![BlueCare Tennessee logo]

Managing Telehealth for BlueCare Tennessee Patients

A Guide for Our Providers

Updated May 2023

Thank you for the continued care you've given to your patients covered by BlueCare Tennessee.

During the COVID-19 pandemic, we learned valuable lessons about the role telehealth plays in providing a safe, effective way for patients to access needed care when they're unable or reluctant to visit the office. Working closely with the Division of TennCare, we're continuing to offer telehealth to our BlueCare Tennessee members.

In this guide, you'll find information about our telehealth guidelines, sample codes for billing, and how to use telehealth to address quality measures.

We hope you find the guide helpful. As new information becomes available, we'll continue to update you.

Please visit **BCBSTupdates.com** for up-to-the-minute changes, and contact your Provider Network Manager if you have questions.

Table of Contents

Defining Current Telehealth Services

In this guide, we use the term telehealth to refer to any real-time audio/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.

We currently allow telehealth visits through Apple®, FaceTime®, Skype, Zoom, Google Hangouts Meet™ and other office platforms, and we'll let you know if we plan to make any changes. If you have questions about a different type of technology, please contact your Network Manager.

Eligible Services

Payment for most telehealth services will be consistent with your BlueCare Tennessee fee schedule.

To be eligible for payment, a service must:

› Be covered by TennCare 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 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.

Sample Codes for Billing Telehealth Services

Telehealth service modifiers for informational purposes include GT, 93, 95, G0 or GQ, but these claims must also be billed with the correct place of service (POS):

› 02: Telehealth provided other than in patient's home to ensure appropriate reimbursement; OR

› 10: Telehealth provided in a patient's home

For additional billing guidelines, please see the BlueCare Tennessee Provider Administration Manual.

Type of Service	CPT®/HCPCS Codes	POS Code
Audio/telephonic provider-to-provider or provider-to-member	99441-99443	02, 10 or 95 modifier with the appropriate POS
Virtual (interactive audio/visual) consultations with patients	99202-99205, 99211-99215	02, 10 or 95 modifier with the appropriate POS
Non-face-to-face digital online consultation	99421-99423	02, 10 or 95 modifier with the appropriate POS
Online assessments and management	98970, 98971 and 98972	02, 10 or 95 modifier with the appropriate POS
Virtual check-ins with patients	G2012	02, 10 or 95 modifier with the appropriate POS
Behavioral health initial evaluation and therapy	90791, 90792, 90832, 90834, 90837, 90847 and 90853	02, 10 or 95 modifier with the appropriate POS
Diabetes education consultations with patients	97802, 97803, 97804, G0108-G0109	02, 10 or 95 modifier with the appropriate POS

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.

   › When providing telehealth services using real-time audio and video telecommunications systems, use one of these options:

      • POS 02;

      • POS 10; or

      • 95 modifier with the appropriate POS.

2. **Audio/telephonic** – meaning audio-only visits. In this guide, we'll refer to this as **telephone visits**.

   › Sample CPT® codes for telephone visits only include: 98966-98968 and 99441-99443.

3. **Asynchronous telehealth** – which is representative of 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**.

› Sample CPT® codes for online assessments include: 98969-98972, 99421-99423, 99444, 99457.

› Sample HCPCS codes for online assessments include: G0071, G2010, and G2012.

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To purchase copies of this publication, including the full measures and specifications, contact NCQA Customer Support at **1-888-275-7585** or visit **www.ncqa.org/publications**.

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 telehealth or telephone visit. The subsequent two visits (within the next nine months) can be **with any provider** and may be a telephone visit. In addition, one of the two visits can be performed as a virtual check-in (online assessment).
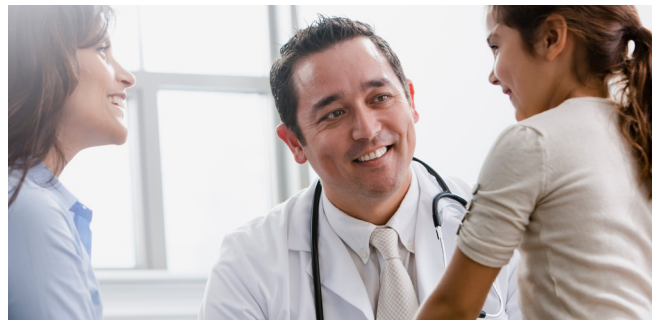
Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics (APP)

Children who are prescribed antipsychotics without a documented major mental health diagnosis should have a visit with a mental health provider. Telehealth visits are acceptable in this situation. The visit must occur 90 days before the medication-filled date through 30 days after the medication-filled date.

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 gaps in care.

› You can now use member-reported blood pressure levels, but only if they were taken using a digital device.

› Blood pressure readings can be taken from any digital device.

› Blood pressure levels should be documented in the chart by you, the provider. Please note in your documentation that the member checked their blood pressure 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 encouraging patients to bring their digital devices to your office once a year to make sure readings are accurate.

› If there are multiple blood pressure readings on the same date, use the lowest systolic and lowest diastolic blood pressure reading on the date as the representative blood pressure.

› The blood pressure must be a reading (<140/90 mm Hg) and the most recent within the measurement year.

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90).

Identify the most recent blood pressure reading taken during an outpatient visit, telephone visit, online assessment, nonacute inpatient encounter, or remote monitoring event during the measure year. Please **do not** include blood pressure readings that were:

› Taken during an acute inpatient stay or ER visit.

› Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

› Taken by the member using a non-digital device, such as with a manual blood pressure cuff and a stethoscope.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results don't need to be from the same reading, as long as they were both taken from readings recorded on the same day.

Please note: Your patient isn't compliant with this measure if:

› The blood pressure doesn't meet the specified threshold;

› There's no blood pressure reading during the measurement year; or

› The blood pressure reading is incomplete (i.e., the systolic or diastolic level is missing).

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

› Intentional self-harm

A telehealth visit with a **mental health provider** and a telephone visit with a **mental health provider** both meet the criteria for the follow-up visit.

Follow-Up After an Emergency Department Visit for Mental Illness (FUM)

Patients age 6 years and older who had an ER visit with a principal diagnosis of mental illness or intentional self-harm need a follow-up visit within seven days of the ER visit.

Sample diagnoses include:

› Dementia

› Schizophrenia

› Schizoaffective disorder

› Manic episode

› Bipolar episode

› Mental illness

› Intentional self-harm

A telehealth, telephone, or online assessment visit **with** a principal diagnosis of mental health disorder or a principal diagnosis of intentional self-harm accompanied with any diagnosis of a mental health disorder will meet the criteria for a follow-up visit.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

This measure evaluates the percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up care for substance use disorder within the 30 days after the visit or discharge

2. The percentage of visits or discharges for which the member received follow-up care for substance use disorder within the seven days after the visit or discharge

For both indicators, any of these meet criteria for a follow-up visit:

› An acute or nonacute inpatient admission or residential behavioral health stay with a principal diagnosis of substance use disorder (SUD) on the discharge claim;

› An outpatient visit, telehealth visit, intensive outpatient visit, or partial hospitalization with a principal diagnosis of SUD;

› Residential behavioral health treatment with a principal diagnosis of SUD;

› A telephone visit with a principal diagnosis of SUD;

› An online assessment with a principal diagnosis of SUD; or

› A pharmacotherapy-dispensing event (a drug from the Alcohol Use Disorder Treatment Medications List or Opioid Use Disorder Treatment Medications List) or medication treatment event.

Note: Detoxification isn't included in follow-up care. Please exclude all detoxification events when identifying compliant follow-up care.

Follow-Up After ED Visit for Substance Use (FUA)

Patients age 13 years or older, who were seen in the ER with a principal diagnosis of SUD, substance abuse or any diagnoses of drug overdose should have a follow-up visit. Any of the following meet follow-up criteria:

› A telephone or telehealth visit with a principal diagnosis of SUD; or

› An online assessment with a principal diagnosis of SUD.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

For patients who are 13 years old and older, providers may use telehealth visits to meet the requirements of the measure. If these patients have a new episode of substance use/dependence, they should have the following visits.

For **initiation** of SUD treatment:

The patient should have the following visit types within 14 days after the initial encounter with an SUD diagnosis:

› A telephone visit with a diagnosis matching the diagnosis of the initial encounter

› An online assessment with a diagnosis matching the diagnosis of the initial encounter

Note: Initiation follow-up visits on the same day as the initial diagnosis must be with a different provider.

For **engagement** of SUD treatment:

The patient must have two or more of the following visit types within 34 days of the initiation visit with an SUD diagnosis:

› A telephone visit with a diagnosis matching the diagnosis of the initial encounter

› An online assessment with a diagnosis matching the diagnosis of the initial encounter

Note: Members with detoxification-only chemical dependency benefits don't meet these criteria.

Prenatal and Postpartum Care (PPC)

A telehealth visit, 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 a specified time frame.

› For the Timeliness of Prenatal Care visit – A telehealth visit, telephone visit, e-visit or virtual check-in (online assessment) should be completed within the first trimester (280-176 days before delivery).

› For the Postpartum Care visit – A telehealth visit, telephone visit, e-visit or virtual check-in (online assessment) should be completed within seven to 84 days after delivery.

Well-Child Visits in the First 30 Months of Life (W30)

These well-care visits can now be done through telehealth visits, telephone visits or virtual check-ins (online assessments) with the provider.

Our members must complete six or more visits with a primary care provider (PCP) on different dates of service during their first 15 months of life and two or more visits after they turn 15 months and before they turn 30 months.

› This measure incorporates the previous W15 measure.

› The revised age range is now 0-30 months.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

This can now be done through telehealth. Members between 3 and 17 years of age must complete at least one outpatient visit with a PCP or OB/GYN, with evidence of the following, during the measurement year:

› Body mass index (BMI) percentile documentation

› Counseling for nutrition

› Counseling for physical activity

Counseling for nutrition and counseling for physical activity documentation doesn't require specific settings. These services can be rendered during a telehealth visit, telephone visit, e-visit or virtual check-in (online assessment), and these methods can now be used to close gaps in care for this measure. Your documentation for these services must include the date. Examples of required documentation include:

› Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) and discussion of current physical activity behaviors (e.g., exercise routines, sports participation, exams for sports participation)

› Checklists showing that physical activity and nutrition were addressed

Patients can now report their height, weight and BMI during telehealth visits, but these member-reported biometric values are only acceptable if a PCP or specialist collects the information. If a specialist is collecting these values, they must be providing a primary care service related to the condition being assessed while taking the patient's history. Please record, date and maintain member-reported biometric values in the patient's health record, and document a BMI percentile.

10

Child and Adolescent Well-Care Visits (WCV)

Patients must complete at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year. These well-care visits can now be done through telehealth visits, telephone visits or virtual check-ins (online assessments).

This measure combines the previous W34 and AWC measures, and the revised age range for this measure is 3-21 years.

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

Measure	Telehealth (interactive audio/video)	Audio/ telephonic	Online Assessment (e-visit/virtual check-in)
ADD – Initiation	C	C	—
ADD – Continuation and Maintenance	C	C	C
APP	C	C	—
CBP	C	C	C
CDC – BP Control	C	C	C
FUH	C	C	—
FUM	C	C`	C
FUI	C	C	C
FUA	C	C	C
IET – Initiation	C	C	C
IET – Engagement	C	C	C

Continued on next page

Measure	Telehealth (interactive audio/video)	Audio/ telephonic	Online Assessment (e-visit/virtual check-in)
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

Special Considerations for Well-Child Care

The Division of TennCare recommends in-person visits for children age 24 months and younger, when possible, to make sure patients get needed vaccines and developmental screenings. If in-person visits aren't possible, you can perform certain components of the exam using telehealth and follow up with an in-person exam at a later date. Telehealth is also an option for older children and teens.

The following chart outlines coding recommendations for completing and billing in-person and telehealth well-child exams:

	In-Office Coding (Children through 24 months of age)	Telehealth Coding (Children through 24 months of age)	Telehealth Coding (Children over 24 months of age)
CPT® Codes for PM/EPSDT	**New Patient**: 99381, 99382 **Established Patient:** 99391, 99392	No PM/EPSDT codes can be billed	**New Patient:** 99382, 99383, 99384, 99385 **Established Patient:** 99392, 99393, 99394, 99395
Additional Procedural Codes	**Hearing:** 92551, 92552, 92558 **Vision:** 99174, 99177 **Developmental Screening:** 96110 **Emotional/Behavioral Screening:** 96127 **Health Risk Assessment:** 96160, 96161	**Developmental Screening:** 96110 **Emotional/Behavioral Screening:** 96127 **Health Risk Assessment:** 96160, 96161 **PM Individual Counseling:** 99401 (15 minutes), 99402 (30 minutes), 99403 (45 minutes), 99404 (1 hour)	**Developmental Screening:** 96110 **Emotional/Behavioral Screening:** 96127 **Health Risk Assessment:** 96160, 96161
Immunization Administration	90460	90460 (Code when the vaccine is administered. Vaccine counseling may occur through telehealth at any time before vaccine administration.)	90460 (Code when the vaccine is administered. Vaccine counseling may occur through telehealth at any time before vaccine administration.)
Telehealth Coding	N/A	Use place of service (POS) 02 or 10. No additional modifier is required for telehealth.	Use place of service (POS) 02 or 10. No additional modifier is required for telehealth.

Additional Resources for Your Practice

Thank you, again, for serving our BlueCare Tennessee members. If you'd like to learn more about telehealth coverage or other information covered in this guide, please click on the applicable link below:

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

BlueCross COVID-19 response: **BCBSTupdates.com**

Division of TennCare:
tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html

Availity assistance: Call the eBusiness technical support team at **1-800-924-7141** or email **eBusiness_service@bcbst.com**.

General telehealth technical assistance:
National Consortium of Telehealth Resource Centers: telehealthresourcecenter.org

South Central Telehealth Resource Center:
telehealthresourcecenter.org/centers/south-central-telehealth-resource-center/

U.S. Department of Health and Human Services: **telehealth.hhs.gov/providers/getting-started/**

Behavioral Health Telehealth Assistance: **psychiatry.org/psychiatrists/practice/telepsychiatry**

Centers for Disease Control and Prevention: **cdc.gov**

If you have additional questions, please contact your Provider Network Manager
or call the Provider Service line for your patient's plan.

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