



Refer to [Telehealth 2021](#) for additional information related to telemedicine/telehealth coverage effective Jan. 1, 2021.

Updated 01/08/2021 | Posted 03/27/2020

Blue Cross and Blue Shield of Texas Further Expands Telemedicine to In-Network Providers

This article relates only to telemedicine/telehealth services rendered between March 10, 2020 and Dec. 31, 2020.

Blue Cross and Blue Shield of Texas (BCBSTX) expanded our telemedicine/telehealth program in response to the COVID-19 crisis to provide greater access to medical and behavioral health services for our members. Our state-regulated fully insured **HMO, PPO** and our **Medicare** members have access **through Dec. 31, 2020**.

We are continuing to evaluate the evolving state and federal legislative and regulatory landscape relating to COVID-19 and will continue to update our practices accordingly.

What is covered?

Effective March 10, 2020, BCBSTX began providing expanded access to telemedicine/telehealth services at no cost-share with qualified in-network providers for all medically necessary, covered services and treatments consistent with the terms of the following member benefit plans:

- State regulated fully insured HMO and PPO plans
- Blue Cross Medicare Advantage (excluding Part D) and Medicare Supplement
- Self-Insured employer group telemedicine/telehealth benefits may differ by plan

Coverage listed above relates only to telemedicine/telehealth services rendered between March 10, 2020 and Dec. 31, 2020.

Eligible Members

This telemedicine/telehealth delivery method for health care services is available to eligible fully-insured and employee plan participants in BCBSTX's commercial and retail plans. Our Medicare (excluding Part D) and Medicare Supplement members also have access to telemedicine/telehealth services. Telemedicine/telehealth benefits for medically necessary services are also available to eligible HMO members from providers in their medical group who offer telemedicine/telehealth (benefit plan requirements still apply, e.g., PCP referral requirements).

Eligible Providers

Providers of telemedicine/telehealth may include, but are not necessarily limited to:

- Physicians
- Physician assistants
- Advanced Practice Registered Nurses (APRN)s
- Behavioral health, applied behavioral analysis, physical, occupational and speech therapists
- Nutritionists
- Dieticians



**BlueCross BlueShield
of Texas**

Prior Authorizations

Any telemedicine/telehealth visit, whether in-network or out-of-network, for services related to COVID-19 will not be subject to benefit prior authorization requirements.

Delivery Methods

Available telemedicine/telehealth visits with BCBSTX providers currently include:

- 2-way, live interactive telephone communication and digital video consultations
- Other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness.

Providers can find the latest guidance on acceptable Health Insurance Portability and Accountability Act (HIPAA) compliant remote technologies issued by the U.S. Department of Health and Human Services' Office for Civil Rights in Action.

Submitting claims

BCBSTX will reimburse providers for medically necessary services delivered via telemedicine and billed on claims with appropriate modifiers (95, GT, GQ) and Place of Service (POS) 02 or POS that would have been billed had the services been delivered face to face. All telemedicine services will be paid in accordance with the member's benefits for covered services.

Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier.

Reimbursement

Effective March 10, 2020, telemedicine/telehealth claims for eligible fully-insured and employee plan participants submitted with appropriate coding and modifiers, for in-network medically necessary health care services, will be covered without cost-share and will be reimbursed at same rate as in-person office visits during the COVID-19 public health emergency.

Note: If a claim is submitted using a telemedicine/telehealth code, the applicable telemedicine/telehealth reimbursement will apply.

State and Federal Regulations

We will continue to follow the applicable guidelines of the Texas Department of State and Health Services and Centers for Medicare & Medicaid Services as appropriate for Medicare Advantage, Medicare Supplement, Medicaid STAR, CHIP and STAR Kids members.

Member benefit and eligibility assistance

Check eligibility and benefits for each member at every visit prior to rendering services. Providers may:

- Check coverage by submitting an electronic 270/271 transaction through Availity® or their preferred vendor. This step will help providers determine coverage information, network status, prior authorization/pre-notification requirements and other important details.
- Connect with a Customer Advocate to check eligibility and telemedicine benefits by calling our [Provider Customer Service Center](#).


Note: Telemedicine is not yet a category offered currently in our automated Interactive Voice Response (IVR) phone system. For telemedicine benefits, please call our [Provider Customer Service Center](#) to request Office Visit benefits and request to speak with an agent for telemedicine-specific information.



**BlueCross BlueShield
of Texas**


More information

Refer to [Telehealth 2021](#) for additional information related to telehealth coverage effective Jan. 1, 2021.

Continue to watch the [COVID-19 Related News](#) section of our website for more information. For the most up-to-date information about COVID-19, visit the [Centers for Disease Control and Prevention](#)  website.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by Availity, Aerial or Medecision. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

 By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association