



Telemedicine and Telehealth Coverage Expansion in Response to COVID-19 | Updated 04/03/2020

In response to the coronavirus (COVID-19), Blue Cross and Blue Shield of Texas (BCBSTX) is temporarily expanding coverage for medical and behavioral health telemedicine and telehealth visits. For insured plans regulated by the State of Texas – identified by a “TDI” or “DOI” printed on the member identification card – BCBSTX will cover telemedicine medical services and telehealth services in accordance with the temporary emergency rules adopted by the Texas Department of Insurance March 17, 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.

Expansion of telemedicine/telehealth coverage:

With the temporary enhancements to existing in-network telemedicine/telehealth benefits, the coverages below will apply for state-regulated, fully-insured members who receive covered telemedicine/telehealth services. This applies to claims with dates of service beginning March 10, 2020.

- Telemedicine/telehealth visits covered as a regular office visit for providers who offer the service through 2-way live interactive telephone or digital video consultations. Please note that on a temporary basis in response to COVID-19, audio-only consultations will be covered when provided in accordance with applicable regulations and rules.
- Continued access to [MDLive](#) or a similar telemedicine/telehealth vendor, with a network of physicians who provide telemedicine/telehealth services.
- No member cost-sharing for covered, medically necessary medical and behavioral health services delivered via telemedicine or telehealth by a qualified in-network provider.
- BCBSTX will reimburse in-network professionals at least the same rate for a telemedicine/telehealth service as it reimburses for the same service when provided in- person, including covered mental health services.

Effective March 18, 2020, The Families First Coronavirus Response Act (FFCRA) requires employer-funded health plans to provide coverage for COVID-19 testing and related services. Some benefits may be different depending on the decisions the employer makes about expanding telehealth services at no-cost share to members.

Resources:

For more information refer to our [Telemedicine and Telehealth Services](#) page.



The following telemedicine/telehealth codes are accepted by BCBSTX for use by physicians and other health care providers including behavioral health therapy services:

Code	Description
90791*	Psych diagnostic evaluation
90792*	Psych diagnostic evaluation w/medical services
90832*	Psychotherapy 30 min
90833*	Psychotherapy 30 min w/e&m evaluation
90834*	Psychotherapy 45min
90836*	Psychotherapy 45 min w/e&m evaluation
90837*	Psychotherapy 60min
90838*	Psychotherapy 60 min w/e&m evaluation
90847*	Family psychotherapy
97151	Behavior identification assessment, administered by a phys/QHP
97152	Behavior identification-supporting assessment by 1 tech
97153	Adaptive behavior treatment by tech
97154	Group adaptive behavior treatment by tech
97155	Adaptive behavior treatment phys/QHP
97156	Family adaptive behavior treatment phys/QHP
97157	Multiple family adaptive behavior treatment
97158	Group adaptive behavior treatment phys/QHP
98966	Nonphysician telephone assessment 5-10 min
98967	Nonphysician telephone assessment 11-20 min
98968	Nonphysician telephone assessment 21-30 min
98970	QNHP online digital E/M SVC EST PT <7 D 5-10 min
98971	QNHP online digital E/M SVC EST PT <7 D 11-20 min
98972	QNHP online digital E/M SVC EST PT <7 D 21+ min
99201*	Office visit new patient
99202*	Office visit new patient
99203*	Office visit new patient
99204*	Office visit new patient
99205*	Office visit new patient
99213*	Office visit established patient 15 min
99214*	Office visit established patient 25 min
99215*	Office visit established patient 40 min
99421	Physician/Qualified Health Professional online digital evaluation 5-10 min
99422	Physician/Qualified Health Professional online digital evaluation 11-20 min
99423	Physician/Qualified Health Professional online digital evaluation 21-30 min
99441	Physician /Qualified Health Professional telephone evaluation 5-10 min
99442	Physician /Qualified Health Professional telephone evaluation 11-20 min
99443	Physician/Qualified Health Professional telephone evaluation 21-30 min

*Providers submitting claims for telemedicine/telehealth services using these codes must append with modifier 95.



BlueCross BlueShield of Texas

For Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) services, providers can bill for those services using the appropriate HCPCS codes (e.g., H0035 and S0201 for PHP and H0015 and S9480 for IOP) and attach the 95 modifier when delivering these services via telehealth.

Note: This list is **not** inclusive of all telemedicine/telehealth codes. Other services may be eligible for telemedicine/telehealth reimbursement when billed with the appropriate CPT®/HCPCS codes and any applicable modifiers.

Because this is a rapidly evolving situation, you should continue to use the Centers for Disease Control Guidance (CDC) on COVID-19, as the CDC has the most up-to-date information and recommendations. Additionally, watch for updates on [BCBSTX News and Updates](#) and our [COVID-19 Preparedness](#) pages.

If you have any questions or if you need additional information, please contact your local [BCBSTX Network Management Office Location](#).

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As a reminder, it is important to check eligibility and benefits before rendering services. This step will help you determine if benefit prior authorization is required for a member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSTX's provider website.

Please note that checking eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or predetermined for benefits 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 questions, contact the number on the member's ID card.

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