



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 05/10/22
LAST REVIEW DATE: 05/31/24
CURRENT EFFECTIVE DATE: 12/18/24
LAST CRITERIA REVISION DATE: 05/02/23
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 2ND QTR 2025

TELEHEALTH AND NON-FACE-TO-FACE SERVICES

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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TELEHEALTH AND NON-FACE-TO-FACE SERVICES

Description:

Telehealth Services – BlueCare Anywhere:

Remote medical and behavioral health consultations available through the Telehealth Services Administrator (TSA), including:

- Medical consultations with a physician, physician’s assistant or nurse practitioner
- Therapy consultations with a psychologist or other licensed therapist
- Psychiatry consultations with a psychiatrist

Telehealth provider determines if condition is appropriate for telehealth services. If condition is not appropriate, the provider will suggest in-person treatment.

Telehealth Services – In-network providers:

Telehealth is the interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote individual monitoring technologies, for the purpose of diagnosis, consultation or treatment. It does not include the sole use of a facsimile machine, instant messages or electronic mail.

Telehealth Services from in-network providers also include:

- Audio-visual services if the service would be covered if provided in person and can be appropriately and effectively provided through telehealth
- Audio-only telephonic services (as recommended by the State of Arizona’s Telehealth Advisory Committee) when the provider has an existing relationship with the individual (an existing relationship between the member and a provider are not required for behavioral health or substance abuse services) and
 - an audio-visual visit is not reasonable due the member’s functional status or lack of technology, and
 - the encounter is initiated at the request of the member or authorized by the member before the encounter.

Non-Face-To-Face Services:

Non-face-to-face services are not rendered in person. Examples of non-face-to-face services include:

- Care plan development when the individual is not present
- Care coordination and planning
- Evaluation and management (E/M) services before and/or after face-to-face individual care
- Telehealth services not delivered through an audio, video, or other electronic medium, except as described in this document



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Criteria:

COVERAGE FOR TELEHEALTH SERVICES IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

Telehealth Services – BlueCare Anywhere:

- **If benefit for telehealth services through BlueCare Anywhere is available**, telehealth services are considered **eligible for coverage** with documentation of **ALL** of the following:
 1. Services are provided by the Telehealth Services Administrator (TSA)
 2. TSA determines condition or diagnosis is appropriate for these services
 3. **ANY** of the following services:
 - Medical consultation with a physician, physician’s assistant or nurse practitioner
 - Therapy consultation with a psychologist or other licensed therapist
 - Psychiatry consultation with a psychiatrist
- **If benefit for telehealth services is not available** or if above criteria not met, telehealth service is considered a **benefit plan exclusion** and **not eligible for coverage**.

These services include, *but are not limited to*:

- Emergency services
- Preventive services
- Services covered under the “Telehealth Services – In-network Providers” benefit
- Services not provided through the Telehealth Services Administrator

Telehealth Services – In-network providers:

- **If benefit for telehealth services from in-network providers is available**, telehealth service provided by an in-network provider is **eligible for coverage** if service would be covered if provided in person and can be appropriately and effectively provided through telehealth and **ONE** of the following is met:
 1. Audio-visual services if the service would be covered if provided in person and can be appropriately and effectively provided through telehealth
 2. Audio-only telephonic services for non-behavioral health services (as recommended by the State of Arizona’s Telehealth Advisory Committee) when the provider has an existing relationship with the individual and **ALL** of the following are met:
 - an audio-visual visit is not reasonable due the member’s functional status or lack of technology



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- the encounter is initiated at the request of the member or authorized by the member before the encounter
3. Audio-only telephonic services for behavioral health services (as recommended by the State of Arizona’s Telehealth Advisory Committee) when **ALL** of the following are met:
- an audio-visual visit is not reasonable due the member’s functional status or lack of technology
 - the encounter is initiated at the request of the member or authorized by the member before the encounter
- **If benefit for telehealth services is available**, telehealth emergency or urgent service provided by an out-of-network provider is **eligible for coverage** if service would be covered if provided in person and can be appropriately and effectively provided through telehealth.
- **If benefit for telehealth services is not available** or if above criteria not met, telehealth service is considered a **benefit plan exclusion** and **not eligible for coverage**.

These services include, *but are not limited to*:

- Non-emergency and non-urgent telehealth services from an out-of-network provider
- Services delivered through the sole use of an audio-only telephone (except as described in the document), a video-only system, a facsimile machine, instant messages or electronic mail
- Services provided through the “Telehealth – BlueCare Anywhere” benefit

Resources:

Literature reviewed 05/31/24. We do not include marketing materials, poster boards and non-published literature in our review

1. AZ Rev Stat §20- 841.09. (2021).
2. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet. Accessed May 14, 2024.
3. CPT & HCPCS Modifiers. OPTUM360® EncoderPro.com. Accessed April 12, 2024. <https://www.encoderpro.com/epro/index.jsp>
4. Place of Service Code Set. Centers for Medicare & Medicaid Services. Updated December 1, 2021. https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
5. State of Arizona. Telehealth Advisory Committee Audio Only Procedure Code Recommendations Addendum. December 1, 2021. Accessed May 14, 2024.



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Coding:

Place of service 02: Telehealth Provided Other than in Patient's Home

Place of service 10: Telehealth Provided in Patient's Home

Telehealth Services:

Audio-only telehealth services billed with the following CPT and HCPCS codes will be allowed when billed with place of service 02 or 10.

CPT: 0820T, 0821T, 0822T, 77427, 88321, 88323, 88325, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90887, 90889, 90899, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 92002, 92004, 92012, 92014, 92227, 92228, 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92563, 92565, 92567, 92568, 92570, 92584, 92587, 92588, 92590, 92591, 92592, 92593, 92601, 92602, 92603, 92604, 92605, 92606, 92607, 92608, 92609, 92618, 92625, 92626, 92627, 92630, 92633, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93264, 93268, 93270, 93271, 93272, 93298, 93750, 93797, 93798, 94002, 94003, 94004, 94005, 94664, 94774, 94776, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95970, 95971, 95972, 95983, 95984, 96105, 96110, 96112, 96113, 96116, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171, 96999, 97110, 97112, 97116, 97129, 97130, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97542, 97750, 97755, 97760, 97761, 97802, 97803, 97804, 98966, 98967, 98968, 98970, 98971, 98972, 99091, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99288, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99358, 99359, 99366, 99367, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99417, 99418, 99421, 99422, 99423, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99453, 99454, 99457, 99458, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480, 99483, 99492, 99493, 99494, 99497, 99498

HCPCS: A0998, D9995, D9996, G0270, G0296, H0001, H0002, H0004, H0015, H0020, H0025, H0031, H0033, H0034, H0036, H0038, H2010, H2011, H2014, H2015, H2017, H2025, H2027, H2033, S0257, S0285, S0311, S0315, S0316, S5100, S5110, S9470, S9480, T1002, T1003, T1015, T1016, T2016, T2017, T2019, T2020, T2021



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- Modifiers: FQ: The service was furnished using audio-only communication technology
 GT: Via interactive audio and video telecommunication systems
 93: Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
 95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel (ad hoc) Legal Division	05/31/24 05/14/24	Review with no revisions Review with revisions
Pediatric Subspecialty Advisory Sub-Committee	02/15/24	Review with no revisions
Medical Policy Panel Legal Division	05/02/23 04/13/23	Review with revisions Review with no revisions
Medical Director (Dr. Deering) Pediatric Subspecialty Advisory Sub-Committee	03/29/23 02/16/23	Review with no revisions Review with no revisions
Medical Policy Panel Medical Policy Panel Legal Division	06/06/22 05/10/22 03/28/22	Review with revisions (Coding, Resources) Approved guideline Review with revisions (Resources)
Medical Director (Dr. Deering) Legal Division	03/01/22	Development
Pediatric Subspecialty Advisory Sub-Committee	02/17/22	Review with no revisions

Policy Revisions:

12/18/24 Added: CPT codes: 77427, 88321, 88323, 88325, 90849, 90875, 90887, 90889, 90899, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 92002, 92004, 92012, 92014, 92227, 92228, 92526, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92563, 92565, 92567, 92568, 92570, 92584, 92587, 92588, 92590, 92591, 92592, 92593, 92601, 92602, 92603, 92604, 92605, 92606, 92607, 92608, 92609, 92618, 92625, 92626, 92627, 92630, 92633, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93264, 93268, 93270, 93271, 93272, 93298, 93750, 93797, 93798, 94002, 94003, 94004, 94005, 94664, 94774, 94776, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95970, 95971, 95972, 95983, 95984, 96105, 96110, 96112, 96113, 96125, 96170, 96171, 96999, 97110, 97112,



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97116, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97542, 97750, 97755, 97760, 97761, 98970, 98971, 98972, 99091, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99242, 99243, 99244, 99245, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99358, 99359, 99366, 99367, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99417, 99418, 99421, 99422, 99423, 99446, 99447, 99448, 99449, 99453, 99454, 99457, 99458, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480, 99483, 99492, 99493, 99494; HCPCS codes: A0998, D9995, D9996, H0015, H0020, H0033, H0036, H2010, H2011, H2015, H2017, S0257, S0285, S0311, S0315, S0316, S5100, S9470, S9480, T2016, T2017, T2019, T2020, T2021

08/06/24 Added: CPT codes: 0820T, 0821T, 0822T

05/31/24 Updated: Resource section

05/02/23 Revised: "patient" to "individual" in criteria section

05/02/23 Updated: Description section; Resource section

12/19/22 Added: CPT codes: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90853, 92507, 92508, 92521, 92522, 92523, 92524, 96116, 96121, 96158, 96159, 96164, 96165, 96167, 96168, 97535, 97802, 97803, 97804, 99354, 99355, 99356, 99357, 99497, 99498; HCPCS codes: G0270, G0296

06/07/22 Added: Literature to Resources; Place of service 10: Telehealth Provided in Patient's Home; Telehealth Services added "or 10"

06/07/22 Revised: Description for Place of Service 02 from "Telehealth" to "Telehealth Provided Other than in Patient's Home"; Telehealth Services "location" to "place"



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TELEHEALTH AND NON-FACE-TO-FACE SERVICES

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'á doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

