



CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Texas (BCBSTX) may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Telemedicine Medical Services and Telehealth Services - Additional Information for COVID-19

Policy Number: TXCPCP01

Version 5

BCBSTX Approval Date: October 1, 2020

Effective Date: January 1, 2021 (Blue Cross and Blue Shield of Texas Only)

Telemedicine and Telehealth Coverage Expansion in Response to COVID-19

For temporary modifications to payment and coding policies relating to telehealth or telemedicine in response to COVID-19, see:

https://www.bcbstx.com/provider/pdf/tx_using_telemed_telehealth_covid19.pdf.



Description

Qualified in-network physicians and health professionals licensed in Texas have the option to provide telemedicine medical services and telehealth services to members to strengthen provider/patient relationships and encourage continuity of care. Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine/telehealth consistent with the terms of their benefit plan.

The purpose of the Telemedicine Medical Services and Telehealth Services policy is to provide guidance on payment and coding for services that are provided by an eligible healthcare provider to a member when neither is present at the same physical location. These services can be performed through various delivery methods.

Eligibility

Telemedicine medical services and telehealth services or procedures are covered for state-regulated fully insured HMO and PPO plans and self-funded employer group plans, based on the terms of the member's benefit plan, provider contracts and applicable law. Our self-funded employer group customers make decisions for their employee benefit plans. Providers are urged to check eligibility and benefits for any variations, including prior authorizations and referrals, in member benefit plans prior to rendering services. BCBSTX offers tools to check member eligibility such as:

- Verify general coverage by submitting an **electronic 270 transaction through Availity®** or your preferred vendor.
- Connect with a Customer Advocate to check eligibility and telehealth benefits by calling our Provider Customer Center.

Eligible Providers may include, but are not limited to:

- Physicians
- Physician assistants
- Advanced Practice Registered Nurses (APRNs)
- Licensed behavioral health therapists
- Licensed dietitians

Telemedicine medical service - A health care service delivered by a physician licensed in Texas or a health professional acting under the delegation and supervision of a physician licensed in Texas and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

Telehealth service - A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified or otherwise entitled to practice in Texas and acting within the scope of the health professional's license, certification or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology. All telehealth services must be provided in compliance with the standards that are established by the licensing or certifying board of the health professional providing the services.



Physician - A person who is licensed to practice medicine in the state of Texas.

Health professional - A physician or an individual who is licensed or certified in the state of Texas to perform a health care service; and is authorized to assist a physician in providing a telemedicine medical service that is delegated and supervised by the physician or a licensed or certified health professional acting within the scope of the license or certification who does not perform the telemedicine medical service.

Delivery Methods:

Interactive electronic telecommunications equipment includes, audio and video equipment permitting two-way, or live video interactive communication between the member and physician or practitioner consistent with the following:

- **Synchronous** - 2-way, live interactive telephone communication and digital video consultations.
- **Asynchronous telecommunication** - Via image and video not provided in real time (a service is recorded as video or captured as an image; the provider evaluates it later) in connection with a synchronous audio interaction between the practitioner and the patient in another location.
- 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](#). 

Reimbursement Information:

For insured plans, subject to Texas Insurance Code Chapter 1455, a covered telemedicine or telehealth service or procedure provided to a member by an in-network healthcare provider cannot be excluded from coverage solely because it was not provided through an in-person office visit. The member's plan may require a copayment, coinsurance or deductible for covered telemedicine medical services or telehealth services or procedures. The amount of the copayment, coinsurance or deductible cannot exceed the amount that would be provided through an in-person office visit. The following requirements must be met to be eligible for reimbursement unless otherwise agreed upon:

- The provider must maintain complete and accurate medical records including but not limited to start and end times of the telemedicine medical service or telehealth service. Methods of communications must be documented.
- Ensure HIPAA compliant, Federal and State privacy laws are implemented for member communications, recordings and member's records.
- Qualified physicians providing telemedicine services must possess a full Texas medical license when treating residents of Texas.

Billing/Coding

<p>Place of Service (POS) Code 02 (Telehealth): Location where health services and health related services are provided or received through a telecommunication system.</p>
<p>Modifier GQ: Via asynchronous telecommunications system.</p>
<p>Modifier GT: Via interactive audio and video telecommunication systems.</p>
<p>Modifier 95: Synchronous telemedicine services rendered via real-time interactive audio and video telecommunications system.</p> <p>Modifier 95 is applicable to certain codes that can be found in AMA, CPT documents. Check your most current CPT documents for the appendix on CPT Codes That May Be Used for Synchronous Telemedicine Services. These procedures codes are billed when electronic communication using interactive telecommunications equipment include, at a minimum, audio and video. In addition, codes that are appropriate for use with modifier 95 are indicated with a star (★) throughout the AMA CPT codebook.</p>

Modifiers GQ, GT and 95 are used to describe the technology used during the telemedicine service and telehealth service. The appropriate modifiers must be appended to the HCPCS or CPT code when the telemedicine or telehealth claim is submitted. Additionally, telemedicine or telehealth claims must be submitted with Place of Service (POS) Code 02. POS 02 does not apply to originating site facilities when billing a facility fee.

Effective January 1, 2021, BCBSTX will cover telehealth codes consistent with the Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA).

Time-based coding should be submitted with supporting documentation of start and stop times. Claims that do not adhere to coding and billing guidelines may be denied or reassigned a different payment rate. Claims may be reviewed on a case by case basis.

Out-of-State Telemedicine Licenses

Additional information for out-of-state Telemedicine Licenses can be located under the TAC Rule §172.12.

An out-of-state telemedicine license can be obtained to provide services in a state other than Texas, but is limited to:

- the interpretation of diagnostic testing and reporting results to a fully licensed Texas physician that is located in the state of Texas; or
- for follow-up care of patients where the majority of care was rendered in another state and the license holder practices medicine in a manner that complies with all other statutes and laws governing the practice of medicine in the state of Texas. A license holder of an out-of-state telemedicine license is not authorized to physically practice medicine in the state of Texas pursuant to Texas Administrative Code (TAC), Title 22, Chapter 172 and the provisions of the Medical Practice Act, Chapter 155.



Telemedicine and Telehealth Services - Not Covered Services

The following telemedicine and telehealth services are not Covered Services by a licensed Texas provider unless otherwise determined by a member’s benefit plan (list may not be all inclusive):

- Telemedicine medical services and telehealth services used to treat chronic pain with scheduled drugs (22 TAC §174.5 (e)(2)(A))
- Telemedicine medical service or telehealth service provided via synchronous or asynchronous audio interaction including the following:
 - Text only email message
 - a fax transmission
 - an audio-only telephone consultation

For additional information on telehealth or telemedicine services or procedures please check the Plan’s website or contact your [Network Management Office](#).

For additional information on applied behavior analysis, refer to the most current version of [CPCP011 Applied Behavior Analysis](#).

References:

[MLN Booklet Telehealth Services](#)

[Centers for Medicare & Medicaid Services, Telehealth](#)

[Texas Insurance Code, Title 8, Subtitle F, Chapter 1455 Telemedicine and Telehealth](#)

[Texas Occupations Code, Title 3, Subtitle A, Chapter 111 Telemedicine and Telehealth](#)

[Senate Bill 1107](#)

[Texas Administrative Code, Title 22, Part 9, Chapter 172, Subchapter C](#)

[Texas Administrative Code, Title 22, Part 9, Chapter 174, Subchapter A](#)

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Policy Update History:

Approval Date	Description
03/29/18	New policy
10/26/18	Remove Consumer Choice Plans from Description
1/30/19	Revised Title; Added additional definitions; Added out of state telemedicine license verbiage; Updated references
02/18/20	Annual review; Updated policy disclaimer language; Updated references
10/1/2020	Verbiage update

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