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General information

This document contains information specific to telehealth visits for behavioral health. For broader information about telehealth, see the following documents:

- *Telemedicine Services Medical Policy* — To find this document, go to the [Medical Policy Router Search](#) webpage on **bcbsm.com**, enter the name of the medical policy in the *Policy/Topic Keyword* field and press *Enter*.
- [Telehealth for medical providers](#) — You can find this and other telehealth documents on our secure Provider Resources website, which you can access by doing the following:
 1. Log in to our provider portal ([availity.com](#)**).
 2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
 3. Click the *Resources* tab.
 4. Click *Secure Provider Resources (Blue Cross and BCN)*.
 5. Click *Billing and Claims* on the menu bar and then click *Telehealth*.

Medicare Plus Blue

The general telehealth information in this document, such as definitions, prior authorization requirements, and telehealth technology and patient confidentiality, applies to Medicare Plus Blue members.

To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [List of Telehealth Services webpage](#)** on the **cms.gov** website.

When billing telehealth visits, follow Centers for Medicare & Medicaid Services guidance.

Definitions

Telehealth

Telehealth is an umbrella term that includes audiovisual, telephone-only and asynchronous visits. These visits can provide an alternative to an in-person medical or behavioral health visit. For example, seeking virtual care for mild medical or behavioral health concerns is a safe step for members who want to talk with board-certified doctors and other specialty behavioral health providers. This can help to avoid the spread of illness or further exacerbation of behavioral health conditions.

Telemedicine visits

The following types of telemedicine visits are available:

- Visits with Blue Cross- or BCN-contracted providers
- AbleTo — Blue Cross and BCN contracted with AbleTo to expand access to virtual providers. AbleTo is a national virtual provider that offers an eight-week cognitive behavioral therapy program, which is the recommended treatment for stress, anxiety and depression. Members will have access to weekly sessions with a licensed AbleTo therapist and access to digital tools and resources.
- Virtual Care through Teladoc Health[®] — Provides access to virtual urgent care, virtual therapy and virtual psychiatry visits. For more information, see the document titled [Virtual Care by Teladoc Health: Frequently asked questions for providers](#).

During telemedicine visits, patients and health care providers are connected via a secure network. These visits allow for real-time clinical health care services to be provided through electronic technology when distance separates the patient and health care provider.

Providers should use their judgement to determine which visits should be handled via telemedicine. The clinical documentation should support the procedure codes that are submitted for payment.

Here's some additional information about visits with Blue Cross- or BCN-contracted behavioral health providers or with AbleTo providers:

Question	Telemedicine visits ⁽¹⁾
Who initiates the visit?	Member or provider Note: Visits with AbleTo ⁽²⁾ therapists are scheduled by members and initiated through ableto.com/bcbasm .**
Is audiovisual equipment required?	Visits can be conducted by telephone only, if audiovisual (video) technology isn't available. For more information, see "Telephone-only visits" on page 4. Note: Visits with AbleTo ⁽²⁾ therapists can be conducted by telephone or using audiovisual technology. For information about setting up a secure network in your office for audiovisual visits, see "Telehealth technology and patient confidentiality" on page 5.
Does the visit handle high-complexity health care?	Depends on the provider. Note: Visits with AbleTo ⁽²⁾ therapists consist of a standardized eight-week cognitive behavioral therapy program.
Does the visit handle chronic care or ongoing visits?	Yes Note: Visits with AbleTo ⁽²⁾ therapists consist of a standardized eight-week cognitive behavioral therapy program.

Question	Telemedicine visits ⁽¹⁾
What are the network requirements?	<p>If the member receives telemedicine services provided by an in-network provider, the visit will be reimbursed according to their in-network mental health benefit.</p> <p>If the member receives telemedicine services provided by an out-of-network provider, the visit will be reimbursed according to their out-of-network mental health benefit.</p> <p>The network provider can use any acceptable telehealth technology platform; see the “Telehealth technology and patient confidentiality” section on page 5 for more information.</p>

¹To be considered in network, providers must be contracted with Blue Cross Blue Shield of Michigan for Blue Cross commercial and Medicare Plus Blue members or be contracted with Blue Care Network for BCN commercial and BCN Advantage members. AbleTo providers are in network for telemedicine visits for members who have mental health benefits through Blue Cross or BCN, for dates of service on or after July 15, 2022.

²For AbleTo visits to be payable, the member must have both telemedicine benefits and mental health benefits through Blue Cross or BCN.

Telephone-only visits

In addition to visits that use audiovisual technology, Blue Cross and BCN will cover telephone-only behavioral health visits for all services for which telemedicine is payable for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members.

Telephone-only visits use the telephone to provide real-time clinical health care services through electronic technology when distance separates the patient and health care provider. The patient and the health care provider are connected only by telephone.

General information about telehealth visits

Blue Cross and BCN allow providers to bill for the following behavioral health services delivered via telehealth: psychotherapy, assessments and medical treatments.

For behavioral health telehealth visits, we expect providers to conduct telehealth visits using audiovisual technologies whenever possible because visual technology enables providers to determine risk and identify symptoms and signs that they can't identify otherwise.

Services that are delivered via telemedicine must be provided synchronously (in real time), with the exception of *96130 and *96156, which can be delivered asynchronously. Telemedicine asynchronous (store and forward) care is generally not payable for behavioral health services.

Note: For more information about synchronous versus asynchronous care, see our *Telemedicine Services Medical Policy*.

Determining whether a member has a telehealth benefit

Most Blue Cross commercial, all Medicare Plus Blue, all BCN commercial and all BCN Advantage members have coverage for telemedicine visits with in-network providers.

Note: To determine whether a member has telemedicine visits (provided by network providers or provided by Virtual Care through Teladoc Health) as a benefit, see the [Determining a member's telehealth benefits](#) document. You can find this document on our secure Provider Resources site, which is accessed through Availity Essentials™.

Telemedicine visits when the member is outside of Michigan

According to our *Telemedicine Services Medical Policy*, the provider must be licensed, registered or otherwise authorized to perform the service in the state where the patient is located.

Michigan members who are traveling outside of Michigan can use the number on the back of their ID card to find a participating provider where they are located. They can work with the provider to determine if the visit should be in person or via telehealth. Members can also access online care if their contract includes coverage for Virtual Care through Teladoc Health.

Telemedicine visits when the provider is outside of Michigan

According to the *Telemedicine Services Medical Policy*, the provider must be licensed, registered, or otherwise authorized to perform service in their health care profession in the state where the patient is located. The provider is not required to be located in the state of Michigan. In addition, services must fall within their scope of practice.

Prior authorization requirements for telehealth visits

To determine which behavioral health services require prior authorization, see the document titled [Summary of utilization management programs for Michigan providers](#). Prior authorization requirements apply to services that are provided in person or via telehealth.

Telehealth technology and patient confidentiality

Blue Cross and BCN typically expect providers to use mechanisms that are compliant with the Health Insurance Portability and Accountability Act, or HIPAA, to conduct therapeutic encounters. Free portals are available to conduct this work. The American Telemedicine Association may be able to provide information that will help you to set up your system for telemedicine visits.

See the [Telehealth Basics](#)** and [Practice Guidelines](#)** pages of the American Telemedicine Association website to determine how to adhere to HIPAA requirements and protect patient confidentiality, as required in your Blue Cross or BCN contract.

Autism services

Important! For members who have the autism benefit:

- To determine which procedures can be performed via telehealth for Medicare Plus Blue and BCN Advantage members, see the [List of Telehealth Services webpage](#)** on the **cms.gov** website.
- For Blue Cross commercial and BCN commercial members, follow the guidance in this section.

The following applied behavior analysis services for autism spectrum disorder are payable via synchronous telemedicine visits:

- **Code *97151** — Assessment, which includes live interaction with the member. This service is critical to the evaluation process.
- **Code *97153** — Applied behavior analysis, or ABA. This service is allowed via telehealth for members who meet appropriateness criteria. The [Guidelines for autism interventions delivered via telemedicine](#) document offers guidance in determining which members can benefit from direct-line ABA interventions delivered via telemedicine.
- **Code *97154** — Skills training, which is delivered by a behavior technician in a group of two or more clients. The [Guidelines for autism interventions delivered via telemedicine](#) document offers guidance in determining which members can benefit from direct-line ABA interventions delivered via telemedicine.
- **Code *97155** — Protocol modification, which can be provided using telehealth for up to 100% of the time during which services are provided.
- **Code *97156** — Caregiver training.
- **Code *97157** — Multi-family caregiver training.
- **Code *97158** — Skills training (more intensive services), which is delivered by an LBA in a group setting in which protocol modification is made.
- **Code S5108** — LBA supervision of a technician performing line therapy or skills training. Includes time after session to process feedback and make adjustments to the treatment plan.

Note: S5108 is payable only to Michigan providers who deliver services to out-of-state members and cannot use the American Medical Association category I codes.

- **Code S5111** — Caregiver training. Includes training a parent, guardian or caregiver on how to work with a member using the principles of ABA therapy and skills training.

Note: S5111 is payable only to Michigan providers who deliver services to out-of-state members and cannot use the American Medical Association category I codes.

For information about billing these codes, see “Billing telehealth visits” on page 10.

Psychiatry and psychotherapy services not related to autism

Important! To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [List of Telehealth Services webpage](#)** on the **cms.gov** website. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

Any eligible provider can deliver behavioral health services using telehealth. Blue Cross and BCN follow all federal and state regulations regarding licensure.

Eligible providers are practitioners who can bill independently and receive direct reimbursement for services. Here are some examples of eligible providers:

- Physician (M.D./D.O.)
- Certified nurse midwife
- Clinical nurse practitioner
- Clinical psychologist
- Clinical social worker
- Physician assistant
- Licensed professional counselor
- Licensed marriage and family therapist

Important! For providers working in outpatient psychiatric care facilities, see “Outpatient psychiatric care facilities” on page 11.

When providing behavioral health services using telehealth, eligible providers should bill the same behavioral health psychotherapy and crisis codes as they do for face-to-face visits.

For information about billing, see “Billing telehealth visits” on page 10.

For additional information about eligible providers, see the following documents:

- [Requirements for providing behavioral health services to Blue Cross commercial members](#)
- [Requirements for providing behavioral health services to BCN members](#)

Outpatient psychotherapy codes covered via telehealth

This section lists codes that can be billed for telehealth.

Telemedicine (audiovisual) or telephone only

The following outpatient psychotherapy codes are covered when delivered using telemedicine (audiovisual) or telephone-only visits:

- ***90785:** Interactive complexity
- ***90791:** Psychiatric diagnostic evaluation (no medical services)
- ***90792:** Psychiatric diagnostic evaluation with medical services
- ***90832:** Psychotherapy, 30 minutes
- ***90833:** Psychotherapy, 30-minute add-on (behavioral health medical providers only)
- ***90834:** Psychotherapy, 45 minutes
- ***90836:** Psychotherapy, 45-minute add-on (behavioral health medical providers only)
- ***90837:** Psychotherapy, 60 minutes
- ***90838:** Psychotherapy, 60-minute add-on (behavioral health medical providers only)
- ***90839:** Psychotherapy for crisis, first 60 minutes
- ***90840:** Psychotherapy for crisis, each additional 30 minutes
- ***90846:** Family psychotherapy (without the patient present) (Medicare restrictive coverage)
- ***90847:** Family psychotherapy (conjoint psychotherapy with patient present) (Medicare restrictive coverage)
- ***90849:** Multiple-family group psychotherapy
- ***90853:** Group psychotherapy (other than for a multiple-family group)

In addition, behavioral health medical providers can bill all applicable evaluation and management, or E/M, codes.

For information about billing these codes, see “Billing telehealth visits” on page 10.

Telephone and online assessment and management services

The following codes are specific to health care professionals who deliver E/M or assessment and management services by telephone or online:

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross commercial and BCN commercial	<ul style="list-style-type: none"> • By telephone: *98008, *98009, *98010, *98011, *98012, *98013, *98014, *98015 • Online: *98000, *98001, *98002, *98003, *98004, *98005, *98006, *98007, *99421, *99422 and *99423, *98016 	<ul style="list-style-type: none"> • By telephone: *98008, *98009, *98010, *98011, *98012, *98013, *98014, *98015, *98966, *98967 and *98968 • Online: 98000, *98001, *98002, *98003, *98004, *98005, *98006, *98007, *98016, G2061, G2062 and G2063
BCN Advantage	<ul style="list-style-type: none"> • By telephone: *98008, *98009, *98010, *98011, *98012, *98013, *98014, *98015, *98016 • Online: *99421, *99422 and *99423 	<ul style="list-style-type: none"> • By telephone: Follow CMS guidelines. • Online: Follow CMS guidelines.

⁽¹⁾Includes M.D.s, D.O.s, nurse practitioners and physician assistants who deliver evaluation and management services.

⁽²⁾Includes psychologists and clinical social workers and other psychotherapy practitioners.

For information about billing these codes, see “Billing telehealth visits” on page 10.

IOP and PHP for mental health and substance use disorders

We allow IOP and PHP services to be payable to contracted facility providers when delivered via telemedicine (audiovisual visits or telephone-only visits) for substance use disorders and for mental health disorders.

See the [Outpatient detoxification and follow-up care protocols for treating substance use disorders](#) document for more information.

For information about billing, see “Billing telehealth visits” on page 10.

Notes

- Facilities can provide IOP and PHP services to BCN commercial and BCN Advantage members only when their contracts specifically include IOP and PHP services.
- For Blue Cross commercial members, IOP services for substance use disorders must be delivered by a substance use treatment facility. Be sure to check member eligibility and benefits through our provider portal ([availability.com](#)^{**}) or Provider Inquiry prior to performing services.

Routine online provider visits or “check in” visits (between scheduled sessions)

Important! To determine which procedures can be performed via telehealth for Medicare Plus Blue members, see the [List of Telehealth Services webpage](#)** on the **cms.gov** website. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

These visits are initiated by established patients and occur between scheduled sessions.

The following codes are covered when these visits are delivered using both audio and visual technology.

Lines of business	Codes used by physicians ⁽¹⁾	Codes used by qualified non-physician health care professionals ⁽²⁾
Blue Cross commercial and BCN commercial	*99421, *99422 and *99423	*98970, *98971, *98972, G2061, G2062, and G2063
BCN Advantage	*99421, *99422 and *99423	G2061, G2062, and G2063

⁽¹⁾Includes M.D.s, D.O.s, nurse practitioners and physician assistants who deliver evaluation and management services.

⁽²⁾Includes psychologists and clinical social workers and other psychotherapy practitioners.

Note: These codes aren’t appropriate for ongoing treatment, telephone-only visits or Virtual Care through Teladoc Health visits.

For information about billing these codes, see “Billing telehealth visits” on page 10.

Billing telehealth visits

Important! For our approved virtual care provider vendor, Teladoc Health, we pay for online evaluation and management services provided to Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members; for details, see “Professional behavioral health services” on page 14. For information about billing for other services provided to Medicare Plus Blue members, follow CMS guidance. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

In general, you can bill for a telemedicine visit if the service falls within your scope of practice and you can meet the documentation requirements of the codes billed. Procedure codes should be billed for telemedicine only if the provider determines that significant progress to established treatment goals can be attained, such as management of acute and chronic conditions. This progress must be documented clearly in the medical record.

For all behavioral health services that can be performed using telehealth, bill the same procedure codes you would bill for in-office visits or for evaluation and management services, in line with the time spent in each session.

Click a link to access billing information for various services.

- [Outpatient psychiatric care facilities](#)
- [Facility providers who provide IOP or PHP services for mental health and substance use disorders](#)
- [Rural health clinics and federally qualified health centers](#)
- [Professional behavioral health services](#)
- [Additional billing resources](#)

Outpatient psychiatric care facilities

For Blue Cross commercial, BCN commercial and BCN Advantage members, we can process telehealth claims with an OPC facility NPI.

- Note: Medicare Plus Blue **doesn't** recognize outpatient psychiatric care facilities. BCN Advantage **does** recognize OPC facilities.

For telemedicine visits that use both audio and visual technology, OPC facilities should include modifiers on the claim in this order:

1. The modifier that indicates the licensure level (level of care) for the rendering provider should be listed first. Examples are AH, AJ or HO.
 - **For Blue Cross commercial:** See the [Requirements for providing behavioral health services to Blue Cross commercial members](#) document for a full list of modifiers.
 - **For BCN commercial and BCN Advantage:** See the [Requirements for providing behavioral health services to BCN members](#) document for a full list of modifiers.
2. The telemedicine modifier (either GT or 95).

Exceptions: You don't need to include the GT or 95 modifier for the procedure codes specified in the following table.

Product	Codes that don't require the GT or 95 modifier
Blue Cross commercial	<p>*98000, *98001, *98002, *98003, *98004, *98005, *98006, *98007, *98970, *98971 and *98972</p> <p>Important: The following codes aren't payable to OPC facilities for Blue Cross commercial members: *99421, *99422 and *99423.</p>

Product	Codes that don't require the GT or 95 modifier
BCN commercial	*98000, *98001, *98002, *98003, *98004, *98005, *98006, *98007, *98970, *98971, *98972, *99421, *99422 and *99423
BCN Advantage	*98970, *98971, *98972, *99421, *99422 and *99423

3. Include the place of service code as follows.

Note: Place of service 10 indicates that the telemedicine service was performed while the patient was in their home. Place of service 02 indicates that the telemedicine service was performed when the patient was in a location other than their home.

- **For Blue Cross commercial and BCN commercial members:** Use place of service 02 or 10 and include modifier GT or 95.
- **For BCN Advantage members:** You can use the place of service equal to what it would have been had the service been furnished in person, instead of using place of service 02 or 10. Include the GT or 95 modifier.

For telephone-only visits, OPC facilities should include:

- The rendering provider modifier, as appropriate
- The appropriate place of service code as outlined in step 3 above
- The GT or 95 modifier

Exceptions: You don't need to include the GT or 95 modifier for the following procedure codes: *98966, *98967, *98968, *98008, *98009, *98010, *98011, *98012, *98013, *98014, *98015, *98016.

Notes:

- For Blue Cross commercial members, see the [Requirements for providing behavioral health services to Blue Cross commercial members](#) document for a full list of modifiers.
- For BCN commercial and BCN Advantage, see the [Requirements for providing behavioral health services to BCN members](#) document for a full list of modifiers.

Facility providers who provide IOP or PHP services for mental health and substance use disorders

Important! For information about billing for services provided to Medicare Plus Blue members, follow CMS guidance. For Blue Cross commercial, BCN commercial and BCN Advantage members, follow the guidance in this section.

We allow IOP and PHP services to be payable to contracted facility providers when delivered via telemedicine (audiovisual visits or telephone-only visits) for substance use disorders and for mental health disorders.

Only the revenue codes specified below have been approved for IOP and PHP services delivered via telemedicine.

- **For Blue Cross commercial, BCN commercial and BCN Advantage members:**

Service	How to bill
IOP	<p>You must bill as follows to indicate that the services were provided via telemedicine (and not in a face-to-face setting):</p> <ul style="list-style-type: none"> • Bill revenue code 0905 (for all BCN commercial members, all BCN Advantage members and select Blue Cross commercial members) or 0906. <p>Note: For Blue Cross commercial, only select Blue Cross self-funded groups cover mental health IOP. Check the member's benefits through our provider portal (availability.com**) or Provider Inquiry before providing services.</p> <ul style="list-style-type: none"> • Include the applicable procedure code. <p>Note: For dates of service on or before Sept. 30, 2021, include procedure code Q3014.</p> <ul style="list-style-type: none"> • For BCN claims, include the modifier that indicates the licensure level (level of care) for the rendering provider (examples are AH, AJ or HO). See the Requirements for providing behavioral health services to BCN members document for a full list of modifiers. • Include the GT or 95 modifier. • For substance use disorder claims for Blue Cross commercial members, use type of bill 73x.
PHP	<p>You must bill as follows to indicate that the services were provided via telemedicine (and not in a face-to-face setting):</p> <ul style="list-style-type: none"> • Bill revenue code 0912 with the following procedure code(s) for these services: <ul style="list-style-type: none"> ○ For Blue Cross commercial, bill the usual procedure codes. ○ For BCN commercial and BCN Advantage, bill procedure code S0201. • Include the GT or 95 modifier. • For substance use disorder claims for Blue Cross commercial members, use type of bill 86x.

- **For Medicare Plus Blue members**, see the [List of Telehealth Services webpage](#)** on the **cms.gov** website to determine which IOP and PHP procedures codes are billable for telehealth.

Notes

- Facilities can provide IOP and PHP services to BCN commercial and BCN Advantage members only when their contracts specifically include IOP and PHP services.
- For Blue Cross commercial members, IOP services for substance use disorders must be delivered by a substance use treatment facility. Be sure to check member eligibility and

benefits through our provider portal (availity.com^{**}) or Provider Inquiry prior to performing services.

Rural health clinics and federally qualified health centers

Here's how to bill for distant site telehealth services provided in an RHC or FQHC:

- **For Blue Cross commercial, BCN commercial and BCN Advantage plans:** We allow reimbursement of HCPCS code G2025 for services provided in an RHC or an FQHC. Bill as follows:
 - **For Blue Cross commercial members:** Bill G2025 for the distant site on a CMS-1500 professional claim form.
 - **For BCN commercial and BCN Advantage members:** Bill according to the contracted agreement.
- **For Medicare Plus Blue, Medigap and Medicare Supplement plans:** Follow CMS guidance.

Professional behavioral health services

Bill for professional behavior health services as outlined below.

For telemedicine visits that use audiovisual technology:

- Include the GT or 95 modifier when billing procedure codes **other than** *98970, *98971, *98972, *99421, *99422, *99423.
- Include the appropriate place of service code:
 - For telehealth services performed with a patient who is in their home, include place of service code 10.
 - For telehealth services performed with a patient who is in a location other than their home, include place of service code 02.

For telephone-only visits

- Submit the appropriate place of service code as outlined above.
- Include the GT or 95 modifier when billing procedure codes **other than** *98966, *98967, *98968, *98008, *98009, *98010, *98011, *98012, *98013, *98014, *98015 and *98016.
- For BCN commercial and BCN Advantage, include the behavioral health modifier that matches your credentials (for example, AM, HA, HO, AJ).

Note: For BCN Advantage members, you can use the place of service equal to what it would have been had the service been furnished in person, instead of using place of service 02 or

10. Include the GT or 95 modifier to ensure that cost share is waived for appropriate services.

For telemedicine visits through Teladoc Health

The following procedure codes are billable by our approved virtual care provider vendor, Teladoc Health: *90791, *90792, *90834 and *99213.

Additional billing resources

For additional information about billing for behavioral health services, see the following resources:

- **For Blue Cross commercial members:** See the “Claims” chapter of the *Blue Cross Commercial Provider Manual*. To access the chapter:
 1. Log in to our provider portal (availity.com**).
 2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
 3. Click the *Resources* tab.
 4. Click *Secure Provider Resources (Blue Cross and BCN)*.
 5. Click the *Provider Manuals* link in the Easy Access tile.
 6. Click *Blue Cross commercial*.
 7. Click the *Claims* link, which is listed under “Billing.”
- **For Medicare Plus Blue members:** See the [For Providers: How Do I Submit a Medicare Plus Blue PPO Claim?](#) page on the bcbsm.com website.
- **For BCN commercial and BCN Advantage members:** See the *Billing instructions: Behavioral health services* document. To find this document:
 1. Log in to our provider portal (availity.com**).
 2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
 3. Click the *Resources* tab.
 4. Click *Secure Provider Resources (Blue Cross and BCN)*.
 5. Click the *Provider Manuals* link in the Easy Access tile.
 6. Click *BCN commercial and BCN Advantage*.
 7. Click the *Claims (Billing)* link.

None of the information included herein is intended to be legal advice and as such it remains the provider's responsibility to comply with all applicable state and federal laws and regulations, including all coding and documentation requirements.

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Teladoc Health is an independent company that provides virtual care solutions on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.