

## Using Telemedicine and Telehealth in Response to COVID-19

Blue Cross and Blue Shield of Texas (BCBSTX) is responding to the coronavirus (COVID-19) including our coverage for medical and behavioral health telemedicine and telehealth visits. This allows members access to care while reducing their risk of exposure.

### Telehealth coverage:

Many members have telehealth benefits which may include:

- Telehealth visits covered as a regular office visit for providers who offer the service through 2-way, live interactive telephone or digital video consultations.
- Access to [MDLive](#), a vendor with a network of physicians who provide telehealth services.
- A member cost-share for a telehealth visit depending on the details of a member's health plan.

### Resources:

For more information refer to our [Telemedicine and Telehealth Services](#) page. BCBSTX will continue to evaluate the telehealth program to best serve our members.

The following telehealth codes are accepted by BCBSTX for use by health care professionals 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
90838*	Psychotherapy 60min
90847*	Family psychotherapy
99213*	Office visit established patient 15 min
99214*	Office visit established patient 25 min
99215*	Office visit established patient 40 min
99421	Online Digital E/M Service 5-10 min
99422	Online Digital E/M Service 11-20 min

99423	Online Digital E/M Service 21-30
99441	Phone E/M Phys/QHP 5-10 min
99442	Phone E/M Phys/QHP 11-20 min
99443	Phone E/M Phys/QHP 21-30 min

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

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

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

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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