

Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross*) reimburses contracted health care providers for covered, medically necessary behavioral health telehealth (telemedicine) services.

In line with Chapter 224 of the Acts of 2012, Blue Cross defines telemedicine as *the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment*. Telehealth (telemedicine) does not include the use of audio-only telephone, fax machine, or email.

Blue Cross providers must deliver telehealth (telemedicine) services via a secure and private data connection. All transactions and data communication must be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). For more information on HIPAA and electronic protected health information (EPHI) compliance, please see: hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html.

Asynchronous telecommunication

Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Asynchronous telecommunication is also referred to as **store-and-forward telehealth** or **non-interactive telecommunication**.

Interactive audio and video telecommunication

Medical information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.

Telehealth

Telehealth is a broader term which includes telemedicine.

General benefit information

Covered services and payment are based on the member's benefit plan and provider Agreement. Providers and their office staff may use our [online tools](#) to verify effective dates and member copayments before providing services. Visit our [eTools](#) page for information on member eligibility and benefits. Member liability may include, but is not limited to: copayments, deductibles, and co-insurance. Members' costs depend on member benefits.

Certain services require [prior authorization](#) or referral.

Payment information

Blue Cross reimburses health care providers based on your contracted rates and member benefits.

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses

- Certain *behavioral health codes* when submitted with modifier **GT** or modifier **95** as listed in the billing information section below
 - Psychiatric diagnostic evaluation
 - Psychotherapy
 - Family psychotherapy
- Certain *evaluation and management codes* when submitted with modifier **GT** or modifier **95** as listed in the billing information section below

Blue Cross does not reimburse:

- Asynchronous telecommunication
- Costs associated with enabling or maintaining contracted providers' telehealth (telemedicine) technologies
- Interprofessional telephone or internet consultations
- Online medical evaluation
- Telephone services
- Any services not defined with GT modifier or 95 modifier

General reimbursement information:

- Modifier GT and modifier 95
 - Behavioral health practitioners must use modifier GT or 95 (via interactive audio and video telecommunications systems) to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
 - When reporting modifier GT or 95, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.
- Reimbursement
 - Reimbursement for telehealth (telemedicine) services is calculated using a reduced Practice Expense (PE) Relative Value Unit (RVU). See the CPT and HCPCS Modifiers Payment Policy for additional information.
 - Behavioral health specialties are limited to codes on their fee schedules.
- Telehealth (telemedicine) services are reimbursed when the following criteria are met:
 - The provider is contracted with Blue Cross Blue Shield of Massachusetts or is providing services through a telehealth or telemedicine vendor contracted with another Blue Cross Blue Shield Plan, and meets all terms and conditions of the applicable contracts, including credentialing and licensure.
 - The provider renders care from the location listed in his or her contract with Blue Cross Blue Shield of Massachusetts or other appropriate location(s) within Massachusetts, in a professional, non-public space.

Billing information

Specific billing guidelines

- Services rendered must fall within the scope of the provider's license. As such, Behavioral Health specialties are limited to codes on their fee schedules.

The list of codes below is included for *informational purposes only*. This may not be a complete list of all the codes related to this service. Whether or not a code is listed here does not guarantee coverage or reimbursement.

Code	Service description	Comments
<i>Modifiers</i>		
GT	Via interactive audio and video telecommunication systems	
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	
<i>CPT and HCPCS codes</i>		
90791	Psychiatric diagnostic evaluation	Reimbursable with modifiers GT or 95
90792	Psychiatric diagnostic evaluation with medical services	Effective 7/1/19: Reimbursable with modifiers GT or 95
90832	Psychotherapy, 30 minutes with patient and/or family member	Reimbursable with modifiers GT or 95
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	Reimbursable with modifiers GT or 95
90834	Psychotherapy, 45 minutes with patient and/or family member	Reimbursable with modifiers GT or 95
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	Reimbursable with modifiers GT or 95
90837	Psychotherapy, 60 minutes with patient and/or family member, consistent with the face-to-face visit	Reimbursable with modifiers GT or 95

Code	Service description	Comments
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	Reimbursable with modifiers GT or 95
90846	Family psychotherapy (without the patient present), 50 minutes	Effective 7/1/19: Reimbursable with modifiers GT or 95
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Reimbursable with modifiers GT or 95
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 5-10 minutes of medical discussion	Not reimbursed
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 11-20 minutes of medical discussion	Not reimbursed
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 21-30 minutes of medical discussion	Not reimbursed
98969	Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the internet or similar electronic communications network	Not reimbursed
99201	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face to face with the patient and/or family.	Reimbursable with modifiers GT or 95
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Effective 7/1/19: Reimbursable with modifiers GT or 95
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family	Effective 7/1/19: Reimbursable with modifiers GT or 95
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family	Effective 7/1/19: Reimbursable with modifiers GT or 95
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of	Effective 7/1/19: Reimbursable with modifiers GT or 95

Code	Service description	Comments
	moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family	
99211	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services.	Reimbursable with modifiers GT or 95
99212	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family	Reimbursable with modifiers GT or 95
99213	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 15 minutes are spent face-to-face with the patient and/or family	Reimbursable with modifiers GT or 95
99214	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 25 minutes are spent face-to-face with the patient and/or family	Reimbursable with modifiers GT or 95
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian; 5-10 minutes of medical discussion	Not reimbursed
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian; 11-20 minutes of medical discussion	Not reimbursed
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian; 21-30 minutes of medical discussion	Not reimbursed
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian; using the internet or similar electronic communications network	Not reimbursed
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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 appointment	Not reimbursed

When submitting claims, report all services with:

- Up-to-date, industry-standard procedure and diagnosis codes, and
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

Related policies

[Behavioral Health and Substance Use](#)
[CPT and HCPCS Modifiers](#)
[Evaluation and Management](#)
[General Coding and Billing](#)
[Non-Reimbursable Services](#)
[Telehealth \(Telemedicine\) – Medical](#)

Policy update history

02/01/2018 Documentation of policy
06/01/2018 Policy renamed to Telehealth (Telemedicine) – Behavioral Health
10/19/2018 Edits for clarity in the coding grid
12/31/2018 Annual coding review; inclusion of G2010
03/31/2019 Annual review; addition of modifiers GT and 95 to the coding grid; addition of related policies
06/01/2019 Addition of the following codes effective 7/1/19: 99202, 99203, 99204, 99205, 90792, 90846
06/30/2019 Edits for clarity on reimbursement criteria for telemedicine services

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

*Blue Cross refers to Blue Cross and Blue Shield of Massachusetts, Inc. and/or Blue Cross and Blue Shield of Massachusetts HMO Blue[®], Inc. based on Product participation. ©2019 Blue Cross and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue[®], Inc. ®Registered marks of the Blue Cross Blue Shield Association. ®' and SM Registered marks of Blue Cross Blue Shield of Massachusetts. ®' and TM Registered marks of their respective owners. All rights reserved. Blue Cross and Blue Shield of Massachusetts, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.

Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy development takes into consideration a variety of factors, including: the terms of the participating provider's contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

MPC_013018-1W-3-PP