

Commercial Payer Telehealth Coverage

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
Aetna	✓	✓			<ul style="list-style-type: none"> • Coverage of commercial telemedicine services, as described in its telemedicine policy, will now extend until further notice. • For Commercial plans, the cost share waiver for any in-network covered telemedicine visit—regardless of diagnosis—began on the day of the CVS Health press release, March 6, 2020, and ended on June 4, 2020. • Through January 31, 2021, Aetna is waiving cost shares for all Medicare Advantage plan members for in-network primary care and specialist telehealth visits • E-visits: Providers may use either G2061-G2063 or 98970-98972 and must comply with all of the requirements associated with billing e-visits. 	<ul style="list-style-type: none"> • Commercial (until June 4, 2020, Aetna will waive member cost sharing for any covered telemedicine visit—regardless of diagnosis.) • Medicare Advantage (Until January 31, 2021, Aetna will offer zero co-pay for covered telemedicine visits for any diagnosis to all Individual and Group Medicare Advantage members.) • Medicaid (Providers should check with their specific state plan to verify.) 	<p>Aetna General COVID-19 Information</p> <p>Provider Portals: Availity NaviNet</p> <ul style="list-style-type: none"> - Providers must log-in to the provider portal and search for the Aetna Telemedicine and Direct Patient Contact document. Relevant information is located on pages 6–9. - NOTE: AOTA cannot access information located in the provider portal; therefore, we are unable to verify or update this information directly.

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					<ul style="list-style-type: none"> • Aetna will cover certain occupational therapy codes delivered via telehealth, including evaluation and reevaluation codes (please see telehealth policy in the Availity portal) • Telehealth care must be provided as a two-way synchronous (real-time) audiovisual service. • For commercial plans, non-facility telemedicine claims must use POS 02 with the GT or 95 modifier. Fee schedules have been updated so claims with approved telemedicine CPT codes and modifiers with POS 02 will be reimbursed at the same rate as an equal office visit. All other facilities should continue to use their respective POS; CPTs and the telemedicine modifiers must be noted on the UB-04 and HCFA 1500 forms, as the Rev Code will not be sufficient. • For Medicare Advantage, POS 02 or POS 11, or the POS equal to what it would have been had the service 		

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					<p>been furnished in-person, along with the 95 modifier indicating that the service rendered was actually performed via telehealth, may be utilized and will be reimbursed at the same rate.</p> <ul style="list-style-type: none"> • Non-participating provider coverage is based on the member's benefit/plan design for out-of-network benefits. • Providers can temporarily use non-public-facing synchronous video chat platforms, such as Skype® and FaceTime®, to complete telemedicine visits as long as these platforms are allowed in their states and they are able to meet the standard of care via a telehealth encounter. Health care providers should not, however, use public-facing video applications, such as Facebook Live®, Twitch®, or TikTok®. • Aetna reimburses all providers for telemedicine at the same rate as in-person visits. 		

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					<ul style="list-style-type: none"> • CPT codes: 96110, 96112, 96113, 97110, 97112, 97116, 97150, 97165–97168, 97530 (additional codes may be listed in the provider portal) 		
Anthem (Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, Ohio, Virginia, Wisconsin) (NOTE: There may be some variations by state, particularly for Medicare Advantage and Medicaid plans. Please verify specific coverage with the Anthem plan in your state.)	✓				<p>(NOTE: There may be some variations by state, particularly for Medicare Advantage and Medicaid plans. Please verify specific coverage with the Anthem plan in your state.)</p> <ul style="list-style-type: none"> • Effective March 17, 2020, through September 30, 2020. <p>Member cost sharing is waived for telehealth visits for Anthem affiliated health plans. For Medicare Advantage plans, cost sharing is waived through December 31, 2020.</p> <ul style="list-style-type: none"> • Coded with Place of Service (POS) “02” and modifier 95 or GT: • Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168 • PT/OT treatment codes 97110, 97112, 97530, and 97535 	<ul style="list-style-type: none"> • Commercial (Individual & Family and Employer plans) • Medicare Advantage (please confirm availability in your specific state.) • Medicaid Managed Care (please confirm availability in your specific state.) 	<p>Anthem Provider Newsletter—click on:</p> <ul style="list-style-type: none"> ➢ your state ➢ the type of plan ➢ “Information from Anthem for Care Providers about COVID-19” <p>**If you need assistance finding specific information, please email AOTA at regulatory@aota.org</p>

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					<ul style="list-style-type: none"> • PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are <u>not</u> appropriate via telehealth include: 97010–97028, 97032–97039, 97113–97124, 97139–97150, 97533, and 97537–97546. • For certain plans, telephonic-only care will <u>not</u> be covered for chiropractic services and physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. 		
Anthem Blue Cross CA	✓				<ul style="list-style-type: none"> • As of March 17, 2020, and until further notice • All Anthem-contracted providers can provide telehealth and telephonic services if clinically appropriate. <i>Exceptions for Medi-Cal members include chiropractic services, physical, occupational, and speech therapies. At this time the DHCS has not</i> 	<ul style="list-style-type: none"> • Fully insured employer plans • Individual plans • Medicare Advantage <p>*Self-insured plan sponsors may opt out of this program.</p>	Anthem Blue Cross of CA COVID-19 Provider Information

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					<p><i>authorized these services for telehealth or telephone.</i></p> <ul style="list-style-type: none"> • Cost sharing is waived for in-network from March 17 through September 30, 2020, for in-network providers and June 14 for out-of-network providers. Medicare Advantage cost sharing is waived through December 31, 2020. • For telehealth or telephonic services, providers should bill the same CPT® codes that they would normally bill for in-person visits with modifiers 95 or GT for synchronous or GQ for asynchronous and Place of Service (POS) code “02”. • As required by the State of California, telehealth and telephonic services must be paid at the same rate, whether a service is provided in-person or through telehealth or telephonically, if the service is the same regardless of the modality of delivery, as determined by the provider’s description of the service on the claim. 		

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					<ul style="list-style-type: none"> • For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT when billing CPT/HCPCS code on a CMS 1500 form. • Providers do not need to notify Anthem of temporary addresses for providing health care services during the COVID-19 emergency. Providers should continue to submit claims specifying the services provided using the provider's primary service address along with their current tax ID number. 		
BCBS Alabama	✓				<ul style="list-style-type: none"> • Effective March 1, 2020, through the end of the federal public health emergency. • Member cost-sharing (copayment, deductible, co-insurance) will vary by plan. • Must be performed with audio AND visual technology. 	<ul style="list-style-type: none"> • Commercial • Medicare Advantage 	<ul style="list-style-type: none"> • Telehealth Coverage Guidelines • Telehealth Billing Guide • Telehealth FAQs

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					<ul style="list-style-type: none"> • Max therapy limits apply to telehealth services as they would in person. • All Alabama Blue, new or established patients • CPT codes: 97110, 97112, 97530, 97535(-59), 97165-97166 (only Blue Preferred, not Blue Advantage) • Facilities should file the appropriate revenue code for the therapy service performed. Each claim must include one revenue line of 780 without any CPT/HCPCS codes or charges. For span-dated claims, only one line of revenue 780 is required. Max therapy limits apply to telehealth services as they would in person. 		
BCBS Arkansas	✓				<ul style="list-style-type: none"> • The changes are retroactive to April 1 and will be in effect through at least April 21, 2021. • There will be no waiver of cost share (e.g., copays, deductibles, and coinsurance) for these services and all contractual limitations, conditions, policies, and procedures will apply. 		<ul style="list-style-type: none"> • Arkansas BCBS Provider News June 2020 (Page 6) • Provider News—January, 2021

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					<ul style="list-style-type: none"> Codes must be submitted with place of service 02 and modifier 95 or GT to indicate billing of a telehealth service. Appropriate documentation commensurate with the level of service provided and submitted for payment is to be placed in the medical record. Only the following codes will be reimbursed for telemedicine. Telephonic codes do not apply. Occupational Therapy (OT)— 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97535, 92523 		
BCBS FEP					Practitioners should check with the BCBS plan that processes claims for Federal employees for more detailed information on telehealth coverage.		
BCBS Florida	✓	✓ (Medicare Advantage only)			<ul style="list-style-type: none"> Effective for dates of service beginning March 15 until further notice. Physical, Occupational, and Speech Therapy visits are available through virtual visits with in-network providers. Florida Blue will 	<ul style="list-style-type: none"> Commercial Medicare Advantage 	<ul style="list-style-type: none"> Florida Blue COVID-19 Update (May 2020) COVID-19 Update, September 9, 2020 COVID-19 Billing Guidelines

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					<p>reimburse these virtual visits provided by qualified health care professionals through interactive technology. CPT codes 97161–97168, 97110, 97116, 97530, 97112, 97535, 92507, 92521–92524, 92526, 96105, 97129–97130</p> <ul style="list-style-type: none"> • Benefits will be processed in accordance with the member’s plan. • The place of service should be the regular place of service as if you saw the patient in-person. • The modifier should be 95 or GT. 		
BCBS Illinois (HCSC)					<ul style="list-style-type: none"> • Effective March 19, 2020, BCBSIL began providing benefits to fully-insured members for health care services provided by in-network and out-of-network providers for all medically necessary covered services and treatments, consistent with the terms of the member’s benefit plan. • BCBSIL is continuing its expanded telehealth benefits program into 	<ul style="list-style-type: none"> • PPO • Blue Choice PPOSM plans • Telehealth benefits for medically necessary services are also available to eligible HMO members from providers in their medical group who offer telehealth (benefit plan requirements still apply, e.g., PCP referral requirements). 	<ul style="list-style-type: none"> • BCBS IL • BCBS IL Telehealth Benefits Continue in 2021

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					<p>2021, and waiving member cost-sharing will also continue in 2021.</p> <ul style="list-style-type: none"> • Providers of telehealth may include, but are not necessarily limited to, physicians; physician assistants; APRNs; licensed behavioral health, applied behavioral analysis, physical therapy, occupational therapy, and speech therapy service providers; as well as nutritionists and dieticians. • Any telehealth visit, whether in-network or out-of-network, for services related to COVID-19 will not be subject to benefit preauthorization requirements. • BCBSIL will reimburse providers for medically necessary services delivered via telehealth billed on claims with appropriate modifiers (95 and GT) in accordance with the member's benefits for covered services. • Available telehealth visits with BCBSIL providers currently include 2-way, live interactive telephone 		

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					communication and digital video consultations, and other methods allowed by state and federal laws.		
BCBS Kansas	✓	✓		✓	<ul style="list-style-type: none"> • In effect starting March 16, 2020, BCBSKS is expanding telehealth/virtual services until June 30, 2021. • Members will be responsible for their cost-share (co-pay, deductible) for telehealth and virtual services provided on or after July 1, 2020, according to the terms of the members' contracts. • Visits to providers that can be performed virtually will be paid at the same rate as an in-person office visit as long as the service is medically necessary and meets the criteria. • These temporary measures include medically reasonable virtual care encounters performed in lieu of in-person visits to outpatient clinics, hospitals, and emergency departments. This applies to all contracting provider types, not just those listed in the current BCBSKS 		<ul style="list-style-type: none"> • BCBS KS Telehealth Services Temporarily Expanded • Virtual Services Due to COVID-19 (UB-04 Billing) • Update: How BCBSKS is Responding to COVID-19 • Updated Guidance on COVID-19 Coverage

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					<p>policy applicable to virtual encounters.</p> <ul style="list-style-type: none"> • Telehealth services are limited to those which are patient initiated. Provider-initiated services are not eligible for telehealth. • Telehealth services are not limited to only COVID-19, but can include other medically necessary services that are medically reasonable to be performed through telehealth. • For providers or members who don't have access to secure video systems, telephone (audio-only) visits can be used for the virtual visit. Please use both Telehealth as Place of Service (02) and GT modifier for audio-only visits. • Billing for virtual therapies on a UB04 is effective 04/13/2020 and will remain in effect until June 30, 2020. Due to the public health emergency, BCBSKS is temporarily permitting hospital based providers to bill for some services provided virtually. 		

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					<ul style="list-style-type: none"> • To be eligible for coverage, it must be medically reasonable for such services to be provided using real-time, two-way audio and/or audio/visual communications. • Physical Therapy/ Occupational Therapy/ Speech-Language Therapy - Therapist should report the appropriate CPT or HCPCS code for services as if the patient presented at the hospital or, • Effective 04/16/2020, therapists can bill the following codes for virtual services: G2061-G2063, 98966-98968 • These services should be billed to BCBSKS with Revenue Code 0780 to ensure no member cost share will be applied. 		
BCBS Kansas City	✓	✓			<ul style="list-style-type: none"> • For dates of service beginning on March 9, 2020 until June 30, 2021. • These telehealth changes are available to in-network providers only. • E-Visit/Online Digital Assessment Services via email on the patient portal 		<ul style="list-style-type: none"> • BCBS KC Latest Updates on COVID-19 **Additional information may be available in the provider portal • BCBS KC Telehealth Policy (opens as a

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					<p>(codes G2061–G2063) for qualified non-physician health care provider including physical/occupational/speech therapists and licensed clinical psychologists. Non-face-to-face patient-initiated communication with their provider for assessment services for an established patient for up to 7 days, cumulative timed codes. These visits would be at no member cost share.</p> <ul style="list-style-type: none"> • The billing practice must have an established relationship with the patient, meaning the provider must have an existing provider-patient relationship. • The patient must initiate the inquiry for an E-Visit and verbally consent to check-in services. • The communications must be limited to a seven-day period through an "online patient portal." • Physical, Occupational or Speech Therapy virtual (video) therapy visits. You must use place of service 		<p>PDF—see page 3 for COVID-19 details</p>

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					02 for telehealth. These therapy visits are subject to member therapy cost share.		
BCBS Louisiana	✓				<ul style="list-style-type: none"> Effective for dates of service on and after March 16, 2020. They will continue to be effective until at least the end of the public health emergency. Any credentialed network physical, occupational, or speech therapist can provide limited telehealth encounters to replace office visits. Therapy providers must adhere to the above telehealth guidelines. Telehealth encounters must be performed using both audio and visual technology. Therapy providers filing claims for telehealth should use standard office billing practices and CPT codes along with a place of service code 11 and Modifier GT or 95. As a reminder, therapy providers billing telehealth services must continue to adhere to the billing and 		<ul style="list-style-type: none"> COVID-19 Provider Resources Telehealth Guidelines

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					<p>coding outlined in Section 5.8 Chiropractic and Physical Medicine Services guidelines of the Professional Provider Office Manual.</p> <ul style="list-style-type: none"> • Telehealth therapy services are limited to the following CPT codes: 92507*, 92521*, 92522*, 92523-92524*, 92526*, 92610*, 96105*, 97110*, 97112*, 97116*, 97161-97162*, 97164*, 97165-97166*, 97168*, 97530*, 97535* (Codes listed with an asterisk (*) are not listed in the Professional Provider Office Manual and have been added in response to the COVID-19 national emergency. Their inclusion is subject to periodic review and reconsideration. • Blue Cross will not reimburse telehealth services for CPT codes 97163 and 97167 due to their complexity requiring a face-to-face encounter and examination. • Claims will be paid using standard member cost shares. 		

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BCBS Massachusetts	✓				<ul style="list-style-type: none"> • Effective for dates of service retroactive to March 16, 2020, through the end of the public health emergency. • When you provide any telephonic services, do not bill the specific telephonic CPT codes. Bill all covered services that you render either by telehealth/video or telephone as if you are performing a face-to-face service using the codes that are currently on your fee schedule. • Practitioners must use modifier GT, 95, G0, or GQ (via synchronous/asynchronous telehealth audio and/or video telecommunications systems) to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient. • Any telehealth service must be reported with modifier GT, 95, G0, or GQ and place of service code 02. Blue Cross will allow the use of these modifiers and place of service code 		<ul style="list-style-type: none"> • BCBS MA COVID-19 Provider Central • BCBS MA COVID-19 Temporary Payment Policy • List of Ancillary and Behavioral Health Specialties

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BCBS Minnesota	✓				<p>on any code during the COVID-19 response period.</p> <ul style="list-style-type: none"> • Start date of 2/4/2020 through the duration of the public health emergency. • 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. • Blue Cross currently has policies that allow for reimbursement of eligible E-Visits, Telehealth, and Telephone Visits in accordance with the member benefits. All Commercial Blue Cross members have a benefit that covers telehealth services as defined in the Telehealth Services Reimbursement Policy. • Professional services that are always billed on an institutional claim (837I) 	<ul style="list-style-type: none"> • Commercial • Medicare Advantage 	<ul style="list-style-type: none"> • BCBS MN COVID-19 FAQs • BCBS MN Telemedicine policy • Updates to Telemedicine/Telehealth and Telephone Call Reimbursement Policies

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					<p>that are provided via telehealth should continue to be billed as if they were provided face-to-face for the duration of the National Health Emergency. Please add modifier "GT" to services provided via telehealth.</p> <ul style="list-style-type: none"> • For commercial members, telehealth services are reimbursed at the same rate as they would be for a face-to-face encounter in an office setting when billed with place of service (02). • When billing Medicare professional claims for non-traditional telehealth services for the duration of the Public Health Emergency (PHE), 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 actually performed via telehealth. 		
BCBS of Montana (HCSC)	✓				<ul style="list-style-type: none"> • Applies to claims with dates of service February 4, 2020, through the end 	<ul style="list-style-type: none"> • Fully insured • Employer plans 	<ul style="list-style-type: none"> • BCBS MT COVID-19 Telemedicine Questions and Answers

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					<p>of 2021, but member cost-shares will apply.</p> <ul style="list-style-type: none"> Licensed therapy providers (OTs, PTs, SLPs) may perform covered medically necessary therapy services via telemedicine. Via two-way, live interactive telephone and/or digital video consultations may provide medically necessary, covered telemedicine services, based on state statutes. BCBSMT follows CMS guidance regarding telemedicine claims. CMS advises providers to use originating place of service 02 (telemedicine). Additionally, to expedite claims, BCBSMT asks providers to add modifiers GQ or GT on lines of service not identified as telemedicine within the code description. 		<ul style="list-style-type: none"> BCBS MT COVID-19 Information Telemedicine Expansion for 2021
BCBS Nebraska	✓				<ul style="list-style-type: none"> From March 13, 2020, through June 30, 2020. Effective July 1, 2020, BCBSNE will update its telehealth services policy to a limited number of providers, including: 	<ul style="list-style-type: none"> Commercial Medicare Advantage 	<ul style="list-style-type: none"> BCBS Nebraska COVID-19 Updates

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					<p>Occupational therapists, Physical therapists, and Speech therapists.</p> <ul style="list-style-type: none"> • Member cost-shares will apply beginning January 1, 2021. • For Medicare Advantage members, we will continue to cover telehealth services for non-COVID-19 related services after July 1 for the remainder of the year, however, the applicable cost-shares/copays will apply. • Use place of service 02 and modifier 95 with the appropriate CPT codes. • Update 6/19/2020: BCBSNE will continue to pay eligible providers at the assigned office fee schedule rates and will require providers to use video and a HIPPA-secure platform to receive full payment. <p>The following information applies to Date of Services before July 1, 2020:</p> <ul style="list-style-type: none"> • BCBSNE will accept telehealth charges from any credentialed provider, with no video component 		

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					<p>required during this pandemic urgency period.</p> <ul style="list-style-type: none"> • A provider may bill using E&M codes, therapy codes, or telehealth codes and must use the modifier 95 and POS 02 for reimbursement. All codes will be covered at 100% of the provider's existing fee schedule. • Licensed PT, OT, and ST providers may perform covered medically necessary therapy services via telemedicine. • **As of November 1, 2020, institutional telehealth services are no longer a covered service, with the exception of OT, PT, and ST. 		
BCBS New Mexico	✓				<ul style="list-style-type: none"> • Effective March 9, 2020, members will have access to the expanded telemedicine services through Dec. 31, 2020, the cost-share waiver will end on Dec. 31, 2020* (there is currently no end date for the cost-share waiver, for COVID-19-related testing and treatment delivered by telemedicine for fully 	<ul style="list-style-type: none"> • BCBSNM's PPO • Blue Choice PPOS plans • Medicare Advantage • Medicare Supplement • Medicaid • Telehealth benefits for medically necessary services are also available to eligible HMO members from 	<ul style="list-style-type: none"> • BCBS NM Further Expands Telemedicine to All In-Network Providers • COVID-19 Initiatives Extended into June • Telemedicine – Future State

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					<p>insured and IBAC members). Copays, deductibles and coinsurance will apply after Dec. 31, 2020.</p> <ul style="list-style-type: none"> • For Medicare (not Part D) and Medicare Supplement plans, cost-share waiver extended through Dec. 31, 2020*Cost-share waivers for all plans will end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles, and coinsurance will be applicable to telemedicine visits. • Occupational therapy practitioners are eligible providers of telehealth services for Medicare Advantage members. • Any telemedicine visit, whether in network or out of network, for services related to COVID-19 will not be subject to benefit prior authorization requirements. • 2-way, live interactive telephone communication (during this COVID-19 emergency period) and real time audio and video consultations. 	<p>providers in their medical group who offer telehealth (benefit plan requirements still apply, e.g., PCP referral requirements).</p> <ul style="list-style-type: none"> • Employer group telehealth benefits may differ by plan 	

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					<ul style="list-style-type: none"> • 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. • Telehealth services should be billed with appropriate modifiers (95 and GT) in accordance with the member’s benefits for covered services. <p>** Moving into 2021 as the COVID-19 accommodations expire, telemedicine will continue to be a standard offering for BCBSNM members. Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine. After COVID-19 accommodations expire, we will cover telemedicine codes consistent with the code lists from: The Centers for Medicare and Medicaid Services (CMS) and The American Medical Association (AMA). This does not include CMS’ list of telehealth services for</p>		

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					<p>the public health emergency. Our self-funded employer group customers make decisions for their employee benefit plans. Check eligibility and benefits for any variations in member benefit plans. Providers of telemedicine may include, but are not necessarily limited to:</p> <ul style="list-style-type: none"> Physicians <ul style="list-style-type: none"> ○ Physician assistants ○ Advanced Practice Registered Nurses (APRNs) ○ Licensed behavioral health ○ Nutritionists ○ Dieticians 		
BCBS North Carolina	✓				<ul style="list-style-type: none"> • COVID-19 measures are in effect as of March 6, 2020. The telehealth measure has been extended through June 30,2021. • Visits to providers that previously required an in-person encounter can be performed virtually and will be paid at parity with office visits as long as they are medically necessary. • Telehealth claims could not be filed with Blue Cross NC 	<ul style="list-style-type: none"> • Commercial • Medicare Advantage 	<ul style="list-style-type: none"> • BCBS NC COVID-19 Updates • BCBS NC Corporate Reimbursement Policy for Telehealth

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					<ul style="list-style-type: none"> until March 21, 2020, with Telehealth used as Place of Service (02). To report audio/telephonic only modalities, append modifier—CR (Catastrophe/disaster related) to the applicable service code, and indicate Place of service—02. 		
BCBS Oklahoma (HCSC)	✓				<ul style="list-style-type: none"> From March 15, 2020, until December. 31, 2020. Telemedicine is covered for physical, occupational and speech therapies; professional claims may be submitted for services where the provider is acting within the scope of their state license, and the service being rendered can be performed via telemedicine and meets the definition of the procedure code billed. Claim should include POS 2 (professional) and appropriate modifier (95, GT, GQ). 	<ul style="list-style-type: none"> Commercial (fully insured and retail) Medicare Advantage 	<ul style="list-style-type: none"> Blue Cross and Blue Shield of Oklahoma Further Expands Telemedicine to All In-Network Providers BCBS OK Telemedicine
BCBS South Carolina	✓				<ul style="list-style-type: none"> Effective 01/01/2021 the expansion of telehealth services will continue to be allowed until further notice. Ongoing coverage 		<ul style="list-style-type: none"> BCBS SC Temporary Telehealth Coverage for PT, OT, and ST BCBS SC Telehealth Medical Policy

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					<p>will be continually assessed during the COVID-19 pandemic. Telehealth delivered via non-HIPAA-compliant technologies will remain noncovered. Occupational therapists are approved clinicians who may bill for telehealth services. To apply, please complete the Virtual Care Services application located on SouthCarolinaBlues.com and email the completed application to virtualcare@cbssc.com</p> <ul style="list-style-type: none"> • Must use simultaneous audio and video to bill for telehealth services, although their systems do not have to be HIPAA compliant. • NOTE: Telemedicine therapy visits will count toward the member's therapy visit limits/maximums (if applicable). • CPT codes must be submitted with the 95 modifier. • The following codes may be filed to reflect the services provided: 92507, 		<p>(agree to disclaimer and then scroll down to "Telehealth" policy – the temporary expansion is halfway down the page)</p>

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>92521-92526, 97110, 97112, 97129, 97130, 97161-97168, and 97530.</p> <ul style="list-style-type: none"> Effective immediately, 04/16/2020, <u>a temporary expansion of home health services and hospice services</u> will allow these services to be provided via telehealth when filed with a 95 modifier, subject to the member's benefits and limitations during the COVID-19 pandemic: 99341-99350, G0151-G0155, G0159-G0162, S9127-S9131, G0299, G0300, Q5001, S9123, S9124, T1030, T1031, 92507, 92521-92526, 97110, 97112, 97129, 97130, 97161-97168, and 97530. Provider will also need to submit an application for telehealth coverage. 		
BCBS Tennessee	✓				<ul style="list-style-type: none"> <i>As of May 14, 2020, BCBS TN is making <u>in-network telehealth services permanent.</u></i> Effective for dates of service March 18 through June 18, 2020. Specific outpatient PT/OT/ST CPT® codes are 	<ul style="list-style-type: none"> Commercial Medicare Advantage BlueCare Plus BlueCare TennCareSelect CoverKids 	<ul style="list-style-type: none"> BCBS TN Provider FAQ BCBS TN BlueCare Provider FAQ

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>included as part of the temporary expansion of telehealth services as a result of the COVID-19 emergency.</p> <ul style="list-style-type: none"> • All services provided are medically appropriate and necessary. • The services must take place in real time, and the patient and provider are connected via an interactive audio and video telecommunications system. BlueCross aligns with recent CMS regulations, which allow for telehealth visits via platforms like Apple FaceTime, Facebook Messenger video chat, Skype, Google Hangouts video and Zoom. • All relevant online communications about the member's medical care and follow-up are included in their medical record. • Any existing visit limitations and/or prior authorization requirements continue to apply. 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<ul style="list-style-type: none"> • If there is a COVID-19 diagnosis, the cost share for telehealth services performed by network providers is waived. If telehealth is being provided for other conditions, cost-share for members continues to apply. • When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 or your normal Place of Service code with a 95 modifier appended to the CPT/HCPCS code. • For BlueCare, TennCareSelect and CoverKids: • allowable CPT® codes (for OT): 97165–97168, 97110, 97112, 97530, and 97535 • Excluded from this temporary expansion of telehealth services: Any treatment that requires specialized hands-on care or specialized equipment, such as whirlpools, etc. This includes Athletic Trainings (97169–97172), 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>Modalities (97010–97039) and Group Therapies. Any member currently receiving group therapy should be considered for individual therapy via telehealth.</p>		
BCBS Texas (HCSC)	✓				<ul style="list-style-type: none"> • Effective March 10, 2020, HMO, PPO, and Medicare Advantage members have access through December 31, 2020. As of Jan. 1, 2021, for state regulated fully insured HMO and PPO members and self-funded employer group members, BCBS TX covers telehealth codes consistent with the permanent code lists (i.e., those codes that are not temporarily available for the duration of the public health emergency [PHE] or the year of the PHE) from: <ul style="list-style-type: none"> ○ The Centers for Medicare & Medicaid Services (CMS) ○ The American Medical Association (AMA) • No cost-sharing for in-network providers for all 		<ul style="list-style-type: none"> • BCBS TX Further Expands Telemedicine to In-Network Providers • Telehealth 2021

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>medically necessary, covered services and treatments consistent with the terms of the member's benefit plan.</p> <ul style="list-style-type: none"> • Any telemedicine visit, whether in network or out of network, for services related to COVID-19 will not be subject to benefit prior authorization requirements. • 2-way, live interactive telephone communication (during this COVID-19 emergency period) and real time audio and video consultations. • 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. • Telehealth services should be billed with appropriate modifiers (95, GT, and GQ) and Place of Service (02) in accordance with the member's benefits for covered services. 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
BCBS of Vermont	✓				<ul style="list-style-type: none"> • This policy is implemented on an emergency/temporary basis effective March 13, 2020. All temporary/emergency policies created for COVID-19 have been extended until July 1, 2021 (including CPP_27 Physical Therapy, Occupation Therapy and Speech Therapy by Telemedicine). • On a temporary/emergency basis, BCBSVT will pay for certain physical therapy, occupational therapy, and speech therapy services when: <ul style="list-style-type: none"> - Services are rendered via HIPAA-compliant audio/video telemedicine means, and - The visit is between a provider and a patient (or parent of a patient under the age of 12) • For services billed on a professional claim form, the provider must bill the telemedicine visit with a -95 modifier and place of service (02) (for CPT® codes) or -GT modifier (for HCPCS codes) so that the 		<ul style="list-style-type: none"> • BCBS VT Temporary Emergency Telemedicine Policies • Temporary/Emergency PT, OT, and ST Services by Telemedicine • BCBS VT Telemedicine Payment Policy • News from BCBSVT

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>use of telemedicine services may be identified. For services billed on a facility claim form with revenue codes (e.g., home health agency services), the provider should bill according to the terms of the provider's contract as if the service had been provided in person; in other words, these providers should NOT append the telemedicine modifiers and should NOT bill with place of service 02.</p> <ul style="list-style-type: none"> • Telemedicine Therapy Visits will Count Towards Therapy Visit Limits • CPT codes 97129, 97130, 97165–97168, 97535 		
BS of California	✓				<ul style="list-style-type: none"> • Professional and ancillary providers should bill for sessions that do not require hands-on care by indicating the appropriate CPT/HCPCS code for the service(s) they provided. • Continue documenting the services provided. • Professional ancillary providers should include modifiers 95 for 	<ul style="list-style-type: none"> • For services provided to Blue Shield commercial and Medicare Advantage HMO members, network IPA/medical groups are responsible for treatment costs. • Claims for commercial and Medicare Advantage PPO plan members should be sent to Blue Shield. 	<ul style="list-style-type: none"> • BS CA telehealth virtual care (opens a PDF) • BS CA Cost-sharing, Coding and Billing

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>synchronous rendering of services or GQ for asynchronous when billing for services provided via telehealth and the place of service is indicated is "02." BS CA strongly encourages HIPAA-compliant platforms.</p> <ul style="list-style-type: none"> As some providers are not set up to conduct HIPAA-compliant telehealth and may want to use other platforms during this public health emergency, approved emergency telehealth options are listed. Providers may use non-public-facing remote audio and/or video communication services to communicate with their patients. Examples of common CPT codes that fall into this category: PT-97110, OT-97530, SP-92507 	<ul style="list-style-type: none"> Blue Shield Promise providers should bill their participating medical group for services provided to Medicare Advantage (HMO), Cal MediConnect, and Medi-Cal members for medical care provided via telehealth. 	
CareFirst (BCBS for MD, DC, and parts of VA)	✓				<ul style="list-style-type: none"> Services for diagnosis, consultation, or treatment provided through telemedicine must meet all the requirements of a face-to-face consultation or contact between a licensed 	* These benefits are covered for fully insured members. They are partnering closely with their self-insured customers to implement similar measures.	<ul style="list-style-type: none"> COVID-19 telemedicine policy List of covered CPT codes

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>health care provider and a patient consistent with the provider's scope of practice for services appropriately provided through telemedicine services.</p> <ul style="list-style-type: none"> • Utilization review may be performed. • Documentation in the medical record must support the services rendered. • If you are currently not set up to conduct telemedicine, you can use a commercially available platform to conduct telemedicine visits. • If your practice has its own telemedicine capability (audio/video), proceed with visits and bill CareFirst as normal with a place of service "02" and refer to the coding guidance for accepted telemedicine procedure codes and modifiers. • Please see the list of covered CPT codes (Link in far right column) for modifier and POS code usage. These codes may 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>be re-evaluated after the public health emergency has subsided.</p>		
Cigna	✓				<ul style="list-style-type: none"> For dates of service on or after March 2, 2020, through December 31, 2020. Beginning January 1, 2021, Cigna has implemented a new Virtual Care Policy. PT/OT/ST providers can now deliver virtual care for any service if it is listed in the Virtual Care Reimbursement Policy. PT/OT/ST providers should also submit virtual claims with a GQ, GT, or 95 modifier and a face-to-face place of service code (e.g., POS 11). Services must be interactive and use both audio and video internet-based technologies. All technology used must be secure and meet or exceed federal and state privacy requirements. Cigna maintains all current medical necessity review criteria for virtual care at this time. 	<ul style="list-style-type: none"> Commercial plans Cigna's employer/union sponsored insured group health plans Insured plans for US based globally mobile individuals 	<p>Cigna OT, PT, ST policy (click on:</p> <ul style="list-style-type: none"> ➤ Provider Frequently Asked Questions for Coronavirus (COVID-19) ➤ “Virtual Care Services”) • Virtual Care • Virtual Care Reimbursement Policy

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<ul style="list-style-type: none"> • Cigna’s national ancillary partner American Specialty Health (ASH) is applying the same virtual care guidance, so any provider participating through ASH and providing PT/OT services to Cigna customers is covered by the same guidance. • Additionally, if a provider typically bills services on a UB-04 claim form, they can also provide those services virtually. In these cases, the provider should bill as normal on a UB-04 claim form with the appropriate revenue code and procedure code, and also append the GQ, GT, or 95 modifier. 		
Empire BCBS (Anthem) (Select counties in New York)	✓				<ul style="list-style-type: none"> • Effective March 16, 2020, through the end of the public health emergency. • Effective March 16, 2020, through April 4, 2021, Empire will waive member cost sharing for telehealth visits (by phone with video capability) with in-network, providers acting within the scope of their license. Out of network visits are also covered if the member’s 		<ul style="list-style-type: none"> • Information from Empire for Care Providers about COVID-19

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>benefit plan has out of network benefits.</p> <p>Telemedicine and telehealth visits for the listed physical, occupational, and speech therapies for visits should be coded with Place of Service (POS) code 02 and modifier "95" or "GT."</p> <ul style="list-style-type: none"> • Chiropractic services, physical, occupational, and speech therapies are not appropriate for telephone-only consultations. • Occupational (OT) therapy evaluation codes 97165, 97166, 97167, and 97168 • PT/OT treatment codes 97110, 97112, 97530, and 97535 • PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010–97028, 97032–97039, 97113–97124, 97139–97150, 97533, and 97537–97546. 		
Highmark BCBS (PA)	✓	✓ (For Medicare)	✓ (For Medicare)	✓ (For Medicare Advantage plans)	<ul style="list-style-type: none"> • Dates of service from March 13, 2020 through 	<ul style="list-style-type: none"> • Commercial group • Individual • Medicare Advantage 	<ul style="list-style-type: none"> • Telemedicine and Virtual Visits

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
		Advantage plans)	Advantage plans)		<p>June 30, 2021, unless otherwise noted.</p> <ul style="list-style-type: none"> • New patients will be permitted to receive telehealth until the Public Health Emergency (PHE) expires. • Highmark will temporarily relax its current telemedicine policy requirements as they relate to the specific communication applications used. 	**Does not apply to any self-insured employer group that has opted out.	<ul style="list-style-type: none"> • Highmark's Temporary Telemedicine Code List (Occupational Therapy codes are on pgs 15 & 16)
Horizon BCBS (New Jersey)	✓				<ul style="list-style-type: none"> • Effective March 1, 2020 through at least 90 days after the end of the public health emergency. • For commercial plans, use place of service (POS) code '02' or '11' • For Medicare Advantage plans, use place of service (POS) code '02' • Append modifier '95' or 'GT' where applicable • Member's cost share (co-payment, deductibles, coinsurance) shall be waived for the duration of the Public Health Emergency regardless of diagnosis, with the following exceptions: 	<ul style="list-style-type: none"> • Commercial/ASO plans and products • Medicare Advantage 	<ul style="list-style-type: none"> • Horizon Telemedicine Reimbursement Policy; Temporary Addendum for Commercial • Update: Cost-share waiver for telemedicine and COVID-19 testing extended • Commercial Procedure Code List • Horizon Telemedicine Reimbursement Policy; Temporary Addendum for Medicare Advantage

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<ul style="list-style-type: none"> - ASO groups (only for a diagnosis of COVID-19) - When performed by and Out-of-Network provider • Authorization and referral requirements are waived for telemedicine services during this temporary expansion. • Providers must maintain a complete and accurate record of all telemedicine services performed. 		<ul style="list-style-type: none"> • Medicare Advantage Procedure Code List
Humana	✓	✓	✓	✓	<ul style="list-style-type: none"> • The following applies only to professional services rendered during the COVID-19 PHE. • Humana Medicare Advantage plans now permit providers to bill for services provided via telehealth, including those that would ordinarily only be covered if furnished in person, to the same extent that Original Medicare does. (Humana was already permitting providers to bill for such services provided to members of commercial plans when CMS published CMS-5531-IFC.) 	<ul style="list-style-type: none"> • Commercial • Medicare Advantage 	<ul style="list-style-type: none"> • Humana Telehealth FAQs • Humana COVID-19 Telehealth and Other Virtual Services—Claims Payment Policy (This link opens a PDF, not a webpage.) • Humana Policy Guidance for Telehealth

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<ul style="list-style-type: none"> • Humana will cover in- and out-of-network telehealth services related to COVID-19, including Virtual Check-ins and Medicare e-visits. • For Medicare Advantage plans in 2021: Telehealth services are subject to any applicable member cost-sharing. However, MA plans have new benefits for telehealth services, many with no member cost-sharing. Therefore, members are not responsible for member cost sharing for an allowed in-network telehealth service, provided and reported consistent with this policy, for the following types of service as defined by Humana: <ul style="list-style-type: none"> • Primary care • Urgent care • Mental health or substance abuse care • For Commercial plans in 2021: No member cost-sharing for an allowed telehealth or other virtual service, provided and reported consistent with this policy, when rendered 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>pursuant to a Humana telehealth vendor partnership, for dates of service through June 30, 2021.</p> <ul style="list-style-type: none"> • Medical necessity, as well as applicable CMS guidelines, state regulations, and Humana policy rules will continue to apply to all services being delivered via telehealth. 		
Independence BC (PA)	✓				<ul style="list-style-type: none"> • From March 6, 2020–May 28, 2021, for Commercial plans and through the end of the PA public health emergency for Medicare Advantage plans, in addition to the existing telemedicine services coverage, telemedicine services are eligible for reimbursement consideration by Independence. • A new telehealth policy goes into effect on July 1, 2021. • The service must be medically necessary. • The service is able to be delivered using interactive, synchronous (real-time) 	<ul style="list-style-type: none"> • Commercial • Medicare Advantage 	<ul style="list-style-type: none"> • IBX News • Telemedicine Services for Independence Commercial Members • Telemedicine Services for Independence Medicare Advantage Members

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>two-way audio and video communications.</p> <ul style="list-style-type: none"> • Commercial: Eligible professional providers performing telemedicine services must report the appropriate modifier (Modifier GT or 95) and place-of-service (POS) code 02 (Telehealth) to ensure payment of eligible telemedicine services. • Eligible CPT codes for Commercial plans: Physical/Occupational Therapy: 97110, 97112, 97116, 97129, 97130, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97542, 97750, 97755, 97760, 97761 • Medicare Advantage: Eligible professional providers performing telemedicine services must report the appropriate POS code 02 (Telehealth) to ensure payment of eligible telemedicine services. • Eligible CPT codes for Medicare Advantage plans: Physical/Occupational Therapy 97110, 97112, 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>97116, 97129, 97130, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97542, 97750, 97755, 97760, 97761</p> <ul style="list-style-type: none"> • Facility services: Telemedicine evaluation and management (E&M) reported by facilities billing on a UB-04 claim form, or the equivalent form 837I, should report revenue code 0780 along with an appropriate E&M procedure code appended by Modifier GT or 95, as needed. • Ancillary services: Telemedicine ancillary services (e.g., PT/OT/ST) reported by facilities billing on a UB-04 claim form, or the equivalent form 837I, should report the appropriate revenue code along with the corresponding procedure code representing the service provided appended by Modifier GT or 95, as needed. 		
Medicare (Part B)	✓	✓	✓	✓	On April 30, 2020, CMS released an interim final rule		

Company	Tele-health	E-Visits (HCPCS codes)	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					that added therapists as eligible providers. Please see the AOTA website for additional information.		
Regence BCBS (ID, UT, OR, parts of WA)	✓				<ul style="list-style-type: none"> • Started March 19, 2020. • Regence will reimburse providers for telehealth services at the same rate as in-person visits into 2021 and will give 30 days notice of any change in coverage. • May conduct the telehealth visit with patient using audio or video. • Services must be able to be safely and effectively delivered via telehealth. • Must meet the code definition that is billed when provided via telehealth. • Must meet existing coverage criteria, including pre-authorization requirements and medical necessity. • The visits are considered the same as in-person visits and are paid at the same rate as in-person visits. 	<ul style="list-style-type: none"> • Individual • Group (including administrative-only services groups who have opted in to the telehealth expansion) • Medicare Advantage members • Out-of-network provider that provides services to Regence BCBS Medicare Advantage PPO members 	<ul style="list-style-type: none"> • Regence temporary updates to telehealth

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<ul style="list-style-type: none"> • The member’s copay, coinsurance, and deductible will apply to telehealth services, if applicable. • For claims to process correctly and to receive reimbursement consistent with an in-office visit, the place of service (POS) must be either POS 11, intensive outpatient (IOP), or partial hospitalization (P H). • The GT modifier will indicate that the services were rendered via telehealth. • Note: The location of the service does not need to be in an office. However, claims must be submitted using the instructions above to be paid at the same rate as an in-person visit. 		
TRICARE East (Humana)	✓				**Update: If a beneficiary meets all other criteria for a covered service for speech therapy and for continuation of PT/OT (but not initiation of PT/OT), it is covered using telemedicine, using any coding modifiers as you		Tricare East (Humana)—COVID-19 and telehealth

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>would for a TRICARE network provider office visit.</p> <ul style="list-style-type: none"> • Per the 5/1/2020 Interim Final Rule, TRICARE no longer requires providers to be licensed in the state where care is both delivered and received. However, state and federal licensing requirements must be followed. • Per the 5/1 Interim Final Rule, cost-sharing is waived for telehealth services. • Per the 5/1 Interim Final Rule, TRICARE will permit audio-only services when audio-visual communication is not possible. • HIPAA compliant platform • Synchronous—use CPT code with GT modifier, place of service 02 • Asynchronous—use CPT code with GQ modifier • Pediatric home health telehealth services are covered as long as there is prior authorization for TELEHEALTH on file prior to provision of services. At this time telehealth visits are being reimbursed at 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					100% of the home health rate.		
TRICARE West (Health Net Federal Services)	✓				<ul style="list-style-type: none"> • Per the 5/1/2020 Interim Final Rule, TRICARE no longer requires providers to be licensed in the state where care is both delivered and received. However, state and federal licensing requirements must be followed. • Per the 5/1 Interim Final Rule, cost-sharing is waived for telehealth services. • Per the 5/1 Interim Final Rule, TRICARE will permit audio-only services when audio-visual communication is not possible. • Video conferencing platforms must meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA). 		Tricare West (Health Net Federal Services)—COVID-19 and telehealth
United Healthcare	✓				<ul style="list-style-type: none"> • For in-network providers, UnitedHealthcare will extend the expansion of telehealth access through Dec. 31, 2020, for individual and fully insured group plans. From Jan. 1, 2021, UnitedHealthcare will cover all in-network 	<ul style="list-style-type: none"> • Medicare Advantage • Medicaid • Individual • Fully insured Group Market health plan members 	<ul style="list-style-type: none"> • UHC OT, PT, ST Policy • List of Covered Codes • UHC COVID-19 Date Provision Guide • UHC Telehealth and Telemedicine Policy

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>telehealth services as outlined in the current CMS guidelines and additional codes as outlined in our telehealth reimbursement policy. For in- and out-of-network providers,</p> <p>UnitedHealthcare will extend the expansion of telehealth access through Dec. 31, 2020, for Medicare Advantage plans.</p> <ul style="list-style-type: none"> Physical Health, Occupational, and Speech Therapy: UnitedHealthcare will reimburse certain physical, occupational, and speech therapy (PT/OT/ST) Telehealth services provided by qualified health care professionals rendered via interactive audio and video technology. Services submitted on a CMS 1500 form should include: Code(s) from the list of specific physical, occupational, and speech therapy Telehealth services (see the PT/OT/ST Telehealth Eligible Services Code List in the Attachments section on 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
					<p>the right), and the appropriate place of service code 02 in Box 24B.</p> <ul style="list-style-type: none"> • All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable • Starting March 18, 2020. COVID-19 telehealth service coverage and related cost-share waivers for Individual and fully insured Group Market and Medicare Advantage health plan members are extended through July 24, 2020, for out-of-network providers and through September 30, 2020, for in-network providers. UHC will adhere to state regulations for Medicaid plans. 		

Company	Tele-health	E-Visits	Virtual Check-Ins	Telephone Assessment & Management	Important Notes	Plans to which the policy applies	Website
Wellmark BCBS (Iowa, South Dakota)	✓				<ul style="list-style-type: none"> • Wellmark will continue payment parity for appropriate medical and behavioral health virtual visits with an in-network provider in Iowa until June 30, 2021, and in South Dakota until further notice. • Cost share waivers ended on August 31, 2020. • Providers should bill the appropriate CPT codes for the services provided (see list in Wellmark link.) • Use place of service 02 (telehealth) on the claim for interactive audio-video or telephonic visits. • Do NOT use a GT or 95 modifier, or the claim will be denied. • Providers conducting telephonic-only visits with Wellmark’s members during this period must document in their medical records that the visit was conducted via telephone. • CPT codes: 97110, 97112, 97165-97168, 97530, 97535 		<ul style="list-style-type: none"> • Wellmark Telehealth Policy