The MPA Insurance Committee recently held a meeting with representatives of BCBSM. Among the topics addressed were adjustments which BCBSM has made to patients’ coverage in order to ameliorate the risks posed by Covid-19 to both patients and to health care providers.

The following information reflects the Insurance Committee’s understanding of material discussed at the March 23, 2020, meeting with Blue Cross Blue Shield of Michigan. The information presented here applies only to BCBSM product lines.

BCBSM will cover the provisions of psychotherapy services provided via telephone to telephone, via audio-visual direct connection and via audio-visual online connection.

BCBSM has removed the benefit language which stated that telephone-only visits aren’t included under the telemedicine policy for psychotherapy sessions.

For all services for which telemedicine is payable, in addition to audiovisual visits, Blue Cross and BCN will cover telephone-only behavioral health visits for Blue Cross' PPO, Medicare Plus BlueSM PPO BCN HMOSM, and BCN AdvantageSM members.

For autism services, BCBSM indicated that protocol modification (up to 50% of the time), individual family-caregiver training, and multi-family caregiver training, can be provided via telephone-only visits.

According to BCBSM, should a telehealth claim be denied as not a covered benefit, a participating provider has the right to bill the patient privately for the services rendered.

BCBSM does not yet know which of their thousands of contracts are applying or waiving policy copays and deductibles, as information from their contract customers is still coming in. Thus, the Insurance Committee is unable, at this time, to address specific contract questions. We will share more information as it becomes available.

We did stress during our meeting that many patients may hesitate to seek treatment due to income losses, and that the added burden of paying out of pocket for denied claims may provide insurmountable obstacles for many.

For the next month at least, and likely the duration of the crisis, telehealth should be coded as Place of Service 02 and Modifier GT (CMS1500 form boxes 24B and 24D respectively). NOTE: the GT modifier is in addition to, not instead of, the AH modifier for Psychologists. The CPT Procedure Code (also box 24D) is unchanged.

When submitting claims for telephone-only visits, you don’t need to submit a modifier of GT or 95. These modifiers are needed only for visits that use audiovisual technology.
The company has added a list of outpatient psychotherapy codes that are covered via telemedicine (audiovisual). You need to submit a modifier of GT or 95 for these codes. Note that these codes are for services that aren't related to an autism diagnosis.

BCBSM has also added a list of outpatient psychotherapy telephone assessment and management services codes. These codes are for services that aren't related to an autism diagnosis.

According to BCBSM, when submitting telemedicine (audiovisual) claims with an OPC facility NPI for BCN HMO and BCN Advantage members, you must include a modifier of GT or 95 and place of service code 02.

You can locate additional information at the following:


Your best source of information on BCBSM COVID-19 issues is web-DENIS. Please check the site to access the most recent BCBSM directions for providers regarding COVID-19, including any changes that may occur in the area of telehealth.

We have confirmed with BCBSM/BCN that the revisions to the telehealth benefits apply equally to masters/doctoral LLPs and to LPs.

The revisions to the telehealth benefits are currently in force at least through the month of April.

Please note that insurance specific information in this eblast applies ONLY to Blue Cross Blue Shield of Michigan products and lines of business.


If the hyperlinks are not active, please copy and paste the links into your web browser.

MPA Insurance Committee