - A telephone visit with a diagnosis matching the diagnosis of the initial encounter
    - An e-visit or virtual check-in (on-line assessment) with a diagnosis matching the diagnosis of the initial encounter

Please note that events including detoxification codes are not considered engagement episodes.

Asthma Medication Ratio (AMR) – A telehealth visit may be helpful for checking on your patients 5 to 64 years of age to determine how well they're managing their asthma. This visit could provide an opportunity to review their current medication regime, discuss any symptoms, and assist with refills. Prescribing 90-day medication fills often saves patients time and money and helps them stay on their medications, all from the comfort and safety of their home.

Appropriate asthma medication ratios of 0.50 or greater of long-term controller medications to quick-reliever medications could potentially prevent a significant proportion of asthma-related costs (hospitalizations, emergency room visits), while also lowering non-medication costs for our members.

Prenatal and Postpartum Care (PPC) – A telehealth visit, a telephone visit, or e-visit can now be used to meet the prenatal and postpartum care visit requirement. The visit must be documented with a pregnancy-related diagnosis code and occur within the specified timeframe.

- For the **Timeliness of Prenatal Care** visit – a telehealth visit, telephone visit, e-visit or virtual check-in (on-line assessment) should be completed within the first trimester (280 - 176 days prior to delivery)
- For the **Postpartum Care** visit – a telehealth visit, telephone visit, e-visit or virtual check-in (on-line assessment) should be completed within 7 - 84 days after delivery

Statin Therapy for Patients with Cardiovascular Disease (SPC) – A telehealth visit may be helpful to check in on patients and how they're doing with their moderate- to high-intensity statin medications. This would also be a good time to discuss any medication side effects and assist patients with refills. Prescribing 90-day medication fills often saves patients time and money and helps them stay on their medications.

Statin Therapy for Patients with Diabetes (SPD – Adherence 80%) – A telehealth visit may be helpful for checking in on your diabetic patients and discussing how well they're managing their diabetes and taking statin medications. This would also be a good time to discuss any medication side effects and assist patients with refills. Prescribing 90-day medication fills often saves patients time and money and helps them stay on their medications.
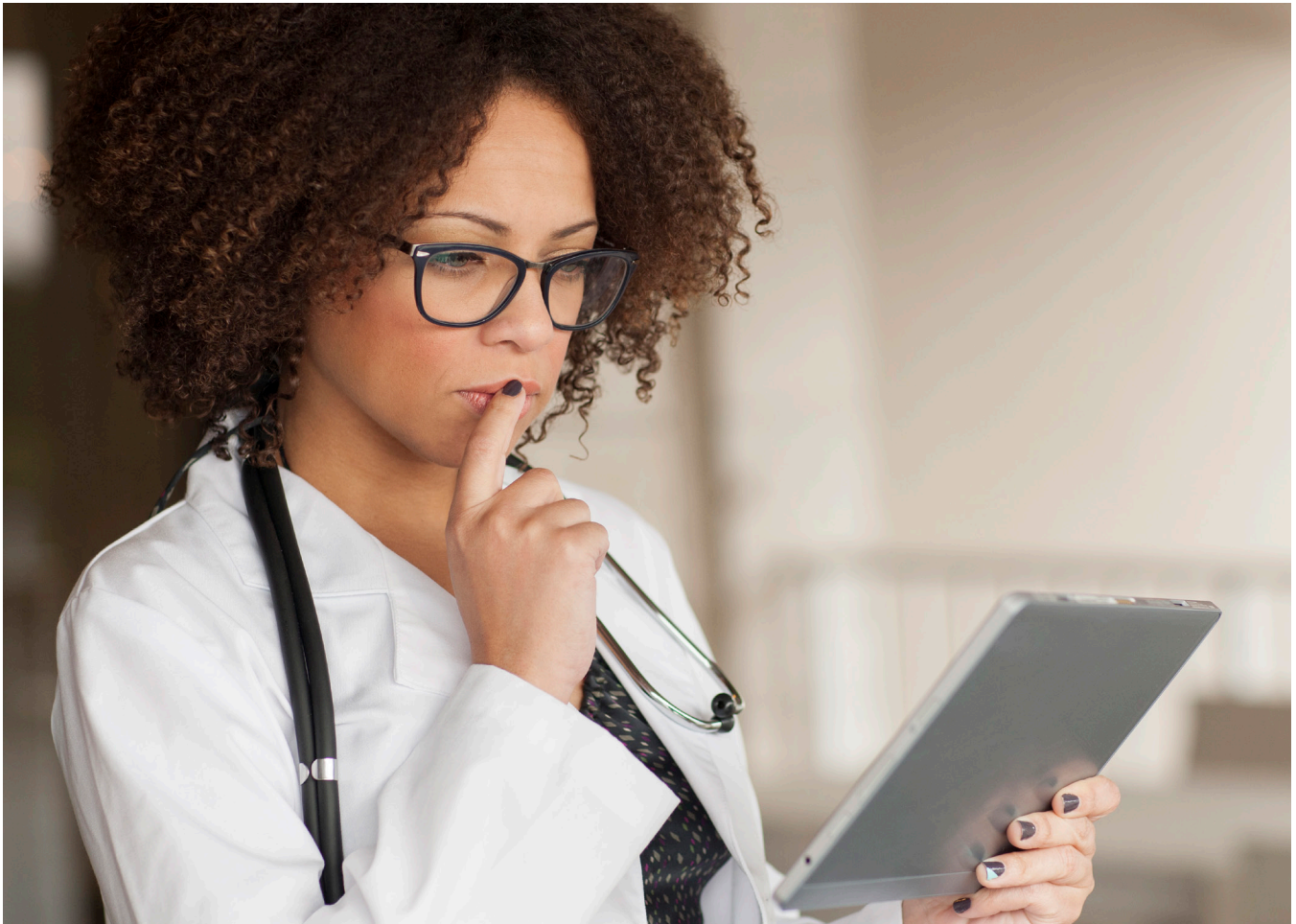
NEW MEASURE: Well-Child Visits in the First 30 Months of Life (W30) – These well-care visits can now be done through telehealth visits with the provider. This include **real-time interactive audio and video, telephonic, and e-visits/virtual check-in visits**.

Members must complete six or more visits with a PCP on different dates of service during the first 15 months of life AND two or more visits after the child turns 15 months and before they turn 30 months.

- This new measure incorporates the previous W15 measure.
- The revised age range is now 0-30 months.

NEW MEASURE: Child and Adolescent Well-Care Visits (WCV) – This can now be done through a telehealth visits with the provider. This includes **real-time interactive audio and video, telephonic, and e-visits/virtual check-in visits.**

Members must complete at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

- This new measure combined the previous W34 and AWC measures.

The revised age range is now 3-21 years.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – *(This can now be done through telehealth.)*

Members must complete at least one outpatient visit with a PCP or an OB/GYN with evidence of the following during the year for patients 3-17 years of age:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

- Counseling for Nutrition and Counseling for Physical Activity documentation doesn't require a specific setting. So, services for these can be rendered during a telehealth visit, a telephone visit, or an e-visit or virtual check-in (on-line assessment), and these methods can now be used to close the gap in care.
- **Documentation must include the date.**
- Some examples of required documentation are:
  - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) and discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
  - A checklist indicating physical activity was addressed and a checklist indicating nutrition was addressed
- Patients can now report their height, weight, and body mass index (BMI) during the telehealth visit. The provider must still document a BMI percentile.
  - **Member-reported services and biometric values (height, weight, and BMI percentile) are acceptable only if the information is collected by a PCP, or by a specialist when providing a primary care service related to the condition being assessed while taking a patient's history.**
  - **The information must be recorded, dated and maintained in the member's legal health record.**

The table below lists the measures that can be met by a telehealth method, and shows the method by which a gap can be closed for that particular measure if all documentation and other specifications are met.

C = Compliance can be gained by this method

Measure	Telehealth (interactive audio/ video)	Telephonic	Online Assesment (e-visit/virtual check-in)
ADD – Initiation	C	C	
ADD – Continuation and Maintenance	C	C	C
APP	C		
CBP	C	C	C
CDC – BP Control	C	C	C
FUH	C	C	
FUM	C	C	C
FUA	C	C	C
IET – Initiation	C	C	C
IET – Engagement	C	C	C
PPC – Prenatal	C	C	C
PPC – Postpartum	C	C	C
W30	C	C	C
WCC – BMI	C	C	C
WCC – Nutrition	C	C	C
WCC – Physical Activity	C	C	C
WCV	C	C	C

Frequently Asked Questions

Q. Can nurses perform and bill for telehealth services?

No. Only contracted and credentialed physicians, specialists, nurse practitioners, physician assistants and mental health professionals can bill for telehealth services under their own NPI. Additionally, nurse practitioners and physician assistants who provide telehealth services must be supervised by a contracted physician. Claims should be billed according to Provider Administration Manual guidelines.

Q. Are there telehealth services that BlueCross will not cover?

We're committed to covering the services that can be successfully administered through audio- and video-based platforms, or through online assessments. As a result, we won't cover telehealth treatment that requires specialized hands-on care, such as Chiropractic services. We also won't cover telehealth treatment that requires specialized equipment, such as whirlpools or ultrasound machines. This includes:

- Athletic Trainings (97169 – 97172)
- Modalities (97010 – 97039) and Group Therapies

      Members receiving group therapy should be considered for individual therapy via telehealth.

It's also important to note, we won't cover telehealth for educational or administrative services, or for patient communications incidental to Evaluation and Management Services (E/M), counseling or medical services covered by this policy. This includes, but is not limited to educational material.

Q. What documentation should be included for telehealth visits?

For services provided through telehealth, you should submit the same documentation you would use for a face-to-face visit.

Q. Have any of the telehealth services I previously billed to BlueCross changed with this new policy?

No. This new coverage is in addition to the reimbursement for telehealth services in accordance with Tennessee Telehealth mandate (TCA 56-7-10) effective Jan. 1, 2015. Coverage noted here may be different from that in effect during the pandemic, due to the nature of the state of emergency.

Thank you for what you do every day to serve our members, communities, and friends and neighbors across Tennessee. If you have questions about BlueCross telehealth coverage, please contact your Network Manager. You can also refer to the additional resources we've listed below.

BlueCross Provider Service: https://provider.bcbst.com/contact-us/

Availity® Assistance: Call the eBusiness technical support team at 1-800-924-7141 or send an email to eBusiness_service@bcbst.com.

General Telehealth Technical Assistance:

- National Consortium of Telehealth Resource Centers
  www.telehealthresourcecenter.org/
- Tennessee Regional Telehealth Resource Center
  www.telehealthresourcecenter.org/sctrc-2/?Center=SCTRC
- U.S. Department of Health and Human Services
  www.telehealth.hhs.gov/providers/getting-started/
- Behavioral Health Telehealth Assistance
  www.psychiatry.org/psychiatrists/practice/telepsychiatry