

Managing Telehealth for BlueCare Tennessee Patients

A Guide for Our Providers

Updated Jan. 2025



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 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
Additional Resources for Your Practice	13

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

As of **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. We've reduced the rate for audio-only telehealth services for dates of service of Oct. 1, 2024, and beyond. 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	98966-98968 and 98008-98015*	02, 10 or the applicable telehealth modifier with the appropriate POS
Virtual (interactive audio/visual) consultations with patients	98000-98007*	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, G0108-G0109	02, 10 or the applicable telehealth modifier with the appropriate POS

* **Note:** Codes 98008-98015 and codes 98000-98007 won't close HEDIS® gaps in care.

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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.

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: 99458.
- › Sample HCPCS codes for online assessments include: G0071 and G2010.

Please note: Online assessments, e-visits and virtual check-ins still meet NCQA criteria for select HEDIS measure compliance. However, we've removed them and their corresponding codes from this guide because we no longer cover these services.

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.

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 and telephone visits. 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.
- › Peer support services
- › Residential treatment services



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 or telephone 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:

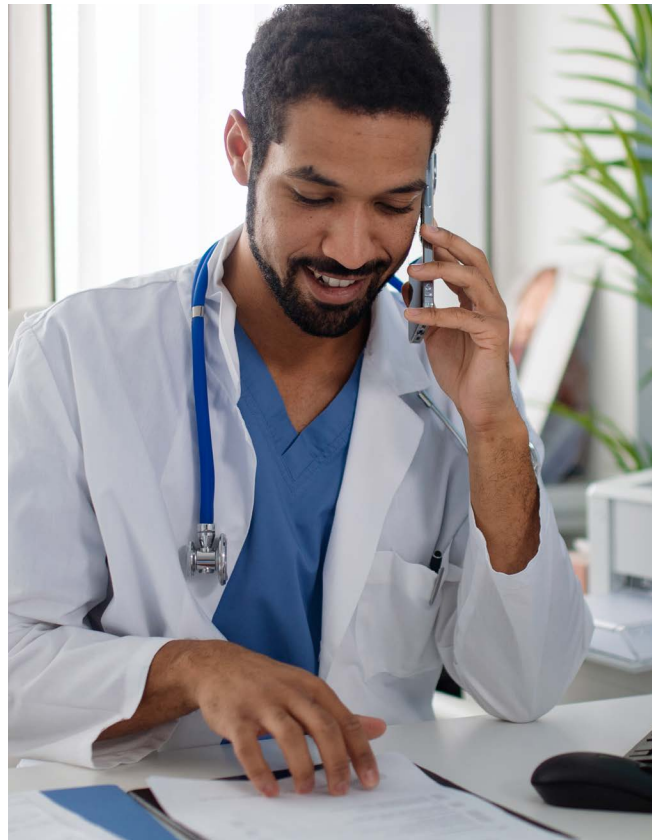
- › An outpatient visit with a principal diagnosis of a mental health disorder;
- › An intensive outpatient encounter or partial hospitalization with a principal diagnosis of a mental health disorder;
- › A community mental health center visit with a principal diagnosis of a mental health disorder; or
- › Electroconvulsive therapy with a principal diagnosis of a mental health disorder
- › Psychiatric collaborative care management
- › Peer support services
- › Residential treatment services

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 or telephone visit 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 or telephone visit 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 or telephone 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 the 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 the 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 or telephone 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 or telephone 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 or telephone visit should be completed within the first trimester (280-176 days before delivery).

- › For the Postpartum Care visit – A telehealth or telephone visit should be completed within seven to 84 days after delivery.

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

This can be done through a telehealth or telephone 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 or telephone visit, 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.

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
ADD-E – Initiation	C	C
ADD-E – Continuation and Maintenance	C	C
APP	C	C
CBP	C	C
BPD	C	C
FUH	C	C
FUM	C	C
FUI	C	C
FUA	C	C
IET – Initiation	C	C
IET – Engagement	C	C
PPC – Prenatal	C	C
PPC – Postpartum	C	C
WCC – BMI	C	C
WCC – Nutrition	C	C
WCC – Physical Activity	C	C

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/

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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