

## Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross\*) reimburses contracted 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: <http://www.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

Services and subsequent payment are based on the member's benefit plan and provider Agreement. Providers and their office staff may use our electronic technologies to verify effective dates and member copayments before initiating services. Please visit our [eTools](#) page to access links that provide information on member eligibility and benefits. Member liability may include, but is not limited to, copayments, deductibles, and co-insurance, and will be applied depending upon the member's benefit plan.

Certain services may require prior authorization or referral. Please refer to the member's subscriber certificate for more information and [Authorization requirements by product](#).

## Payment Information

Blue Cross reimburses health care providers based on:

- Network provider reimbursement or contracted rates
- 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 modifier 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, 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.
- Telehealth (telemedicine) services are reimbursed when the following criteria are met:
  - The provider is contracted with Blue Cross and 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 and Blue Shield of Massachusetts and, where contractually specified, in accordance with the requirements regarding a professional, non-public space.

## Billing Information

**Specific billing guidelines**

- Services rendered must fall within the scope of the provider's license.
- Behavioral health specialties are limited to codes on their fee schedules.
- The following codes are reimbursable when submitted with modifier GT or modifier 95. Any other codes submitted with modifier GT or 95 will be denied.
- The absence or presence of a procedure code or service does not imply or guarantee coverage or reimbursement.

Code	Service description	Comments
90791	Psychiatric diagnostic evaluation	
90832	Psychotherapy, 30 minutes with patient and/or family member	
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	
90834	Psychotherapy, 45 minutes with patient and/or family member	
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	
90837	Psychotherapy, 60 minutes with patient and/or family member. Consistent with the face-to-face visit	
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)	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Reimbursable with modifier GT and modifier 95 effective 4/1/2018. Behavioral health specialties are limited to codes on their fee schedules.
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

<b>Code</b>	<b>Service description</b>	<b>Comments</b>
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.	
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.	
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	
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 modifier GT and modifier 95 effective 4/1/2018. Behavioral health specialties are limited to codes on their fee schedules.
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 modifier GT and modifier 95 effective 4/1/2018. Behavioral health specialties are limited to codes on their fee schedules.
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 for reimbursement, report all services with:

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

[Behavioral health and substance abuse](#)  
[CPT and HCPCS modifiers](#)  
[Evaluation and management](#)  
[General coding and billing](#)  
[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

This document is designed 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.

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Payment policies are intended to assist providers in obtaining 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 formulation takes into consideration a variety of factors, including: the terms of the participating provider's contracts; scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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