Telehealth and Other Virtual Care

Blue Shield of California and Blue Shield of California Promise Health Plan Providers

At Blue Shield of California and Blue Shield of California Promise Health Plan, we continue to do all we can during the COVID-19 public health emergency to support the health, safety and well-being of our members. We also want to keep you informed as you courageously provide care on the front lines.

Please check this section frequently to stay informed. We will update the content as new information becomes available by replacing this document and changing the date.

Telehealth during the COVID-19 public health emergency

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.

General guideline for telehealth sessions

The general guideline is for non-hands-on treatment. This includes medical-related services, behavioral health care, ancillary professional care, or other non-hands-on treatment by a healthcare provider who meets the professional qualifications required by Blue Shield and Blue Shield Promise.

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.
Approved platforms when you are providing care for your patients via telehealth

We strongly encourage you to 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
- Facebook Messenger
- Google Hangouts
- Skype
- Doxy.me
- Updox
- Zoom for Healthcare
- Google G Suite Hangouts Meet
- Skype for Business
- VSee

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.
Frequently asked questions

Can I conduct outpatient medical care sessions virtually with Blue Shield and Blue Shield Promise members using the 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.

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

Yes, reimbursement for services will be provided at your usual contracted rate.

During the COVID-19 public health emergency, will co-payments for COVID-19 screening conducted via telehealth be waived?

For information on member cost-sharing, please review the Cost-sharing, coding and billing section on this website.

During the COVID-19 public health emergency, will member cost-sharing be waived for COVID-19 treatment?

For information on member cost-sharing, please review the Cost-sharing, coding and billing section on this website.
Frequently asked questions, cont’d.

What is the difference between Teladoc and telehealth?

Teladoc is a service provider with its own network of doctors and service providers who are available as a benefit to many Blue Shield and Blue Shield Promise members, depending on their plans.

Telehealth is a broad term which simply references methods that network health care providers may use to contact their own patients, using a variety of interactive platforms, to provide non-hands-on services. As a network provider, you can set up your own telehealth system to conduct sessions with your patients and be reimbursed at your usual contracted rate with Blue Shield and/or Blue shield Promise for services provided. As a practitioner, please be certain you use “02” for place of service when you submit a claim for a telehealth session you have conducted with a member.

During the COVID-19 public health emergency, will member copayments for calls to the service provider Teladoc be waived?

Updated May 19, 2020

Blue Shield and Blue Shield Promise will continue to waive member copayments for calls to Teladoc through June 30, 2020. This means no member copayment is required for calls to Teladoc from March 1 through June 30, 2020, regardless of whether the call is specifically related to COVID-19. The copayment waiver previously applied March 1 through May 31, 2020.

• The extension of this waiver applies to medical and behavioral health sessions with Teladoc physicians or service representatives and is applicable only to fully-insured members, Medicare Advantage HMO and PPO members, and Medicare Supplemental plan members. Copayments are not associated with coverage for Cal MediConnect and Medi-Cal members.

• This extension through June 30, 2020 does not apply to members with coverage under a self-funded plan, commonly called “ASO” plans, where Blue Shield serves as the administrative services provider. The previously announced copayment waiver for calls to Teladoc from self-funded plan members will end on May 31, 2020.

Members will be informed of any waivers applicable to their coverage if they contact Teladoc. This information will be provided in advance of receiving any Teladoc services.

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