

# Telehealth is here to stay: What you need to know

 [pages.azblue.com/Requirements-for-providing-telehealth-services---DEC-2021.html](https://pages.azblue.com/Requirements-for-providing-telehealth-services---DEC-2021.html)

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## Telehealth Advisory Committee

The Arizona telehealth law establishes a Telehealth Advisory Committee on Telehealth Best Practices to determine which services are appropriate for telehealth delivery and which audio-only services must be covered (if they are covered when delivered in person). To see code lists corresponding to these services, visit [BCBSAZ's telehealth webpage](#). The committee's guidelines, along with the provider's clinical judgment and scope of practice, determine the appropriateness of delivering a particular service via telehealth.

 [In This Issue](#)

**[Chat About MAT podcast: Listen and learn about opioid use disorder in Arizona from providers and recovering patients](#)**

Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona (BCBSAZ) offers coverage of telehealth services for fully insured individuals and employer groups in compliance with Arizona's telehealth law ([HB 2454](#)). This law requires all covered healthcare services that are appropriately provided through an audio-video format to be reimbursed at the same level as if they were provided in person. It broadens the range of provider types and services eligible for telehealth delivery.

Except for emergency care, telehealth services are covered only when rendered by in-network providers. Audio-only visits are covered in certain limited situations and, except for behavioral health visits, may be reimbursed at a lower rate than the in-person rate.

## BCBSAZ's telehealth webpage

We are launching a telehealth webpage to share telehealth information for our various lines of business. You can visit [azblue.com/telehealth](https://azblue.com/telehealth) to view and download resources, including a list of the audio-only codes recommended by the Arizona Telehealth Advisory Committee. We will revise this list and add audio-video codes in accordance with the committee's ongoing recommendations.

## Follow these provider requirements

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Healthcare services provided to patients in Arizona through telehealth visits or resulting from a telehealth consultation are subject to all state laws and rules governing prescribing, dispensing, and administering prescription pharmaceuticals and devices. Providers must follow the usual patient record documentation requirements and comply with all billing and records request procedures.

Providers rendering telehealth services to patients in Arizona must also adhere to the following mandates and guidelines:

1. **Licensing:** Comply with Arizona licensure and liability insurance requirements, including scope of practice and standards of care. Out-of-state licensure may be acceptable if the provider is registered with the applicable Arizona regulatory board or licensing agency, the license is substantially similar to an equivalent license issued in Arizona, and the provider is not subject to any past or pending disciplinary proceedings (see HB 2454, §36-3606).
2. **Billing:** Bill visits using the usual CPT®/HCPCS codes and use modifier 95 or GT to indicate that the service was delivered via telehealth (audio-video or audio-only).
3. **Audio-only:** Providers may submit claims for audio-only visits *only* if they also make audio-video visits generally available. Audio-only services are covered if the member and provider have an existing relationship and all of the following criteria are met:
  - An audio-video visit is not reasonable because of the member's functional status or lack of technology.
  - The audio-only visit is initiated at the request of the member or authorized by the member before the encounter and the member's initiation or consent (may be given by electronic means) is documented in the patient's medical record.

If the above two criteria are met, an existing relationship between the member and the provider is *not* required for audio-only behavioral health or substance use disorder services. Be sure the patient record includes documentation of the rationale for using audio-only technology for the visit.

4. **Transparency:** Before a telehealth visit, the provider must inform the member if there is a charge for the visit, including applicable member cost share.
5. **Records:** During a telehealth visit, providers must access patient records, if available, that are appropriate to assess the patient.
6. **Confidentiality:** Medical reports resulting from a telehealth consultation are part of the patient's medical record. Dissemination of any images or information identifiable to a patient (for research or educational purposes) may not occur without the patient's consent, unless authorized by state or federal law.

Note: Except for Schedule II drugs, providers are not required to perform an in-person examination before prescribing prescription drugs. Schedule II drugs require an in-person or audio-video telehealth examination.

## Which plans include telehealth coverage?

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Our benefit plans for fully insured groups and individuals under age 65 and their families include coverage for telehealth services as stated above. In addition, most of our commercial plans include our Nurse on Call and BlueCare Anywhere<sup>SM</sup> quick-access benefits for after-hours care. Plans for self-funded group members, members from other BCBS Plans, Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) members, and Medicare Advantage members are governed by different regulations as indicated below.

**BlueCard<sup>®</sup> (out-of-area) and self-funded group plans:** Healthcare regulations vary from state to state, so telehealth coverage and requirements might be different for members with benefit plans from other BCBS Plans. The same is true for BCBSAZ members with self-funded employer group plans—these plans are not bound by the same state regulations that govern our fully insured plans. Be sure to check member eligibility and benefits.

**FEP plans:** FEP members have 24/7 quick-access telehealth benefits through Teladoc<sup>®</sup> (copays are waived during the COVID-19 pandemic). Telehealth services received outside of the Teladoc network are also covered (standard primary care and specialist copays apply in most cases).

**Medicare Advantage plans:** Medicare Advantage members have 24/7 Nurse on Call and BlueCare Anywhere quick-access telehealth benefits. Other telehealth services are covered in accordance with CMS guidance.

BCBSAZ covers telehealth services outside of Arizona for most PPO plans. HMO plans generally do not cover out-of-network services, but BCBSAZ does cover emergency and urgent telehealth services out of network (and outside of Arizona) for HMO plans.

## Multi-provider telehealth consultations

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Multi-provider telehealth consultations may be particularly helpful in diagnosing or treating a patient in a remote rural area where a certain specialty or level of expertise is not readily available.

1. Origination site:
  - Member is in the office of a provider or healthcare facility, or
  - Member is at home (another option is in a room set up at an employer's office for the purpose of telehealth visits)
2. Preferred telehealth connection (unless criteria are met for audio-only connection):
  - Video + audio transmission, and
  - Live, two-way communication
3. Remote provider:
  - Distant provider
  - Remote consultation, diagnosis, or treatment

## Member cost share for multi-provider telehealth consultations

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Members receiving multi-provider telehealth consultations may have multiple doctor visits associated with their telehealth service. Cost share is based on claim information indicating:

- Place of service (member location at the time of service)
- Number and type of providers involved in the visit

## Claim submission and payment guidelines for multi-provider telehealth consultations

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### 1. Origination site:

- Only facilities licensed to provide outpatient services are eligible to receive payment for the origination site code (Q3014).
- Facilities for outpatient services use the allowable revenue codes to indicate telehealth.
- Professional provider offices and clinics will be paid for professional services billed.
- Hospitals or other facilities will receive only the inpatient payment (DRG, per diem) for inpatient services.

### 2. Remote site:

BCBSAZ continues to require the use of telehealth modifier GT or 95 (indicating synchronous telehealth service), along with the corresponding procedure code and place of service 02, when billing claims for remote-site telehealth services.

Some telehealth services are payable when billed with revenue code 0780-Telemedicine. To check which procedure codes are allowable under each of the appropriate revenue codes, see the online *Outpatient Coding Guide* on the secure provider portal at [azblue.com/providers](https://azblue.com/providers): “Provider Resources > Guidelines > Claim Coding > Outpatient Coding Guide.”

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Our members can take a digital ID card with them wherever they go with the MyBlue AZ<sup>SM</sup> mobile app.

