



REIMBURSEMENT POLICY

Telehealth and Virtual Care Services

Active

Policy Number: General Coding - 007
Policy Title: Telehealth and Virtual Care Services
Section: General Coding
Effective Date: 04/03/23

Product: Commercial FEP Medicare Advantage Platinum Blue

Description

This policy addresses the services that may be submitted via interactive audio and video communications and submission requirements.

Temporary Policy Changes Related to COVID 19

For the duration of the National Public Health Emergency related to COVID-19, Blue Cross is waiving some requirements in this reimbursement policy allowing for the following:

- Telehealth may be provided to both new and established patients
- Telehealth may be provided over the phone, without the requirement of the visual component
- Telehealth may be provided over a non-HIPAA compliant audio-visual application, such as Skype or FaceTime.

When billing professional claims for non-traditional telehealth services for the duration of the Public Health Emergency (PHE), providers may bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was performed via telehealth. As a reminder, CMS is not requiring the "CR" modifier on telehealth services.

Due to COVID 19 Pandemic these codes are temporarily added to the policy with a start date of 2/4/2020 thru 90 days after the end of the national public health emergency:

H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, LESS THAN 24 HOURS
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR
S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM

Definitions

Distant site: A site at which a health care provider is located while providing health care services or consultations by means of telehealth.

E-Visit: A patient-initiated, limited online evaluation and management healthcare service provided by a physician or other qualified healthcare professional, using the Internet or similar secure communications network to communicate with an established patient. This visit is used to address non-urgent medical symptoms including medication and prescription refills or



renewals and review of lab and test results. E-visits are normally 'real-time' or a patient-initiated email. The provider responds to the patient's issue within a prescribed time limit (usually within 24 hours).

Originating site: A site at which a patient is located at the time health care services are provided to the patient by means of telehealth. For purposes of store-and-forward technology, the originating site also means the location at which a health care provider transfers or transmits information to the distant site.

Store-and-forward technology: The asynchronous electronic transfer or transmission of a patient's medical information or data from an originating site to a distant site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

Telehealth/Telemedicine Services: The delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, email, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an email or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way interactive audio, and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, that facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care. A physician providing health care services by telemedicine shall be held to the same standards of practice and conduct as in-person health care services.

Telemonitoring Services: The remote monitoring of clinical data related to the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits the data electronically to a health care provider for analysis. Telemonitoring is intended to collect an enrollee's health-related data for the purpose of assisting a health care provider in assessing and monitoring the enrollee's medical condition or status.

Televideo consultations: Interactive audio and video communications, permitting real-time communication between a distant site physician or practitioner and the member, who is present and participating in the televideo visit at an originating site (remote facility or at home). Members must be an established patient. Televideo consultations may also be referred to as telemedicine or telehealth services. Televideo consultations are not considered an e-visit.

Telephone Calls: Patient, or provider, initiated telephone encounters between a provider and an established patient conducted over the phone.

Policy Statement

Telehealth

Blue Cross is waiving the policy requirement of a visual component for commercial members in alignment with state law, allowing telehealth services to be provided over the telephone. The waiving of the visual component for Medicare members will be aligned with CMS guidelines.

Medicare Advantage/Platinum Blue: Only codes identified by CMS as telehealth eligible may be billed. Refer to [Appendix](#).

Originating Site Coding

The originating site provider may bill for the originating site facility fee only. This service is billable on either the professional or institutional claim format.

- **Q3014:** Telehealth originating site facility fee
- **Rev Code 0780:** Telemedicine, General Classification

Consulting Physician/Practitioner Coding

The consulting physician/practitioner may bill the appropriate CPT code (e.g., evaluation and management, psychotherapy, nutrition therapy, etc.) or follow-up telehealth consult code.

- **Place of Service (POS):** Blue Cross recognizes the following POS for telehealth services:
 - **POS Code 02:** The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
 - **POS Code 10:** The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
 - **Commercial:** Will begin accepting POS 10 for dates of service beginning 1/1/2022.
 - **Medicare Advantage/Platinum Blue:** In alignment with CMS, Blue Cross will begin accepting the new POS 10 beginning on 4/4/2022 for service dates beginning 1/1/2022.
 - Claims submitted outside of the above parameters will be denied for an invalid POS.
- **Modifiers:** Blue Cross recognizes the following modifiers for telehealth services:
 - **FQ modifier:** The service was furnished using audio-only communication technology
 - **FR modifier:** The supervising practitioner was present through two-way, audio/video communication technology
 - **GT modifier:** Via interactive audio and video telecommunication systems. Effective 01/01/18, the GT modifier is no longer required for Medicare, but the use of the telehealth “Place of Service Code 02,” will meet the telehealth requirements.
 - **G0 modifier:** Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke. According to Medicare, the Modifier G0 is valid for all: Telehealth distant sites codes billed with POS code 02, or Critical Access Hospitals, CAH method II, (revenue codes 096X, 097X, or 098X) or telehealth originating site facility fee, billed with HCPCS code Q3014.
 - **93 modifier:** Synchronous telemedicine service rendered via telephone or other real-time interactive *audio-only* telecommunications system. Services are between the physician/or other qualified healthcare professionals and a patient who is located at a distant site. The CPT Code submitted must meet same criteria and key components as if it was a *face-to-face* interaction.
 - **95 modifier:** Synchronous Telemedicine Services rendered via a real-time interactive audio and video telecommunication system. Services are between the physician/or other qualified healthcare professionals and a patient who is located at a distant site. The CPT Code submitted must meet same criteria and key components as if it was a *face-to-face* interaction. Only append modifier 95 to codes listed in CPT Appendix P.

Telemonitoring

Telemonitoring services are not allowed in a setting that has health care staff on site.

Telephone Calls

Blue Cross will reimburse patient initiated telephone encounters between a provider and an established patient conducted over the phone. Blue Cross does not reimburse charges for provider-initiated calls to patients.

Telephone calls are considered an integral part of other services the patient receives (usually an evaluation and management service) and, as such, not separately reimbursable. For example, lab follow up, nurse triage, etc. type of calls are not covered.

E-Visits

Services obtained from the rendering provider by means of online email communication via the Internet may be eligible for coverage for non-urgent care when **ALL** of the following criteria are met:

- In the judgment of the provider, the E-visit is medically necessary and involved sufficient resource use, time and complexity to warrant separate recognition as a unique event
- Written documentation related to the service must be included in the patient's medical record and should include the following:
 - Documentation must support, at minimum, a 99212 level E/M
 - Medical information exchange, assessment, and plan of treatment/care (for example, symptoms, counseling)
- Services must be billed under the rendering practitioner's provider number or NPI

Qualifying criteria for reimbursement of online services are as follows:

Provider responds within one business day AND one or more of the following:

- Patient describes new symptoms and is requesting intervention and/or advice from provider to treat new symptoms
- Patient describes ongoing symptoms from a recent acute problem or chronic health problem and is requesting intervention and/or advice from provider to treat ongoing acute problem or chronic health problem
- Evidence that provider is giving detailed medical advice, revising treatment plan, prescribing/revising medication, recommending additional testing, and/or providing self-care/ patient education information for new and/or chronic health problem
- Evidence that provider is making a new diagnosis and is prescribing new treatment
- Patient requesting interpretation of lab and/or test results with evidence that provider is providing meaningful explanation and recommendations to modify treatment plan, revising medications, etc.
- Evidence that provider is providing extended personal patient counseling that is changing the course of treatment and impacting the potential health outcome.

E-visits are not covered when provided for the following:

- Provider-initiated e-mail
- Appointment scheduling
- Refilling or renewing existing prescriptions without substantial change in clinical situation

- Scheduling diagnostic tests
- Reporting normal test results
- Updating patient information
- Providing educational materials
- Brief follow-up of a medical procedure/service to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to, routine global surgical follow- up.
- Brief discussion to confirm stability of the patient's chronic condition without change in current treatment.
- When information is exchanged, and the patient is subsequently asked to come in for an office visit
- A service that would similarly not be charged for in a regular office visit
- Reminders of scheduled office visits
- Requests for a referral
- Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
- Clarification of simple instructions

Documentation Submission

Documentation must identify and describe the procedures performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross or Medicare fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: 93 95 FQ FR G0 GQ GT
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: See [Appendix](#)
Revenue Codes: N/A

Cross Reference

Cross Reference: N/A

Policy History

01/27/2015	Initial Committee Approval Date
03/27/2018	Annual Policy Review
07/03/2018	Code Update
09/11/2018	Code Update
01/07/2019	Annual Policy Review and Code Update
10/19/2019	Policy Update
02/04/2020	Annual Policy Review and Code Update
01/26/2021	Code Update
11/29/2021	Annual Policy Review – Incorporated GC-008 E-Visits and GC-067 Telephone Calls, corresponding code updates
03/22/2022	Code Update: Q1 added 80504, 80505, 80506, 94625, 94626, 98975, 98976, 98977, 98980, 98981, 99424, 99425, 99426, 99427, 99437, modifiers 93, FQ, FR, and POS 10, moved 96158 from Medicare Temporary to Telehealth - Medicare section Removed: 80502, G0424, G2064, G2065 Policy update: revised POS 02
06/28/2022	Code Update: Added H2011, H2014
08/23/2022	Code Update: Added 90901 Code Update: Added to Medicare Temporary 97537, 97763, 98960, 98961, 98962
01/01/2023	Code Update: Added 98978, C7900, C7901, C7902 and removed 99217, 99218, 99219, 99220, 99224, 99226, 99241, 99251, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99343, 99354, 99355, 99356, 99357,
04/03/2023	Code Update: Added 0403T and 0591T-0593T and removed C7900, C7901, C7902

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Appendix

Telemonitoring

98975 98976 98977 98978 98980 98981 S9110

Telephone Calls

98966 98967 98968 99441 99442 99443 G2010 G2012 G2250 G2252
S0320

E-Visits

98970 98971 98972 99421 99422 99423 G0071 G2251

Telehealth – Commercial

77427 80504 80505 80506 90785 90791 90792 90832 90833 90834
 90836 90837 90838 90839 90840 90845 90846 90847 90849 90853
 90957 90863 90885 90887 90901 90951 90952 90953 90954 90955
 90956 90958 90959 90960 90961 90962 90963 90964 90965 90966
 90967 90968 90969 90970 92227 92228 92229 92507 92521 92522
 92523 92524 92526 92606 92607 92608 92609 93228 93229 93268
 93270 93271 93272 94005 96040 96116 96121 96127 96130 96131
 96132 96133 96136 96137 96138 96139 96156 96158 96159 96160
 96161 96164 96165 96167 96168 96170 96171 96202 96203 97110
 97112 97116 97129 97130 97139 97151 97152 97153 97154 97155
 97156 97157 97158 97161 97162 97163 97164 97165 97166 97167
 97168 97530 97533 97535 97537 97542 97750 97760 97761 97763
 97802 97803 97804 98960 98961 98962 99024 99202 99203 99204
 99205 99211 99212 99213 99214 99215 99221 99222 99223 99231
 99232 99233 99242 99243 99244 99245 99252 99253 99254 99255
 99291 99292 99304 99305 99306 99307 99308 99309 99310 99315
 99316 99341 99342 99344 99345 99347 99348 99349 99350 99377
 99378 99379 99380 99381 99382 99383 99384 99385 99386 99387
 99391 99392 99393 99394 99395 99396 99397 99401 99402 99403
 99404 99406 99407 99408 99409 99417 99418 99424 99425 99426
 99427 99437 99439 99451 99452 99453 99454 99457 99458 99461
 99473 99474 99483 99484 99489 99490 99491 99492 99493 99494
 99495 99496 99497 99498 99601 99602 99605 99606 99607
 0403T 0591T 0592T 0593T
 G0108 G0109 G0270 G0296 G0316 G0317 G0318 G0320 G0321 G0322
 G0323 G0337 G0396 G0397 G0406 G0407 G0408 G0409 G0420 G0421
 G0425 G0426 G0427 G0438 G0439 G0442 G0443 G0444 G0445 G0446



G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2010	G2011	G2012
G2086	G2087	G2088	G2211	G2212	G2213	G2214	G3002	G3003	
H0001	H0015	H0031	H2011	H2014	H2017	H2019	H2020	H2035	H2036
Q3014									
S0265	S0270	S0271	S0272	S0311	S9140	S9141	S9152	S9441	S9443
S9445	S9446	S9453	S9480	S9482	S9484				
T1030									
V5362	V5363								

Telehealth – Commercial Codes in **red** allowed for Commercial lines of business for duration of Public Health Emergency

H0035 H2012 S0201

Telehealth – Medicare

90785	90791	90792	90832	90833	90834	90836	90837	90838	90839
90840	90845	90846	90847	90853	90901	90951	90952	90954	90955
90957	90958	90960	90961	90963	90964	90965	90966	90967	90968
90969	90970	96116	96121	96156	96158	96159	96160	96161	96164
96165	96167	96168	97802	97803	97804	99202	99203	99204	99205
99211	99212	99213	99214	99215	99231	99232	99233	99307	99308
99309	99310	99347	99348	99406	99407	99483	99495	99496	99497
99498									
G0108	G0109	G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406
G0407	G0408	G0420	G0421	G0425	G0426	G0427	G0438	G0439	G0442
G0443	G0444	G0445	G0446	G0447	G0459	G0506	G0508	G0509	G0513
G0514	G2086	G2087	G2088	G2211	G2212	G3002	G3003		

Telehealth – Medicare Codes in **red** allowed for Medicare lines of business per CMS for duration of Public Health Emergency

77427	90875	90953	90956	90959	90962	92002	92004	92012	92014
92507	92508	92521	92522	92523	92524	92526	92550	92552	92553
92555	92556	92557	92563	92565	92567	92568	92570	92587	92588
92601	92602	92603	92604	92607	92608	92609	92610	92625	92626
92627	93750	93797	93798	94002	94003	94004	94005	94625	94626
94664	95970	95971	95972	95983	95984	96105	96110	96112	96113
96125	96127	96130	96131	96132	96133	96136	96137	96138	96139
96170	96171	97110	97112	97116	97129	97130	97150	97151	97152
97153	97154	97155	97156	97157	97158	97161	97162	97163	97164
97165	97166	97167	97168	97530	97535	97537	97542	97750	97755
97760	97761	97763	98960	98961	98962	99221	99222	99223	99234
99235	99236	99238	99239	99281	99282	99283	99284	99285	99291
99292	99304	99305	99306	99315	99316	99336	99337	99341	99342



99344 99345 99349 99350 99441 99442 99443 99468 99469 99471
99472 99473 99475 99476 99477 99478 99479 99480
0362T 0373T
G0410 G0422 G0423 G0466 G0467 G0468 G0469 G0470 G2010 G2012
G9685
S9152