

---

## Telehealth Benefits

---

### Telehealth coverage – overview

AZ Blue offers coverage of telehealth services for fully insured individuals and employer groups in compliance with Arizona's telehealth law ([HB 2454](#)). The law:

- Requires all healthcare services that are appropriately provided through an audio-video format to be covered and reimbursed at the same level as if they were provided in-person.
- Broadens the range of provider types and services eligible for telehealth delivery.
- Provides coverage for telehealth services only when rendered by in-network providers (except for emergency care).
- Provides coverage for audio-only visits in certain limited situations. Except for behavioral health visits, these services may be reimbursed at a lower rate than the in-person rate.
- 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.
  - To see code lists corresponding to these services, visit our [Telehealth page](#).
  - 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.

### Provider requirements

Healthcare services provided to people 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 requests procedures.

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

1. Comply with current 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 is not subject to any past or pending disciplinary proceedings (see HB 2454, §36-3606).
2. Bill visits using the usual CPT/HCPCS codes and add a telehealth modifier and place of service code as required:
  - Use modifier 95 or GT for audio-video visits.
  - Use modifier 93 (commercial plans) or FQ (Medicare plans) for covered audio-only visits.
  - For professional claims, use POS 02 (patient is not at home) or POS 10 (patient is at home). For facility claims, no POS is necessary.
3. 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

---

## Telehealth Benefits

---

- 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) must be 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. Before a telehealth visit, the provider must inform the member if there is a charge for the visit, including applicable member cost-share.
5. During a telehealth visit, providers must access patient records, if available, that are appropriate to assess the patient.
6. 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?

Our benefit plans for fully insured groups and individuals under age 65 and their families include coverage for telehealth services as stated above. Plans for self-funded group members, members from other BCBS Plans, FEP members, and Medicare Advantage members are governed by different regulations as indicated below.

**BlueCard (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 AZ Blue 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 (copays are waived during the COVID-19 pandemic). Telehealth services received outside of the Teladoc network are also covered (standard primary care and specialists 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](#).

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

### Multi-provider telehealth consultations

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

---

### Telehealth Benefits

---

- 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**

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**

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:

AZ Blue 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, access the *Outpatient Coding Guide* on our [Claims and Remits page](#) under Claim Coding.

---

## 24/7 Quick-Access Telehealth Benefits

---

AZ Blue has expanded after-hours access to care by offering virtual services that can help members address symptoms that arise outside of normal office hours and avoid unnecessary trips to the emergency room.

### **Nurse On Call**

Accessible 24/7/365 in English, Spanish, and many other languages (via translated services), the Nurse On Call service is available at no cost to all AZ Blue enrolled members. The phone number is on the back of the ID card. This service is also known as the Nurse Advice Line for the ACA StandardHealth plan.

- Registered nurses are available to answer questions and help identify and evaluate symptoms.
- Nurses offer health information to help members make informed medical decisions.

### **BlueCare Anywhere<sup>SM</sup> quick-access benefit**

For times when a member's regular provider is unavailable, AZ Blue offers an online "quick access" benefit for certain medical, counseling, and psychiatry services. Board-certified doctors and nurse practitioners are available within minutes for consultation, diagnosis, and prescriptions (as needed) 24/7. Therapist and psychiatrist appointments require advance scheduling. Providers must be licensed in the state where the patient is located. Types of issues they can treat include:

- **Medical:** colds, flu, fever, rash, abdominal pain, sinusitis, pink eye, ear infection, migraines
- **Counseling:** anxiety, stress management, OCD, panic attacks, social anxiety, LGBTQ counseling, PTSD trauma, insomnia, depression, bereavement/grief, couples therapy, life transitions
- **Psychiatry:** anorexia, bulimia, insomnia, social anxiety, anxiety disorders, cognitive disorder, OCD, PTSD, bipolar disorder, depression, panic attacks, general anxiety

BlueCare Anywhere makes it easy for members to have summaries of their telehealth virtual visits forwarded to their regular providers for inclusion in their existing health records.

### **Plans with the BlueCare Anywhere benefit**

This benefit is available to most employer groups, all members with individual/family benefit plans. Large self-funded groups may select a different quick-access telehealth vendor for their employee health plan.

### **FEP quick-access telehealth coverage**

The Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) program uses Teladoc<sup>®</sup> to provide 24/7 quick-access telehealth services via phone or computer.

BlueCare Anywhere is offered through the Amwell Medical Group, a separate, independent telehealth medical practice that is contracted with AZ Blue to provide telehealth services to AZ Blue members.