



An Independent Licensee of the Blue Cross Blue Shield Association

BCBSAZ telehealth 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 as well as some basic billing information.

Telehealth

- Refers to 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.
- For most plans, a covered service may be delivered via audio-only format if the code is on the approved Arizona telehealth list of audio-only services.
- For reimbursement equivalent to an in-person visit for members with commercial plans, bill with the procedure code you normally use and add telehealth modifier **95** or **GT**. These modifiers work for both audio/video and audio-only visits.
 1. For professional claims, use **POS 02** (patient is not at home) or **POS 10** (patient is at home).
 2. For facility claims, no POS is necessary.

Note: Medicare Advantage billing follows [CMS guidelines](#).

Virtual follow-up after remote image eval

- Follow-up (within 24 hours) after remote evaluation of video/images submitted by established patient.
- 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.

Digital health services through portal

- Patient-initiated communication with an established patient using an online patient portal.
- Bill with 99421-99423; 98970-98972.

Teledentistry (not covered for FEP and MA plans)

- Consultations *only* for limited and problem-focused evaluation and reevaluation.
- Does not include audio-only services.
- Bill with teledentistry code D9995, along with D0140, D0170, or D0171.

Coverage and cost-share information

Our telehealth 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	Telehealth 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 in- and out-of-network telehealth services related to COVID-19 testing only (for duration of public health emergency).
Federal Employee Program® (FEP®) plans	Coverage: Yes (does not include teledentistry). Member cost share: Waiver for in-network telehealth services related to COVID-19 diagnosis codes only (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 BCBS Plan determines coverage and cost share for telehealth services. 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 liaison](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

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