Telehealth Billing Guide for Providers

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

- BLUE ADVANTAGE
- ALABAMA BLUE
- 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 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.
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](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.

<table>
<thead>
<tr>
<th>Telehealth Service</th>
<th>Requirements</th>
<th>Eligible Members</th>
<th>Eligible Providers</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 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. |
# Telehealth Billing Guide for Providers

**Telehealth** is a method of delivering healthcare services electronically, primarily through the use of video and audio communication technologies. This guide is designed to help providers understand the billing requirements for telehealth services offered by Blue Cross and Blue Shield of Alabama.

**Blue Cross and Blue Shield of Alabama** is an independent licensee of the Blue Cross and Blue Shield Association. The information provided in this guide is subject to change without notice. Providers are encouraged to check for any updates before providing telehealth services.

## Behavioral Health through New Directions Behavioral Health (NDBH)

**Review the NDBH memo.**

### D0140

- **Must be performed with audio AND visual components.**
- **Blue Advantage, new or established patients**
- **NDBH credentialed providers**
- **Standard utilization limits/benefits apply.**

If the patient does not have any capability to conduct the visit with video, audio only may be used.

### D0170

- **Must be performed with audio AND visual components.**
- **Blue Advantage 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.

If the patient does not have any capability to conduct the visit with video, audio only may be used.

### 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.**
<table>
<thead>
<tr>
<th>Telehealth Service</th>
<th>Requirements</th>
<th>Eligible Members</th>
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<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99203</td>
<td>May be performed via telephone call (audio with or without visual component).</td>
<td>All Alabama Blue members</td>
<td>In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers, Preferred Chiropractors</td>
<td>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).</td>
</tr>
<tr>
<td>99204</td>
<td>May be performed via telephone call (audio with or without visual component).</td>
<td>All Alabama Blue members</td>
<td>In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers</td>
<td>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).</td>
</tr>
<tr>
<td>99211-99213</td>
<td>May be performed via telephone call (audio with or without visual component).</td>
<td>All Alabama Blue members</td>
<td>In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers, Preferred Chiropractors</td>
<td>Services should be representative of medically necessary evaluation and management. Standard documentation applies for meeting the components of an E/M.</td>
</tr>
<tr>
<td>99214</td>
<td>May be performed via telephone call (audio with or without visual component).</td>
<td>All Alabama Blue members</td>
<td>In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers</td>
<td>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.</td>
</tr>
</tbody>
</table>
# Telehealth Billing Guide for Providers

**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 [ProviderAccess](#). 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.
## Telehealth Billing Guide for Providers

**UPDATED: JANUARY 18, 2022**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Eligible Providers</th>
<th>Billable Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>99452</td>
<td>May be performed via telephone call (audio with or without visual component).</td>
<td>All Alabama Blue, new or established patients</td>
<td>BCBSAL PMD providers (includes Select)</td>
</tr>
<tr>
<td>97110</td>
<td>Must be performed with audio <strong>AND</strong> visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical or Occupational Therapists</td>
</tr>
<tr>
<td>97112</td>
<td>Must be performed with audio <strong>AND</strong> visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical or Occupational Therapists</td>
</tr>
<tr>
<td>97161-97163</td>
<td>Must be performed with audio <strong>AND</strong> visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical Therapists</td>
</tr>
<tr>
<td>97165-97166</td>
<td>Must be performed with audio <strong>AND</strong> visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Occupational Therapists</td>
</tr>
<tr>
<td>97530</td>
<td>Must be performed with audio <strong>AND</strong> visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical or Occupational Therapists</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Eligibility</td>
<td>Provider Type</td>
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<td>--------------</td>
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<td>---------------------------------------</td>
</tr>
<tr>
<td>97535 with modifier -59</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical or Occupational Therapists</td>
</tr>
<tr>
<td>92507</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Speech Therapists</td>
</tr>
<tr>
<td>92523</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Speech Therapists</td>
</tr>
</tbody>
</table>

(Continued on next page.)
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, 2020, until further notice.

Note: This guidance does not apply to Blue Advantage.

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<tr>
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</thead>
<tbody>
<tr>
<td>Intensive Outpatient Psychiatric (IOP) Services</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>BCBSAL Credentialed IOP Providers</td>
<td>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 <strong>without</strong> any CPT/HCPCS codes or charges. Precertification and service maximums apply per contract benefits.</td>
</tr>
<tr>
<td>97110</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical or Occupational Therapists</td>
<td>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. <strong>Max therapy limits apply to telehealth services as they would in person.</strong></td>
</tr>
<tr>
<td>Code Range</td>
<td>Requirement</td>
<td>Eligibility</td>
<td>Revenue</td>
<td>Billing Instructions</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>97112</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical or Occupational Therapists</td>
<td>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.</td>
</tr>
<tr>
<td>97161-97163</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Physical Therapists</td>
<td>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.</td>
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<tr>
<td>97165-97166</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Occupational Therapists</td>
<td>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.</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Billing Information</td>
<td>Provider Type</td>
<td>Billing Instructions</td>
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</tr>
<tr>
<td>97530</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>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.</td>
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<tr>
<td>97535 with modifier -59</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>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.</td>
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<tr>
<td>92507</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Patients</th>
<th>Therapists</th>
<th>Claim Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>92523</td>
<td>Must be performed with audio AND visual technology.</td>
<td>All Alabama Blue, new or established patients</td>
<td>Preferred Speech Therapists</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.

Note: Information in this billing guide is subject to change. Check AlabamaBlue.com/providers/coronavirus for the latest version.

Revision History:
- **January 18, 2022** – Updated telehealth place-of-service language and revised FEP section.
- 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.
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May 11, 2020 – Preferred Chiropractor added for E/M codes in regular business (99201-99203, 99211-99213).
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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