Blue Shield of California and Blue Shield of California Promise Health Plan are taking immediate steps to address COVID-19 and promote the health, safety and well-being of our members, as well as our healthcare network providers.

Please carefully review the questions and answers here related to providing care to your patients via telehealth methods during the COVID-19 public health emergency.

Please note that the information below will be updated periodically as new information emerges.

Effective March 17, 2020 through the end of the COVID-19 public health emergency, the Office for Civil Rights (OCR) will not impose penalties on providers for their failure to comply with the Health Insurance Portability and Accountability Act (HIPAA) while providing telehealth services in good faith to their patients, providing they use non-public facing remote communication technology to provide the services.

The telehealth services provided during the COVID-19 public health emergency do not have to be related to a patient’s diagnosis or treatment for COVID-19. This exception applies to all telehealth services, including medical-related and behavioral health services, performed appropriately during the public health emergency.

What types of sessions are okay to conduct via telehealth to provide virtual care for Blue Shield of California and Blue Shield of California Promise Health plan members?
The general guideline is for non-hands-on treatment. The information we are addressing below covers questions about medical-related services, behavioral health care and ancillary professional care.

During the COVID-19 public health emergency, will co-payments for COVID-19 screening conducted via telehealth be waived?
Yes, copayments are being waived for all COVID-19 screening and testing for Blue Shield commercial plan and Medicare Advantage plan members, and Blue Shield Promise Medicare Advantage and Cal MediConnect members, regardless of whether it is accomplished through telehealth or in person.

Copayments are not applicable for any care provided to our Medi-Cal members.

During the COVID-19 public health emergency, will prior authorizations normally required apply to treatment resulting from a positive COVID-19 test?
No, the waived cost-sharing does NOT apply to treatment, only to initial screening and testing for COVID-19.

During the COVID-19 public health emergency, will prior authorizations normally required for other care still apply?
Yes, all normal prior authorizations for treatments apply.

**Approved telehealth platforms**

**Which platforms are approved to use for telehealth visits with Blue Shield and Blue Shield Promise members?**

We strongly suggest you use a HIPAA-compliant platform. We know, however, that some providers are not set up to conduct HIPAA-compliant telehealth and may want to use other platforms during this public health emergency. Approved emergency telehealth options are listed below.

Providers may use non-public facing remote audio and/or video communication services to communicate with their patients. These services include, but are not limited to:

- Facetime ¹,²
- Facebook Messenger¹,²
- Google Hangouts¹,²
- Skype¹,²
- Doxy.me¹,³
- Updox¹,³
- Zoom for Healthcare¹,³
- Google G Suite Hangouts Meet¹,³
- Skype for Business¹,³
- VSee¹,³

¹ Provider should enable all available encryption and privacy modes within these services when using them.
² Providers using non-HIPAA compliant services are encouraged to notify patients about potential privacy risks.
³ These services are HIPAA compliant. Provider may continue using these services after the public health emergency if they execute a business associate agreement with the vendor prior to their continued use of the services.

Providers **may not** use public-facing services, such as Facebook live, Twitter or TikTok.

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**Medical-related telehealth sessions**

**Can I conduct outpatient medical care sessions virtually with Blue Shield and Blue Shield Promise members using the virtual technology tools I have available in my office or facility?**

Yes. You may conduct outpatient treatment sessions that do not require hands-on treatment with Blue Shield commercial, Medicare Advantage and Medi-Cal plan members, during this state of emergency caused by COVID-19.

**Can I conduct medication management and prescribe via telehealth or telephone?**

If you are a medical doctor contracted to provide those services, yes, you may, although there are restrictions on certain types of medications that require a video connection that allows virtual “face-to-face” visits.

**During this public health emergency, will you broaden the provider types who can submit certain services?**

No, providers must continue to practice within their scope of licensure.

**Is reimbursement the same for my professional services, when I’m using telehealth?**

Yes, reimbursement for services will be provided at your usual contract rate.
**How should I code for professional medical care telehealth visits?**

For services provided to **Blue Shield** members, professional providers should bill for sessions that do not require hands-on care by indicating the appropriate CPT/HCPCS code for the service(s) they provided. This may include the use of evaluation and management (E&M) codes, telehealth or telephone services. We ask that you continue documenting the services provided and indicating “02” for place of service.

Professional providers of medical services via telehealth for **Blue Shield Promise** Medicare Advantage, Cal MediConnect and Medi-Cal members should consult with the member’s participating provider group or management service organization regarding the codes to use for care provided via telehealth.

**Should I append a modifier to the CPT/HCPCS codes when billing medical professional services via telehealth?**

You do not need to include modifiers when billing for services provided via telehealth, as long as the services provided are documented clearly and the place of service is indicated as “02.”

**Is the E&M code for telehealth services for a new patient different from an established patient?**

No, you should use the same E&M codes you currently use to bill. As always, be certain to indicate the place of service as “02.”

**Whom should I bill for services I provide using telehealth during the public health emergency?**

For services provided to Blue Shield commercial and Medicare Advantage HMO members, network IPA/medical groups are responsible for treatment costs.

Claims for commercial and Medicare Advantage PPO plan members should be sent to Blue Shield.

Blue Shield Promise providers should bill their participating medical group for services provided to Medicare Advantage (HMO), Cal MediConnect and Medi-Cal members for medical care provided via telehealth.

**Behavioral Health Services**

**How should I bill for behavioral health telehealth services?**

Providers who are contracted with Blue Shield should use the same billing codes for all professional and ancillary services and indicate an “02” for place of service.

Billing for members who receive behavioral health through Blue Shield’s Mental Health Service Administrator should bill according to instructions by the MHSA.

Blue Shield Promise Medicare Advantage, Cal MediConnect and Medi-Cal patients can receive behavioral telehealth visits only through Beacon Health.

**Ancillary Services**

**How should I code for professional ancillary care telehealth visits?**

For services provided to Blue Shield members, professional and ancillary providers should bill for sessions that do not require hands-on care by indicating the appropriate CPT/HCPCS code for the service(s) they provided. This may include the use of evaluation and management (E&M) codes, telehealth or telephone services. We ask that you continue documenting the services provided and indicating “02” for place of service.

**How should I bill for physical therapy and occupational therapy that is not hands-on, via telehealth?**

Providers who are contracted with Blue Shield should use the same billing codes for all professional and ancillary services described above for non-hands-on services, using the correct CPT codes, clearly documenting the services provided, and indicating an “02” for place of service.
Physical therapy (PT), occupational therapy (OT), speech therapy (SP), and registered nurse dietitian nutritionist services can all be provided via telehealth, limited to services that are not “hands-on” and can be provided remotely.

Examples of common CPT codes that fall into this category: PT – 97110, OT – 97530, SP – 92507
Guidelines for ancillary services that can be offered remotely are also available from the CPT2020 Professional Edition, AMA, Chicago 2020, page 40.

Is Blue Shield’s telehealth payment policy only applicable to professional services or is it also applicable to services billed on a CMS 1500? Can a professional employee of a hospital bill for telehealth services on a UB1500? There should be no restrictions on a professional employee of a hospital providing a covered benefit via telehealth if the documentation supports the service provided.

How should I bill for attending physician services to members in inpatient settings via telehealth or telephone? We ask that providers document and bill for the services provided and use the correct E&M code or inpatient telehealth procedure codes if applicable.