

Telehealth Billing Guide for Providers

UPDATED: JULY 16, 2020

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All codes should be billed with Place of Service Code 02 – Telehealth. No telehealth modifier is required unless indicated in a section below. Only the codes identified below have been approved for use during the expanded telehealth period. **There are variations between codes approved for Blue Advantage® and codes approved for regular business. Please review each section carefully.**

For the codes listed below, established rules of oversight and scope of practice apply consistent with a care provider's governing body and the state of Alabama, as well as established guidelines listed in respective [provider manuals on ProviderAccess](#). Providers do not need a telemedicine attestation to perform services listed below.

Always check eligibility and benefits through *ProviderAccess* or your practice management system to confirm your patient has active telehealth eligibility and the associated cost-sharing details regarding telehealth services during the COVID-19 Public Health Emergency.

Codes approved for telehealth will be reviewed for continuance or updates. Review the codes to confirm which services are eligible for telehealth.

Disclaimer: The codes listed in this guide do not ensure coverage and/or cost-sharing waivers for all Blue Cross and Blue Shield of Alabama plans. Some plans may require members to pay copayments, coinsurance or deductibles for certain services. Always review your patient's eligibility and benefits through *ProviderAccess* or your practice management software prior to each visit.

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Blue Advantage

For Blue Advantage only, Blue Cross is in alignment with the CMS Public Health Emergency Telehealth code set. These codes apply to all in-network Blue Advantage providers who are credentialed and eligible to submit claims. The codes in this telehealth code set **must be performed with audio AND visual components** unless otherwise stated in this guide. If video is not available, the medical record's encounter documentation should note that services were rendered via audio telecommunications only due to the patient not having access to video capabilities.

CMS may update this list. Check <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes> to ensure you have the most up-to-date list of telehealth codes. **Additionally, Blue Advantage has flexibility to approve services beyond the CMS telehealth list.** Those codes are listed below.

Telehealth Service	Requirements	Eligible Members	Eligible Providers	Notes
G2010	Remote evaluation of recorded video and/or images submitted by an established patient including interpretation and follow-up with the patient within 24 business hours. Not related to an E/M service provided in the previous 7 days or within next 24 hours.	Blue Advantage, established patients	Blue Advantage providers	Services should be representative of medically necessary evaluation and management. Standard documentation applies. Verbal consent required and documented prior to initiation of services.
G2012	Brief communication, technology-based service (virtual check-in) provided by physician or other qualified healthcare professional who can report E/M services. Not related to an E/M service provided in the previous 7 days or within the next 24 hours.	Blue Advantage, established patients	Blue Advantage providers	Five to 10 minutes of medical discussion documented in the medical record. Services should be representative of medically necessary evaluation and management. Verbal consent required and documented prior to initiation of services.



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Behavioral Health through New Directions Behavioral Health (NDBH)	Review the NDBH memo .	Blue Advantage, new or established patients	NDBH credentialed providers	Standard utilization limits/benefits apply.
D0140	Must be performed with audio AND visual components. If the patient does not have any capability to conduct the visit with video, audio only may be used.	Blue Advantage, new or established patients	Blue Advantage Dental providers	Limited oral evaluation, problem-focused. This may be used for screening of members who call in with dental complaints to screen for true emergencies that need immediate care.
D0170	Must be performed with audio AND visual components. If the patient does not have any capability to conduct the visit with video, audio only may be used.	Blue Advantage established patients	Blue Advantage Dental providers	Re-evaluation, limited problem focused (established patient, not post-operative visit).
99451	May be performed via telephone call (audio with or without visual component).	Blue Advantage, new or established patients	Blue Advantage providers	Interprofessional telephone, internet, electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified healthcare professional, 5 minutes or more of medical consultative time.
99452	May be performed via telephone call (audio with or without visual component).	Blue Advantage, new or established patients	Blue Advantage providers	Interprofessional telephone, internet, electronic health record referral service(s) provided by a treating/requesting physician or other qualified healthcare professional, 30 minutes.



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Alabama Blue Members (Commercial/Regular Business)				
Telehealth Service	Requirements	Eligible Members	Eligible Providers	Notes
99201-99203	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers, Preferred Chiropractors	Services should be representative of medically necessary evaluation and management. New patient visits typically require a physical exam. Please be sure to include a notation that the visit was performed telephonically. Please also document any subjective information available by the patient (patient reported temperature or other vitals).
99204	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Effective 4/24/2020 – Services should be representative of medically necessary evaluation and management. New patient visits typically require a physical exam. Please be sure to include a notation that the visit was performed telephonically. Please also document any subjective information available by the patient (patient reported temperature or other vitals).
99211-99213	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers, Preferred Chiropractors	Services should be representative of medically necessary evaluation and management. Standard documentation applies for meeting the components of an E/M.
99214	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Effective 4/24/2020 – Services should be representative of medically necessary evaluation and management. Standard documentation applies for meeting the components of an E/M.



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Behavioral Health through NDBH	Review the NDBH memo .	All Alabama Blue members with NDBH benefits (check E/B)	NDBH credentialed providers	Standard utilization limits/benefits apply.
Behavioral Counseling in Primary Care to Promote a Healthy Diet (Diet Counseling)	Review the Preventive Care Services document on <i>ProviderAccess</i> .	Alabama Blue, new or established patients, ages 19 and older who have Affordable Care Act-compliant plans (check E/B)	BCBSAL Licensed Registered Dietitian Network providers	Effective 4/29/2020 – Limited to three hours each calendar year.
D0140	May be performed via telephone call (audio with or without visual component).	All Alabama Blue new or established patients (check E/B for dental coverage)	BCBSAL Preferred Dental providers	Limited oral evaluation, problem focused. This may be used for screening of members who call in with dental complaints to screen for true emergencies which need immediate care.
D0170	May be performed via telephone call (audio with or without visual component).	All Alabama Blue established patients (check E/B for dental coverage)	BCBSAL Preferred Dental providers	Re-evaluation, limited problem focused (established patient, not post-operative visit).
99451	May be performed via telephone call (audio with or without visual component).	All Alabama Blue, new or established patients	BCBSAL PMD providers (includes Select)	Interprofessional telephone, internet, electronic health record assessment and management service provided by a consultative physician, including written report to patient's treating/requesting physician or other qualified healthcare professional, 5 minutes or more of medical consultative time.



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99452	May be performed via telephone call (audio with or without visual component).	All Alabama Blue, new or established patients	BCBSAL PMD providers (includes Select)	Interprofessional telephone, internet, electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.
97110	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes. Please notate the visit as a telehealth visit. Max therapy limits apply to telehealth services as they would in person.
97112	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes. Please notate the visit as a telehealth visit. Max therapy limits apply to telehealth services as they would in person.
97161-97163	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical Therapists	Physical therapy evaluation: low complexity, moderate complexity or high complexity. Please notate the visit as a telehealth visit. Max therapy limits apply to telehealth services as they would in person.
97165-97166	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Occupational Therapists	Occupational therapy evaluation: low complexity and moderate complexity. Note the visit as a telehealth visit. Max therapy limits apply to telehealth services as they would in person.
97530	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	Therapeutic activities, direct (one-on-one). Max therapy limits apply to telehealth services as they would in person.



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97535 with modifier -59	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	Self-Care/Home Management Training. Max therapy limits apply to telehealth services as they would in person.
92507	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Speech Therapists	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual. Max therapy limits apply to telehealth services as they would in person.
92523	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Speech Therapists	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language). Max therapy limits apply to telehealth services as they would in person.

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Facility Telehealth Billing

Hospitals should use one of approved codes listed below. The claim will need an additional line with a 780 revenue code, without any CPT/HCPCS codes or charges in order for BCBSAL to identify this as a COVID telehealth expansion. Precertification and service maximums apply per contract benefits. The codes included below are effective from March 1 until further notice.

Note: This guidance does not apply to Blue Advantage.

Telehealth Service	Requirements	Eligible Members	Eligible Providers	Notes
Intensive Outpatient Psychiatric (IOP) Services	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	BCBSAL Credentialed IOP Providers	To bill for IOP telehealth services, use three elements on a filed claim: (1) 905 (Intensive outpatient services – psychiatric) or 906 (Chemical dependency) revenue codes; (2) include on that line the appropriate CPT/HCPCS code; and (3) include an additional 780 revenue line without any CPT/HCPCS codes or charges. Precertification and service maximums apply per contract benefits.
97110	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.



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97112	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.
97161-97163	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.
97165-97166	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Occupational Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.



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97530	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.
97535 with modifier -59	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Physical or Occupational Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.
92507	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Speech Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.



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92523	Must be performed with audio AND visual technology.	All Alabama Blue, new or established patients	Preferred Speech Therapists	To bill for this service, file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person.
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FEP COVID-19 Telehealth Billing

COVID-19 and telehealth coverage and cost-sharing amounts (deductibles, copayments, etc.) can vary among Blue Cross plans, including the Blue Cross and Blue Shield Federal Employee Program® (BCBS FEP®). **Always check eligibility and benefits through *ProviderAccess* or your practice management system to confirm benefits and cost-sharing details.**

Telehealth services provided by in-network providers (non-Teladoc™ providers) are covered for BCBS FEP members until further notice.

Non-Teladoc providers should use Place of Service Code 02 and appropriate modifiers (95, GT, GQ) when filing claims for telehealth services for FEP members.

FEP will cover the following telehealth-specific procedure codes when billed by participating or preferred providers: 99091, 99421-99423, 99453, 99454, 99457, 99458, 98970- 98972, 99441- 99443, 98966-98968, G0406-G0408, G0425-G0427, G2010, G2012, G2061-G2063 and Q3014.

For more information, refer to our [FEP COVID-19 Coverage and Billing Information webpage](#) on *ProviderAccess*.

Teladoc is an independent company providing electronic physician consultation services to Blue Cross and Blue Shield Federal Employee Program members.



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Note: Information in this billing guide is subject to change. Check [AlabamaBlue.com/providers/coronavirus](https://alabamablue.com/providers/coronavirus) for the latest version.

Revision History:

- March 24, 2020 – Codes added: D0140, D0170.
- March 25, 2020 – Codes added: 99451, 99452.
- March 26, 2020 – Codes added: 97161-97163, 92507, 92523, 97530, 97165, 97166, 97535.
- April 2, 2020 – Codes 97530 and 97535 included for Physical Therapy. Codes 97110 and 97112 added.
- April 8, 2020 – Preferred Optometry Providers added for E/M telehealth codes.
- April 17, 2020 – Added CMS telehealth information and audio-video requirement for Blue Advantage.
- April 21, 2020 – Disclaimer statement added.
- April 24, 2020 – Codes added: 99204, 99214.
- April 30, 2020 – Behavioral Counseling in Primary Care to Promote a Healthy Diet (Diet Counseling) added.
- May 4, 2020 – Facility Telehealth Billing section added.
- May 11, 2020 – Preferred Chiropractor added for E/M codes in regular business (99201-99203, 99211-99213).
- May 14, 2020 – Telehealth expansion extended through June 30, 2020.
- June 19, 2020 – Telehealth expansion extended through July 31, 2020.
- July 2, 2020 – Added FEP information along with layout revisions.
- July 7, 2020 – Updated button graphics at top of document.
- July 9, 2020 – Updated links to New Directions Behavioral Health memo.
- July 16, 2020 – Revised text in introduction and other sections.

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