

Telehealth Billing Guide for Providers

UPDATED: MAY 11, 2023

This guide is effective following the end of the federal public health emergency (PHE) related to the COVID-19 pandemic. You can also reference the [Telehealth Billing Guide – COVID PHE Version](#) on *ProviderAccess*.

Select any of the following buttons to go directly to that section of the Telehealth Billing Guide:

Blue Advantage

Blue Cross

Facility

FEP

All codes should be billed with a telehealth place-of-service code. No telehealth modifier is required unless indicated in a section below. Only the codes identified below have been approved for use. **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 associated cost-sharing details regarding telehealth services.

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 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
Behavioral Health through Lucet	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	Lucet 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).



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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.

Blue Cross Members (Commercial/Regular Business)

Telehealth Service	Requirements	Eligible Members	Eligible Providers	Notes
99441-99443	For audio-only services.	All Blue Cross members with telehealth benefits	In Network PMD and Physician Extender (includes Select)	Effective 10/1/22 – Services should be rendered by a physician or other qualified healthcare professional who may report evaluation and management (E/M) services provided to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available.



**BlueCrossBlueShield
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99202, 99203	Audio and visual component required.	All Blue Cross members with telehealth benefits	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Services should be representative of medically necessary evaluation and management. New patient visits typically require a physical exam. Be sure to include a notation that visit was performed with audio and visual components. Please also document any subjective information available by the patient (patient reported temperature or other vitals).
99204	Audio and visual component required.	All Blue Cross members with telehealth benefits	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Services should be representative of medically necessary evaluation and management. New patient visits typically require a physical exam. Be sure to include a notation that visit was performed with audio and visual components. Please also document any subjective information available by the patient (patient reported temperature or other vitals).
99211-99213	Audio and visual component required.	All Blue Cross members with telehealth benefits	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Services should be representative of medically necessary evaluation and management. Standard documentation applies for meeting the components of an E/M.
99214	Audio and visual component required.	All Blue Cross members with telehealth benefits	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	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 Lucet	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. Note: Effective 1/1/24, audio-only codes 99441-99443 must be reported when there is no visual component.	All Blue Cross members with Lucet benefits (check E/B) and with telehealth benefits	Lucet 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> .	Blue Cross, new or established patients, ages 19 and older who have Affordable Care Act-compliant plans (check E/B) and with telehealth benefits	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 Blue Cross 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 Blue Cross established patients (check E/B for dental coverage)	BCBSAL Preferred Dental providers	Re-evaluation, limited problem focused (established patient, not post-operative visit).



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99451	May be performed via telephone call (audio with or without visual component).	All Blue Cross, new or established patients with telehealth benefits	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.
99452	May be performed via telephone call (audio with or without visual component).	All Blue Cross, new or established patients with telehealth benefits	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.
92507	Must be performed with audio AND visual technology.	All Blue Cross, new or established patients with telehealth benefits	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 Blue Cross, new or established patients with telehealth benefits	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. Precertification and service maximums apply per contract benefits.

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 Blue Cross, new or established patients with telehealth benefits	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.
92507	Must be performed with audio AND visual technology.	All Blue Cross, new or established patients with telehealth benefits	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 Blue Cross, new or established patients with telehealth benefits	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 Telehealth Billing

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.**

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

*Lucet is an independent company providing behavioral health services to Blue Cross and Blue Shield of Alabama members.
CPT codes, descriptions and data copyright ©2022 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
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