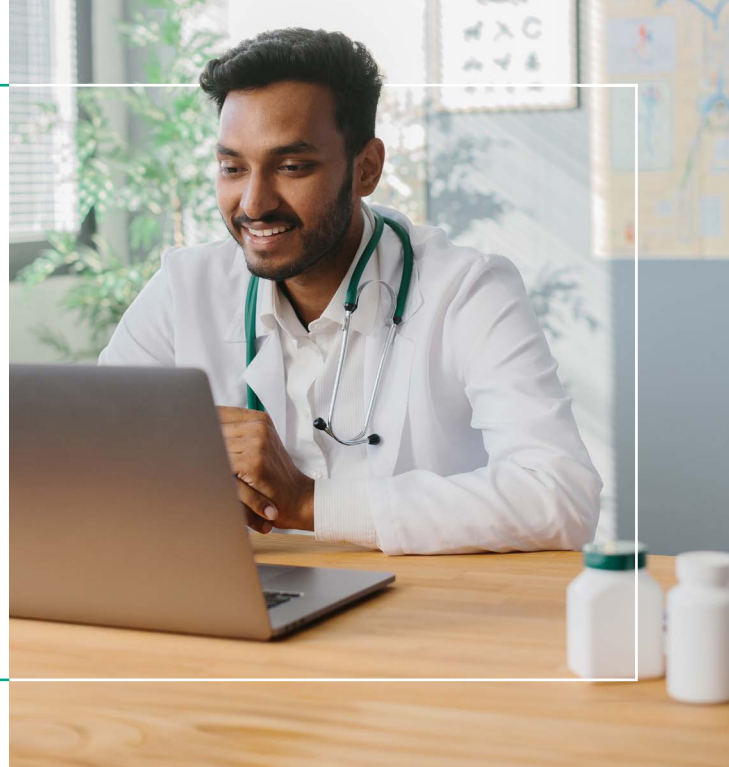


Managing Telehealth for BlueCare Tennessee Patients

A Guide for Our Providers

Updated Sept. 2024



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 and the other managed care organizations, 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](https://www.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	2
Eligible Services	2
Sample Codes for Billing Telehealth Services	3
Using Telehealth to Address Quality Metrics	4
Special Considerations for Well-Child Care	13
Additional Resources for Your Practice	15

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

Effective **Oct. 1, 2024**, we only cover the codes on the **Telehealth Approved Code List**, which you can find on the **Manuals, Policies and Guidelines** page of bluecare.bcbst.com/providers. Payment for many telehealth services will be consistent with your BlueCare Tennessee fee schedule. Audio-only telehealth services with a date of service of Oct. 1, 2024, and beyond, will have a reduced rate. We'll use CPT® codes to identify audio-only services eligible for a rate reduction.

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, GQ, FQ or FR, 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

Please bill telehealth services for school-based services with POS code 03. Providers should bill Rural Health Clinics (RHC) with POS code 72 and Federally Qualified Health Centers (FQHC) with POS code 50 along with the appropriate telehealth modifier. 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, 98966-98968	02, 10 or the applicable telehealth modifier with the appropriate POS
Virtual (interactive audio/visual) consultations with patients	99202-99205, 99211-99215	02, 10 or the applicable telehealth modifier with the appropriate POS
Non-face-to-face digital online consultation	99421-99423	02, 10 or the applicable telehealth modifier with the appropriate POS
Online assessments and management	98970, 98971 and 98972	02, 10 or the applicable telehealth modifier with the appropriate POS
Virtual check-ins with patients	G2012	02, 10 or the applicable telehealth modifier with the appropriate POS
Behavioral health initial evaluation and therapy	90791, 90792, 90832, 90834, 90837, 90847 and 90853	02, 10 or the applicable telehealth modifier with the appropriate POS
Diabetes education consultations with patients	97802, 97803, 97804, G0108-G0109	02, 10 or the applicable telehealth 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
- The applicable telehealth 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: 98970-98972, 99421-99423, 99457, 98980, 98981 and 99458.

› Sample HCPCS codes for online assessments include: G0071, G2010, G2012, G2250, G2251 and G2252.

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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-E)

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 after the medication filled date) 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 after the medication filled date) can be **with any provider** and may be a telehealth or 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 ages 1-17 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.

Blood Pressure Control for Patients with Diabetes (BPD)

The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90).

Identify the most recent blood pressure reading taken during an outpatient visit, nonacute inpatient encounter, or remote monitoring event during the measure year. Blood pressure readings can be taken by the member using a digital device and documented in the medical record during telehealth visits, telephone visits and online assessments. 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 6 years of age 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. Please **don't** include visits that occur on the date 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.

Any of these also meet criteria for a follow-up visit:

- › An outpatient visit with a mental health provider;
- › An intensive outpatient encounter or partial hospitalization;
- › A community mental health center visit;
- › Electroconvulsive therapy;
- › A telehealth visit with a mental health provider;
- › Transitional care management services with a mental health provider;
- › A visit in a behavioral health care setting; or
- › Psychiatric Collaborative Care Management.



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

Patients 6 years of age 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 after the ER visit (8 total days) with any practitioner. Include visits that occur on the date 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.

Any of these also meet criteria for a follow-up visit:

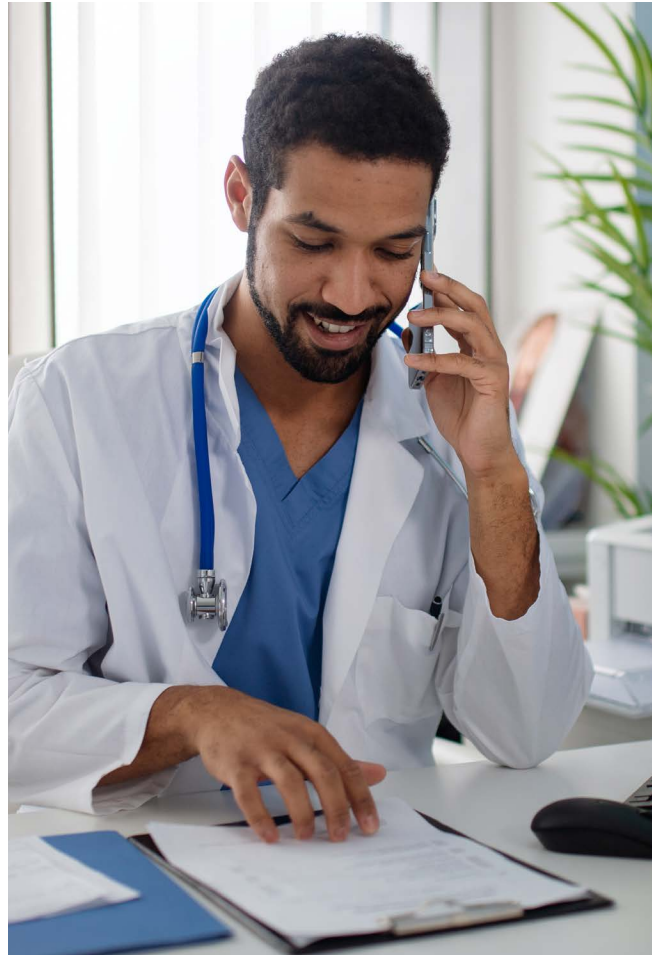
- › An outpatient visit with a principal diagnosis of a mental health disorder;
- › An intensive outpatient encounter or partial hospitalization with a principal diagnosis of a mental health disorder;
- › A community mental health center visit with a principal diagnosis of a mental health disorder; or
- › Electroconvulsive therapy with a principal diagnosis of a mental health disorder

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

Patients 13 years of age and older with an acute inpatient hospitalization, residential treatment or withdrawal management visit, or service for a diagnosis of substance use disorder should have a follow-up visit or service for substance use disorder within seven days after the visit or discharge.

A telehealth, telephone visit or online assessment with a principal diagnosis of substance use disorder with any practitioner will meet the criteria for a follow-up visit/event. Please don't include visits that occur on the date of the episode.

Note: Follow-up doesn't include withdrawal management. Detoxification doesn't need to be excluded from pharmacotherapy dispensing events.



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

Patients 13 years of age 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 within seven days of the ER visit.

A telehealth, telephone visit or online assessment with a mental health provider who has a principal diagnosis of substance use disorder will meet the criteria for a follow-up visit. Include visits that occur on the date of the ER visit.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

For patients who are 13 years of age and older who have a new substance use disorder (SUD) episode that results in treatment initiation and engagement, 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 a new SUD episode that results in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment. If the SUD episode was an inpatient discharge or an opioid treatment service that bills monthly, both are considered initiation of treatment. Episodes with at least one of the following on the SUD episode date or during the 13 days after the SUD episode date meet criteria for an initiation visit:

- › A telehealth, telephone or online assessment visit with Alcohol, Opioid, or Other Drug Abuse and Dependence

Note: Initiation follow-up visits on the same day as the initial diagnosis must be with a different provider. If Initiation of SUD treatment was an inpatient admission, the 34-day period for engagement begins the day after discharge.

For **engagement** of SUD treatment:

The patient with a new SUD episode must have a follow-up visit within 34 days of the initiation. If Initiation of SUD treatment was an inpatient admission, the 34-day period for engagement begins the day after discharge.

Any of the following meet criteria for an engagement visit:

- › A telephone visit with a diagnosis matching the diagnosis of the initial encounter
- › A telehealth, telephone, or online assessment visit with Alcohol, Opioid, or Other Drug Abuse and Dependence

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.

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

This can be done through a telehealth visit, telephone visit or e-visit. 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)
- › Counseling or referral for nutrition education
- › Educational materials on nutrition shared during a face-to-face visit
- › Anticipatory guidance for nutrition
- › Checklists showing that physical activity and nutrition were addressed
- › Weight or obesity counseling

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 OB/GYN collects the information. If an OB/GYN 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.

Child and Adolescent Well-Care Visits (WCV)

Patients 3-21 years of age 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).

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.

C = Compliance can be gained by this method.

Measure	Telehealth (interactive audio/video)	Audio/ telephonic	Online Assessment (e-visit/virtual check-in)
ADD-E – Initiation	C	C	—
ADD-E – Continuation and Maintenance	C	C	C
APP	C	C	—
CBP	C	C	C
BPD	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

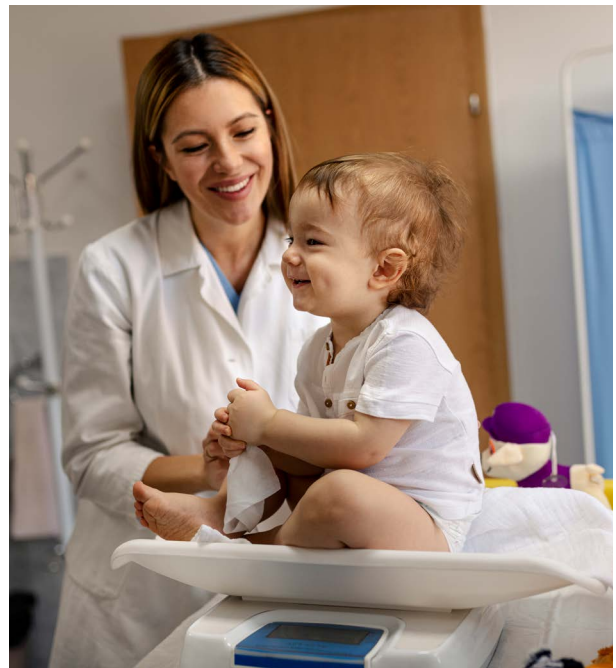
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Measure	Telehealth (interactive audio/video)	Audio/ telephonic	Online Assessment (e-visit/virtual check-in)
PPC – Prenatal	C	C	C
PPC – Postpartum	C	C	C
W30	C	—	—
WCC – BMI	C	C	C
WCC – Nutrition	C	C	C
WCC – Physical Activity	C	C	C
WCV	C	—	—

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	<p>New Patient: 99381, 99382</p> <p>Established Patient: 99391, 99392</p>	No PM/EPSDT codes can be billed	<p>New Patient: 99382, 99383, 99384, 99385</p> <p>Established Patient: 99392, 99393, 99394, 99395</p>
Additional Procedural Codes	<p>Hearing: 92551, 92552, 92558</p> <p>Vision: 99174, 99177</p> <p>Developmental Screening: 96110</p> <p>Emotional/Behavioral Screening: 96127</p> <p>Health Risk Assessment: 96160, 96161</p>	<p>Developmental Screening: 96110</p> <p>Emotional/Behavioral Screening: 96127</p> <p>Health Risk Assessment: 96160, 96161</p> <p>PM Individual Counseling: 99401 (15 minutes), 99402 (30 minutes), 99403 (45 minutes), 99404 (1 hour)</p>	<p>Developmental Screening: 96110</p> <p>Emotional/Behavioral Screening: 96127</p> <p>Health Risk Assessment: 96160, 96161</p>
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

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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HCPCS is the Healthcare Common Procedure Coding System.

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