



An Independent Licensee of the Blue Cross Blue Shield Association

BCBSAZ tele-everything quick reference guide

To mitigate the spread of the coronavirus, Blue Cross® Blue Shield® of Arizona (BCBSAZ) encourages providers to render services virtually whenever possible. We cover medically necessary services (in keeping with the member’s specific benefit plan) that can be delivered effectively through virtual means. See below for what’s included in “tele-everything” as well as some basic billing information.

Telemedicine

- Medically necessary services (covered by the member’s benefit plan) that can be rendered effectively via virtual means.
- All medical necessity and documentation requirements apply.
- Typically delivered using two-way audio/video communication technology; however, during this time, we also cover audio-only visits if the service (usually done in an office) can be effectively rendered via telephone.
- For reimbursement equivalent to an in-person visit for members with commercial plans, please bill with the procedure code you normally use and add telemedicine modifier **95** or **GT**. These modifiers work for both audio/video and telephone-only visits.
 1. For professional claims, use place of service (POS) **02**.
 2. For facility claims, no POS is necessary.

Note: Medicare Advantage billing follows different guidelines. See [webinar slides](#) for more information.

Virtual check-in

- Brief check-in (5-10 minutes) with an established patient using phone or other telecommunication technology.
- Patient-initiated, not related to a medical visit within the previous seven days and doesn’t lead to a medical visit within the next 24 hours (or soonest available appointment).
- Bill with G2010 or G2012.

E-visit

- Patient-initiated communication with an established patient using an online patient portal.
- Bill with 99421-99423; G2061-G2063.

Teledentistry (not covered for FEP and MA plans)

- Consultations *only* for limited and problem-focused evaluation and reevaluation.
- Bill with teledentistry code D9995 or D9996, along with D0140, D0170, D0171, or D9311.

Coverage and cost-share information

Our tele-everything benefits comply with CMS guidance and Arizona executive orders. This table shows the temporary coverage and cost-share information for our different types of benefit plans.

Type of plan	Tele-everything coverage and cost-share information
BCBSAZ individual and fully insured plans and BCBSAZ-administered Medicare Advantage plans	Coverage: Yes (does not include teledentistry for MA plans). Member cost share: Waiver for all diagnosis codes; extended for duration of public health emergency.
Federal Employee Program® (FEP®) plans	Coverage: Yes (does not include teledentistry). Member cost share: Waiver only for COVID-19 diagnosis codes; effective for duration of the public health emergency.
BCBSAZ self-funded plans, TPA-administered plans, and BlueCard® plans (from other BCBS companies)	The member’s employer group or Blue Plan determines coverage and cost share. Check eligibility and benefits.

For more detailed information, visit our COVID-19 [updates page](#) and access the current webinar slides. If you have questions, reach out to your [provider relations coordinator](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

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