

# Commercial Payer Telehealth or E-Visits Coverage



As things rapidly develop regarding the COVID-19 pandemic, payer policies around telehealth are continuously evolving. Below is a summary of the status of commercial payers that are covering some form of telehealth or e-visits, based on information they have released. The information is current as of the “Date Updated” for each payer, and APTA will continue to make updates when new information is confirmed. This a summary only; refer to your payer policies for the most accurate and current information and for additional contractual, coding, and billing guidance.

Many commercial payers continue to reassess their telehealth policies as it pertains to physical therapy services. Please consult your provider representative or refer to the provider section of the payer’s website for guidance.

**Payers designated in bold font with (#) symbol in column 1 have adopted permanent policies for physical therapist services provided via telehealth.**

Payer	Details	Reference	Date Updated	Expiration Date
Aetna	Aetna will cover the telehealth-based delivery of the services and procedures by PTs for CPT codes 97161, 97162, 97163, 97164, 97110, 97112, 97116, 97535, 97755, 97760, and 97761. The telehealth care must be provided as a two-way synchronous (real-time) audiovisual service. Providers are required to use POS 02 and append the GT modifier to the codes. Please refer to the Telemedicine Policy for services covered. Commercial coverage of physical therapy delivered via telemedicine has been extended through 12/31/2020. In the commercial space, cost sharing is only waived for covered behavioral health visits. Physical therapy services require an audiovisual connection for coverage. Some provider specific information can be found on the Availity portal. Please note	<a href="https://www.aetna.com/health-care-professionals.html">https://www.aetna.com/health-care-professionals.html</a>  Aetna’s telemedicine policy is available to providers on the Availity and NaviNet portals.  FAQ <a href="https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html">https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html</a>	1/27/2021	12/31/2020

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	<p>providers should call provider services or access the most up to date information through the Availity site. Changes continue to happen on a regular basis.</p>			
AllWays	<p>Providers are eligible to provide services via telehealth and to bill the Current fee schedule code set, with modifiers GT or 95, POS 02; or the following telephonic/digital codes: 98966-98968 or 98970-98972 (where applicable)</p>	<p><a href="https://provider.allwayshealthpartners.org/administrative-newsletter-archive/may-2020?utm_source=hs_email&amp;utm_medium=email&amp;utm_content=86883175&amp;hsenc=p2ANqtz-9kGNZ5t5Ws1eQTwy4J7qK6TiGtA7_5fYi7P04TyOeRIA2eJH5Yepu2xmfajV2Ht6a8_q-3gl_Jx7_mPNQb4gVX53hZaw&amp;hsmi=86883175#COVID">https://provider.allwayshealthpartners.org/administrative-newsletter-archive/may-2020?utm_source=hs_email&amp;utm_medium=email&amp;utm_content=86883175&amp;hsenc=p2ANqtz-9kGNZ5t5Ws1eQTwy4J7qK6TiGtA7_5fYi7P04TyOeRIA2eJH5Yepu2xmfajV2Ht6a8_q-3gl_Jx7_mPNQb4gVX53hZaw&amp;hsmi=86883175#COVID</a></p>	1/27/2021	<p>Policy exists throughout the state of emergency.</p>
American Specialty Health	<p>American Specialty Health released a telehealth policy that applies to its Cigna business in varied regions of the country. This impacts ASH-contracted providers in CA, TX, NV, AZ, FL, southeast, northeast, and mid-Atlantic. Effective dates March 2 through May 31, 2020.</p>	<p>Following CIGNA guidelines</p>	1/27/2021	<p>7/31/2020</p>
<p><b>AmeriHealth, Independence Blue Cross (#PA)</b> (NJ and NH)</p>	<p>This policy has been reissued to clarify this policy applies to AmeriHealth products with the exception of AmeriHealth New Jersey - <b>does not apply to members enrolled in Amerihealth New Jersey products.</b></p> <p>For NJ: For members enrolled in HMO or HMO-POS products with primary care provider capitation, any capitated services (e.g., physical therapy) must be referred to the primary care provider's designated capitated sites.</p>	<p><a href="https://medpolicy.amerihealth.com/ah/Commercial/Pages/Policy/bb822d71-9eb6-4834-9c76-eb0ce4669613.aspx">https://medpolicy.amerihealth.com/ah/Commercial/Pages/Policy/bb822d71-9eb6-4834-9c76-eb0ce4669613.aspx</a></p>	6/6/2022	<p>Refer to the policy for each jurisdiction as expiration dates vary.</p> <p>PA Only: Permanent adoption of telehealth effective 01/01/2021.</p> <p>For NJ: maybe longer if the duration of the PHE as described in</p>

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				Executive Order 103; supersedes Policy #00.10.42c Telemedicine and Telehealth.
Anthem Blue Cross - CA	<p>All Anthem contracted providers can provide telehealth services if clinically appropriate. For telehealth services, providers should bill the same CPT codes that they would normally bill for in-person visits, with modifier GT and POS code 02.</p> <p>PT require face-to-face interaction and therefore are not appropriate for telephone-only consultations.</p> <p>Exceptions for Medi-Cal members include chiropractic services, physical, occupational, and speech therapies. At this time the DHCS has not authorized these services for telehealth or telephone.</p>	<p><a href="https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5">https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5</a></p>	7/1/2021	Varies for each line of business and place of service. Refer to policy for details. Extended coverage through 10/31/21. If any portions of our coverage sunset, it would account for state regulations and requirements, as has happened throughout the PHE.
Anthem BCBS - Colorado	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate Telehealth place of service</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service</p>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	5/5/2022	Varies for each line of business and place of service. Refer to policy for details Health Plan allows reimbursement for professional or facility Virtual Visits when interactive

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	<p>reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> </ul> <p><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul> <p><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate place of service code for the provider rendering in-person services to the member</li> <li>• The appropriate HCPCS code for the originating site fee</li> </ul> <p><b>Non-Reimbursable:</b> PT services provided without live audio/visual communication</p>			<p>services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.</p>
<p>Anthem BCBS – Connecticut</p>	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate</li> </ul>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	<p>5/5/2022</p>	<p>Varies for each line of business and place of service. Refer to policy for details</p>

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	<p>Telehealth place of service</p> <ul style="list-style-type: none"> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> </ul> <p><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul> <p><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate place of service code for the provider rendering in-person services to the member</li> <li>• The appropriate HCPCS code for the originating site fee</li> </ul>			<p>Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.</p>

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	<p><b>Non-Reimbursable:</b> PT services provided without live audio/visual communication</p>			
<p>Anthem BCBS-Georgia</p>	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate Telehealth place of service</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> </ul> <p><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul> <p><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the</p>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	<p>5/5/2022</p>	<p>Varies for each line of business and place of service. Refer to policy for details Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.</p>

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	following: <ul style="list-style-type: none"> <li>• The appropriate place of service code for the provider rendering in-person services to the member</li> <li>• The appropriate HCPCS code for the originating site fee</li> </ul> <b>Non-Reimbursable:</b> PT services provided without live audio/visual communication			
Anthem BCBS - Indiana	Place of Service (POS) “02” and modifier 95 or GT: Physical therapy evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. 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.	<a href="https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19-6">https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19-6</a>	7/1/2021	Varies for each line of business and place of service. Refer to policy for details Extended coverage through 10/31/21. If any portions of our coverage sunset, it would account for state regulations and requirements, as has happened throughout the PHE.
Anthem BCBS - Kentucky	Place of Service (POS) “02” and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. 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.	<a href="https://providernews.anthem.com/kentucky/article/information-from-anthem-for-care-providers-about-covid-19-7">https://providernews.anthem.com/kentucky/article/information-from-anthem-for-care-providers-about-covid-19-7</a>	7/1/2021	Varies for each line of business and place of service. Refer to policy for details.  Extended coverage

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				through 10/31/21. If any portions of our coverage sunset, it would account for state regulations and requirements, as has happened throughout the PHE.
Anthem BCBS - Maine	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate Telehealth place of service</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	5/5/2022	Varies for each line of business and place of service. Refer to policy for details Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.



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	<ul style="list-style-type: none"> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> <li><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:               <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul> </li> <li><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the following:               <ul style="list-style-type: none"> <li>• The appropriate place of service code for the provider rendering in-person services to the member</li> <li>• The appropriate HCPCS code for the originating site fee</li> </ul> </li> <li><b>Non-Reimbursable:</b> PT services provided without live audio/visual communication</li> </ul>			
Anthem BCBS - Missouri	<p>Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. 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.</p>	<p><a href="https://anthempc-attachments-prod.s3.us-west-2.amazonaws.com/pdf/articles/Information%20from%20Anthem%20for%20Ca...%20-%20mo4425.pdf">https://anthempc-attachments-prod.s3.us-west-2.amazonaws.com/pdf/articles/Information%20from%20Anthem%20for%20Ca...%20-%20mo4425.pdf</a></p>	7/1/2021	<p>Varies for each line of business and place of service. Refer to policy for details Extended coverage through 10/31/21. If any portions of our coverage sunset, it would account for state regulations and requirements, as has happened throughout the PHE.</p>

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<p>Anthem BCBS – New Hampshire</p>	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate Telehealth place of service</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> </ul> <p><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul> <p><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate place of service code for the</li> </ul>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	<p>5/5/2022</p>	<p>Varies for each line of business and place of service. Refer to policy for details</p> <p>Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.</p>

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	<p>provider rendering in-person services to the member</p> <ul style="list-style-type: none"> <li>• The appropriate HCPCS code for the originating site fee</li> </ul> <p><b>Non-Reimbursable:</b> PT services provided without live audio/visual communication</p>			
<p>Anthem BCBS - Nevada</p>	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate Telehealth place of service</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> </ul> <p><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service</li> </ul>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	<p>5/5/2022</p>	<p>Varies for each line of business and place of service. Refer to policy for details Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.</p>

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	<p>rendered</p> <ul style="list-style-type: none"> <li>• The appropriate CPT/HCPCS code</li> </ul> <p><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate place of service code for the provider rendering in-person services to the member</li> <li>• The appropriate HCPCS code for the originating site fee</li> </ul> <p><b>Non-Reimbursable:</b> PT services provided without live audio/visual communication</p>			
Anthem BCBS - Ohio	<p>Professional Virtual Visits rendered at the distant site, via live video through a secure and private data connection, and must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• Place of service (02) or (10) to indicate Telehealth place of service</li> <li>• The appropriate CPT/HCPCS code</li> <li>• The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section</li> </ul> <p>Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for non-office place of service reimbursement.</p> <p><b>Professional Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following: Place of service appropriate to the location of the billing provider. The appropriate CPT/HCPCS code</p> <p><b>Facility Virtual Visits</b> rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:</p> <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul>	<p><a href="https://www.anthem.com/docs/public/inline/C-08002.pdf">https://www.anthem.com/docs/public/inline/C-08002.pdf</a></p>	5/5/2022	<p>Varies for each line of business and place of service. Refer to policy for details</p> <p>Health Plan allows reimbursement for professional or facility Virtual Visits when interactive services occur between the member and the provider, when they are not in the same location, unless provider, state, or federal contracts and/or mandates indicate otherwise.</p>

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	<ul style="list-style-type: none"> <li>• The applicable telehealth modifier indicated in the Related Coding section</li> <li><b>Facility Virtual Visits</b> rendered for Remote Patient Monitoring must be submitted with the following:               <ul style="list-style-type: none"> <li>• The appropriate Revenue Code for the service rendered</li> <li>• The appropriate CPT/HCPCS code</li> </ul> </li> <li><b>Facility Virtual Visits</b> rendered at the originating site must be submitted with the following:               <ul style="list-style-type: none"> <li>• The appropriate place of service code for the provider rendering in-person services to the member</li> <li>• The appropriate HCPCS code for the originating site fee</li> </ul> </li> <li><b>Non-Reimbursable:</b> PT services provided without live audio/visual communication</li> </ul>			
Anthem BCBS - Virginia	<p>Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (<del>PT</del>) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535</p> <p>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.</p>	<p><a href="https://providernews.anthem.com/virginia/article/information-from-anthem-for-care-providers-about-covid-19-updated-april-22-2020">https://providernews.anthem.com/virginia/article/information-from-anthem-for-care-providers-about-covid-19-updated-april-22-2020</a></p>	7/1/2021	<p>Varies for each line of business and place of service. Refer to policy for details. Extended coverage through 10/31/21. If any portions of our coverage sunset, it would account for state regulations and requirements, as has happened</p>

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				throughout the PHE.
Anthem BCBS - WI	<p>For COVID-19 treatments via telehealth visits, affiliated health plans will cover telehealth and telephonic-only visits from in-network providers and will waive cost shares through January 31, 2021. For telehealth services not related to the treatment of COVID-19 from telehealth provider, LiveHealth Online, cost sharing will be waived from March 17, 2020 through May 31, 2021, for our fully-insured employer, individual, and where permissible, Medicaid plans. Medicare Advantage members pay no member cost share for LiveHealth Online, regardless of national emergency. Telephonic-only care: Effective from March 19, 2020, through May 31, 2021, Anthem’s affiliated health plans will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required by law. This includes covered visits for fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost shares will be waived for in-network providers only. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in.</p>	<p><a href="https://providernews.anthem.com/wisconsin/article/information-from-vwvermont-for-care-providers-about-covid-19-10">https://providernews.anthem.com/wisconsin/article/information-from-vwvermont-for-care-providers-about-covid-19-10</a></p>	7/1/2021	<p>Varies for each line of business and place of service. Refer to policy for details. Extended coverage through 10/31/21. If any portions of our coverage sunset, it would account for state regulations and requirements, as has happened throughout the PHE.</p>
Arise Health Plans (WPS Solutions)	<p>Eligible provider includes PT. Telehealth services must be submitted with POS 02 and appropriate corresponding modifier (GQ, GT, or 95)</p>	<p><a href="https://secure.wecareforwisconsin.com/documents/Providers/Coverage%20Policy%20Bulletins/Telehealth%20Telemedicine%20COVID-19%20Temporary.pdf">https://secure.wecareforwisconsin.com/documents/Providers/Coverage%20Policy%20Bulletins/Telehealth%20Telemedicine%20COVID-19%20Temporary.pdf</a> (see pages 2-3)</p>	2/18/2021	<p>Effective Date: This is a <b>temporary</b> policy effective 03/23/2020 to 05/31/2021; it may be extended and/or revised at the discretion of the Health Plan.</p>

Payer	Details	Reference	Date Updated	Expiration Date
Avera Health Plans	Expanded telehealth codes, includes PT will be permitted during the period March 17-June 30. Expansion period will be evaluated in early June for potential extension, and code list may be subject to additional updates.	<a href="https://www.averahealthplans.com/insurance/providers/covid-resources/">https://www.averahealthplans.com/insurance/providers/covid-resources/</a> . For list of expanded codes go to <a href="https://www.averahealthplans.com/app/files/public/1607/COVID-TeleHealth-Codes.pdf">https://www.averahealthplans.com/app/files/public/1607/COVID-TeleHealth-Codes.pdf</a>	1/27/2021	6/30/2020
Blue Cross of Idaho	Telehealth Virtual Care Services (“Telehealth”) can be furnished through the use of synchronous or asynchronous telecommunication to deliver patient health care services. It may be considered a medically necessary diagnostic and therapeutic option when indicated when a professional relationship exists or can reasonably be established in accordance with applicable state laws and regulations between the healthcare professional at the distant site and the patient.	<a href="https://providers.bcidaho.com/resources/pdfs/providers/alerts/112321PhysclThrpyTlhlth.pdf">https://providers.bcidaho.com/resources/pdfs/providers/alerts/112321PhysclThrpyTlhlth.pdf</a>	4/5/2022	Varies for each line of business and place of service. Refer to policy for details.
Blue Cross of Idaho Medicare Advantage: TrueBlue HMO SecureBlue PPO	Medicare Advantage (MA) plan benefits will include coverage for physical therapy services provided through telehealth. Telehealth therapy services can include consultation, diagnosis and treatment by a physical therapist, physical therapy assistant, occupational therapist or occupational therapy assistant for up to 10 visits: If members choose to receive physical therapy services by telehealth, they must use an in-network provider who offers the service by telehealth: Members must contact the physical therapy provider to verify services available for telehealth: Physical therapy telehealth services are limited to 10 visits per calendar year: Copayments for physical therapy telehealth services do not apply to members’ annual out-of-pocket amount.	<a href="https://providers.bcidaho.com/resources/pdfs/providers/alerts/112321PhysclThrpyTlhlth.pdf">https://providers.bcidaho.com/resources/pdfs/providers/alerts/112321PhysclThrpyTlhlth.pdf</a>	4/5/2022	Effective date 1/1/2022
BCBS-Alabama	*Check payer policy as BCBS of Alabama offers multiple lines of business that feature slight variations in allowable services* All codes should be billed with Place of Service Code 02	<a href="https://providers.bcbsal.org/portal/documents/10226/3494887/Telehealth+Billing+Guide/b92b12c5-585f-471c-5921-72465c49b16f">https://providers.bcbsal.org/portal/documents/10226/3494887/Telehealth+Billing+Guide/b92b12c5-585f-471c-5921-72465c49b16f</a> and	1/27/2021	This expansion of services will expire Dec. 31, 2020. We will

Payer	Details	Reference	Date Updated	Expiration Date
	<p>– Telehealth. No telehealth modifier is required unless indicated in a section below. Only the codes identified below have been approved for use during. For complete information, refer to our Telehealth Billing.</p>	<p><a href="https://providers.bcbsal.org/portal/resources/-/resource/viewArticle/IPUHRNMPXV">https://providers.bcbsal.org/portal/resources/-/resource/viewArticle/IPUHRNMPXV</a></p>		<p>continue to evaluate to determine whether a further extension is needed.</p>
<p>BCBS – Arkansas</p>	<p>PT telehealth covered; temporary changes apply exclusively to members of Arkansas Blue Cross and Health Advantage fully insured health plans. The changes are retroactive to April 1 and will be in effect through at least May 15, 2020, and could be extended after that, if circumstances warrant. Only the following codes will be reimbursed for telemedicine. Telephonic codes do not apply: PT—97161, 97162, 97163, 97164, 97110, 97112, 97116, 97535</p>	<p><a href="https://www.arkansasbluecross.com/providers/medical-providers/providers-news">https://www.arkansasbluecross.com/providers/medical-providers/providers-news</a></p>	<p>11/18/2021</p>	<p>Check payer policy for specifics - policy may exist throughout the state of emergency.</p>
<p>BCBS - Illinois</p>	<p>Cost-share waiver will end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will be applicable to telemedicine visits.</p> <p>After COVID-19 accommodations expire, we will cover telemedicine codes consistent with the code lists from: Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA). The following PM and R CPT codes are included: 97110/97112/97116/97150. CPT code for PT evals are not included in this policy. PT's are not excluded from the list but are not specifically listed as providers. Submit claims for medically necessary services delivered via telemedicine with the appropriate modifiers (95, GT, GQ) and Place of Service (POS) 02 or POS that would have been billed had the services been delivered face to face. Note: If a claim is</p>	<p><a href="https://www.bcbsil.com/covid-19-producers/alerts-announcements/10-14-2020-treatment-cost-share-waiver-extended">https://www.bcbsil.com/covid-19-producers/alerts-announcements/10-14-2020-treatment-cost-share-waiver-extended</a></p>	<p>1/27/2021</p>	<p>Cost-share waiver will end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will be applicable to telemedicine visits.</p>



Payer	Details	Reference	Date Updated	Expiration Date
	submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier			
BCBS – Kansas (State of Kansas)	<p>Outpatient Physical Therapy virtual (video) therapy visits: use place of service 02 for telehealth. These therapy visits are subject to member therapy cost share. These telehealth changes are available to in-network providers only</p> <p>Due to the public health emergency, hospital-based PT providers temporarily are permitted to bill for services provided virtually. 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. These services should be billed with Revenue Code 0780. Therapists should report the CPT or HCPCS code for services as if the patient presented at the hospital. No member cost share will be applied when services are billed with Revenue Code 0780.</p>	<u>Telehealth</u>	2/3/20021	When the public health emergency is declared over.
BCBS Kansas City Missouri	<p>Physical Therapy virtual (video) therapy visits: use place of service 02 for telehealth. PT visits are subject to member therapy cost share. Added modifiers 95, G0, GT, and GQ, added Place of Service 02 – Telehealth is the location where health services and health related services are provided or received through a telecommunication system. Added a section for the originating site for the HCPCS Q3104 (telehealth originating site).</p>	<u><a href="https://providers.bluekc.com/ContactUs/PaymentPolicies">https://providers.bluekc.com/ContactUs/PaymentPolicies</a></u>	12/16/2021	Check payer policy for specifics - policy may exist throughout the state of emergency.

Payer	Details	Reference	Date Updated	Expiration Date
BCBS-Louisiana	<p>Credentialed network physical therapists can provide limited telehealth encounters to replace office visits. Therapy providers must adhere to telehealth guidelines. Therapy providers filing claims for telehealth should use standard office billing practices and CPT codes along with POS code 11 and Modifier GT or 95.</p> <p>Telehealth therapy services are limited to the following CPT codes: 97161, 97162, 97164, 97110, 97112, 97116, 97530, 97535, 97165, 97166, 97168, 92507, 92521, 92523, 92524, 92610, 96105, 92522, 92526.</p> <p>Claims will be paid using standard member cost shares.</p>	<p><a href="https://files.constantcontact.com/de2417c8101/b9f6ab6c-436f-43bd-98af-55c581b03f6d.pdf">https://files.constantcontact.com/de2417c8101/b9f6ab6c-436f-43bd-98af-55c581b03f6d.pdf</a></p>	1/27/2021	For the duration of the Louisiana state of emergency.
BCBS-Massachusetts	<p>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. You must use one of the following telehealth modifiers listed (GT, 95, and GQ) and POS 02.</p>	<p><a href="https://provider.bluecrossma.com/ProviderHome/portal/home/news/news/office-support">https://provider.bluecrossma.com/ProviderHome/portal/home/news/news/office-support</a></p> <p>(Click on COVID19 latest news)</p>	1/27/2021	For the duration of the Massachusetts state of emergency.
BCBS-Michigan and BlueCare Network	<p>An eligible provider is any practitioner who is able to bill independently and receive direct reimbursement for services, Use the modifier that is appropriate for the code.GT – Via interactive audio and video telecommunications systems OR 95 – Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system. POS 02 – Telehealth Provided Other than in Patient’s Home. 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 10 – Telehealth Provided in</p>	<p><a href="https://www.bcbsm.com/amslibs/content/dam/public/mpr/mprsearch/pdf/2121766.pdf">https://www.bcbsm.com/amslibs/content/dam/public/mpr/mprsearch/pdf/2121766.pdf</a></p>	4/5/2022	<p>Effective: 3/1/2022</p> <p>Could vary for each line of business and place of service. Refer to policy for details.</p>

Payer	Details	Reference	Date Updated	Expiration Date
	<p>the Patient's Home. 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.</p>			
BCBS-Minnesota	<p>Expanding the types of services that can be provided via telehealth channels, including physical therapy.</p>	<p><a href="https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_12332836">https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_12332836</a></p> <p><a href="https://www.bluecrossmn.com/about-us/newsroom/coronavirus-how-we-are-responding-covid-19">https://www.bluecrossmn.com/about-us/newsroom/coronavirus-how-we-are-responding-covid-19</a></p>	1/27/2021	12/31/2020
BCBS - Mississippi	<p>Telemedicine Network Providers must ensure that Telehealth Services are reported utilizing the most accurate information including, but not limited to, the current CPT/HCPCS procedure codes, ICD-10 diagnosis codes, modifiers, and place of service codes based on the services rendered. Coverage and non-coverage of Telehealth Services are subject to contract benefits and medical necessity.</p> <p>This policy is applicable to all lines of business, excluding the Mississippi State and School Employees' Life and Health Insurance Plan. Please refer to the Mississippi State and School Employees' Health and Life Insurance Plan Telehealth Coding Policy for reporting guidelines for Mississippi State and School Employees' Life and Health Insurance Plan.</p>	<p><a href="https://www.bcbsms.com/coding-policy-search#/policy-detail?id=0a8927ed-a9d0-43bd-90bb-c71d96317037">https://www.bcbsms.com/coding-policy-search#/policy-detail?id=0a8927ed-a9d0-43bd-90bb-c71d96317037</a></p>	5/27/2021	Available up through the year in which the PHE ends.
BCBS – Montana	<p>PT providers may perform covered medically necessary therapy services via telemedicine. Services should be billed using POS 02 and the GT modifier.</p>	<p><a href="https://www.bcbsmt.com/provider/education-and-reference/news?lid=k8cxumar">https://www.bcbsmt.com/provider/education-and-reference/news?lid=k8cxumar</a></p>	1/27/2021	12/31/2020

Payer	Details	Reference	Date Updated	Expiration Date
	<p>The cost-share waiver will end on Dec. 31, 2020. Starting Jan. 1, 2021, copays, deductibles and coinsurance will be applicable to telemedicine visits. The cost share varies according to the member's benefit plans. Some telemedicine care may require referrals and prior authorizations in accordance with the member's benefit plan. In accordance with state statute, we will also cover the following codes: 97110, 97112. Check eligibility and benefits for any variations in member benefit plans. Self-funded employer group customers make decisions for their employee benefit plans.</p>			
BCBS-Nebraska	<p>Telehealth charges accepted from any credentialed provider with <b>no video component required</b> during this pandemic urgency period. Providers may bill using 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. Facility claims submitted on a UB for Telehealth are allowed. Use modifier 95 to identify such claims. PTs can continue to use telehealth after June 30, 2020. Video and HIPAA-secure platform will be required.</p>	<p><a href="https://www.nebraskablue.com/en/Providers/COVID-19">https://www.nebraskablue.com/en/Providers/COVID-19</a></p>	1/27/2021	Unknown
BCBS – New Mexico	<p>Physical therapists are eligible providers of telehealth services. Providers will be reimbursed for medically necessary services delivered via telemedicine and billed on claims with appropriate <b>modifiers (95 and GT)</b> in accordance with the member's benefits for covered services.</p>	<p><a href="https://www.bcbsnm.com/provider/news/2020_03_30.html">https://www.bcbsnm.com/provider/news/2020_03_30.html</a></p>	1/27/2021	12/31/2020

Payer	Details	Reference	Date Updated	Expiration Date
	<p>If a claim is submitted using a telemedicine code, the modifier 95 is not necessary.</p> <p>After COVID-19 accommodations expire, we will cover telemedicine codes consistent with the code lists from: Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA) The following PMR CPT codes are included: 97110/97112/97116/97150. CPT code for PT evals are not included in this policy. PT's are not excluded from the list but are not specifically listed as providers. Submit claims for medically necessary services delivered via telemedicine with the appropriate modifiers (95, GT, GQ) and Place of Service (POS) 02 or POS that would have been billed had the services been delivered face to face. Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier</p>			
BCBS-North Carolina	Eligible providers: roviders performing, and billing telehealth services must be eligible to independently perform and bill the equivalent face-to-face service.	<a href="https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/telehealth.pdf">https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/telehealth.pdf</a>	4/5/2022	9/30/2022
BCBS-North Dakota	Bill telehealth services on the CMS-1500 Claim Form unless specifically noted below in which case they can be billed on a UB-04 Claim Form. CMS-1500 Claim Form telehealth service billing requirements are: Bill appropriate code for service rendered; Modifier 95; POS 02. Added POS – 10. All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated, if appropriate, using the appropriate facility or	<a href="https://www.bcbsnd.com/providers/news-resources/healthcare-news/covid-19-extended-coverage-update">https://www.bcbsnd.com/providers/news-resources/healthcare-news/covid-19-extended-coverage-update</a>  <a href="https://www.bcbsnd.com/providers/policies-precertification/medical-policy/t/telehealth">https://www.bcbsnd.com/providers/policies-precertification/medical-policy/t/telehealth</a>	4/5/2022	Effective March 1, 2020, through the end of the emergency declaration.

Payer	Details	Reference	Date Updated	Expiration Date
	non-facility components, based on the site of service identified, as submitted by Provider			
BCBS - Oklahoma	The cost-share waiver is scheduled to end Dec. 31, 2020. We will continue to monitor and reassess that end date as needed. After the end date, cost share will again be applied to telemedicine visits and members may be responsible for copays, deductibles and coinsurance consistent with the terms of the member's benefit plan. Providers of telemedicine may include physical therapy.	<a href="https://www.bcbsok.com/provider/news/2020/2020_03_19.html">https://www.bcbsok.com/provider/news/2020/2020_03_19.html</a>	1/27/2021	12/31/2020
BCBS-Rhode Island	Physical therapists may provide telehealth services including the codes listed: 97110, 97112, 97116, 97161-97163 97530, 97535 97750 97755 97760, 97761 These services cannot be provided telephonically. The claims must include POS code 2 and Modifier 95. The description of POS code 02 has been revised and a new POS code 10 has been created to meet the overall industry needs, as follows: 1. POS 02: Telehealth Provided Other than in Patient's Home Descriptor: 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.	<a href="https://www.bcbsri.com//providers/sites/providers/files/policies/2021/12/Place%20of%20Service%2010%20Telemedicine.pdf">https://www.bcbsri.com//providers/sites/providers/files/policies/2021/12/Place%20of%20Service%2010%20Telemedicine.pdf</a>	1/5/2021	Effective 1/1/ 2022; refer to policy for details.

Payer	Details	Reference	Date Updated	Expiration Date
	<p>2. POS 10: Telehealth Provided in Patient's Home Descriptor: 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.</p>			
BCBS-South Carolina	<p>Providers will also need to submit an application for telehealth coverage. Physical therapy visits may be filed with modifier -95. The following codes may be filed to reflect the services provided: 92507, 92521-92526, 97110, 97112, 97129, 97130, 97161-97168 and 97530. Effective 05/12/2020, the expansion of telehealth services has been extended to 06/15/2020 with reevaluation for possible extension on or before 06/15/2020.</p> <p>03/25/2021 Interim review, adding 90853 as eligible for telehealth services and adding physical therapists as clinicians who can provide the approved telehealth services. 03/24/2021 Interim review to add termination date for expanded services during the COVID19 pandemic. Updating the following codes as being added to allow via telehealth: 99202, -99203, 99214, 99215, 92507, 9252292524, 97129, 97130, 97161, 97164, 97165 and 97168. No other changes made. 03/23/2021 Interim review to add temporary telehealth coverage for 99386, 9387, 99396 and 99397 with a retroactive date of 04/16/2020. No</p>	<p><a href="http://www.cam-policies.com/internet/cmpd/cmp/mdclplcy.nsf/DispContent/76916BD004ECAD1F852581C90051F42B?opendocument">http://www.cam-policies.com/internet/cmpd/cmp/mdclplcy.nsf/DispContent/76916BD004ECAD1F852581C90051F42B?opendocument</a> provid</p>	10/28/2021	Effective 05/01/2021

Payer	Details	Reference	Date Updated	Expiration Date
	<p>other changes made.</p> <p>Termination of expanded telehealth services related to the COVID19 pandemic: Effective 05012021 the following services will no longer be allowed as telehealth services: 98966, - 98968, 92521,92526,92610, 97110, 97112, 97129,97130, 97162, 97163, 97166, 97167, 97530, 9921799226, 9923199236, 99238-99239, 9928199285,9929199292, 9938299387, 9939299397, 9934199350, G0151G0155, G0159G0162,S9127S9131, G0299, G0300, Q5001, S9123,S9124, T1030, T1031, 99495 and 99496 TEMPORARY EXPANSION OF REIMBURSEMENT FOR TELEHEALTH SERVICES: In response to the recent coronavirus (COVID-19) outbreak.</p>			
<p><b>(#) BCBS – Tennessee</b></p>	<p>Permanent adoption of telehealth to include physical therapy.</p>	<p><a href="https://bcbstnews.com/pressreleases/bluecross-making-in-network-telehealth-services-permanent/">https://bcbstnews.com/pressreleases/bluecross-making-in-network-telehealth-services-permanent/</a></p>	<p>1/27/2021</p>	<p>Permanent coverage</p>
<p>BCBS – Texas</p>	<p>After COVID-19 accommodations expire, we will cover telemedicine codes consistent with the code lists from: Centers for Medicare and Medicaid Services (CMS) and American Check with provider representative after 1/1/2021 to see if telemedicine services for PT are available for the patient’s plan. Coverage is based on the terms of the member’s benefit plan and applicable law. Self-funded employer group customers make decisions for their employee benefit plans. Check eligibility and benefits for any variations in member benefit plans. Submit claims for medically necessary services delivered via telemedicine with the appropriate modifiers (95, GT, GQ) and Place of Service (POS) 02 or POS that would have been billed had the services been delivered face to face.</p>	<p><a href="https://www.bcbstx.com/provider/pdf/tx_using_telemed_telehealth_covid19.pdf">https://www.bcbstx.com/provider/pdf/tx_using_telemed_telehealth_covid19.pdf</a></p>	<p>1/27/2021</p>	<p>12/31/2020</p>



Payer	Details	Reference	Date Updated	Expiration Date
	<p>Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier</p>			
BCBS-Vermont	<p>Vermont law requires health insurance plans to provide coverage and pay for health care services delivered through telemedicine by a health care provider at a distant site to a patient at an originating site to the same extent the health insurance plan would cover and pay for the services if they were provided through in-person consultation.</p> <p>When a service is considered non-covered. When a service is considered investigational Services traditionally offered as hands-on therapy are considered investigational for telemedicine. These include but are not limited to: Some elements of Telephysical Therapy.</p> <p>Contact your provider representative for guidance: provider relations team email is <a href="mailto:providerrelations@bcbsvt.com">providerrelations@bcbsvt.com</a> or phone at 888-449-0443 option</p>	<p><a href="https://www.bcbsvt.com/provider/communications/provider-news-from-blue-cross-and-blue-shield-of-vermont">https://www.bcbsvt.com/provider/communications/provider-news-from-blue-cross-and-blue-shield-of-vermont</a></p> <p><a href="https://www.bluecrossvt.org/documents/cpp03-telemedicine-publication-04012022">https://www.bluecrossvt.org/documents/cpp03-telemedicine-publication-04012022</a></p> <p><a href="https://www.bluecrossvt.org/sites/default/files/2022-02/Telemedicine%20and%20Telehealth%20-%202022%20-%20PUBLICATION.pdf">https://www.bluecrossvt.org/sites/default/files/2022-02/Telemedicine%20and%20Telehealth%20-%202022%20-%20PUBLICATION.pdf</a></p>	6/5/2022	Effective April 1, 2022
BCBS – Wyoming	<p>Beginning July 1, 2021, telemedicine policies specifically around PT will be modified. To view these changes, see our recently updated <a href="#">telemedicine matrix</a>.</p> <p>PT Rules: Should bill standard codes without a GT modifier. To ensure that patient cost share is appropriately waived, these providers should bill 99199 with a penny charge with dates of service through 6/30/21.</p>	<p><a href="https://www.bcbswy.com/provider_updates/telemedicine-update/">https://www.bcbswy.com/provider_updates/telemedicine-update/</a></p> <p>The BCBSWY Provider Manual was recently updated, view the Provider Manual:</p> <p><a href="https://www.bcbswy.com/wp-content/uploads/Provider-Manual.pdf">https://www.bcbswy.com/wp-content/uploads/Provider-Manual.pdf</a></p>	6/9/2021	Beginning July 1, 2021, telemedicine policies specifically around PT will be modified.

Payer	Details	Reference	Date Updated	Expiration Date
Blue Shield-California	<p>Use the correct CPT codes, clearly documenting the services provided, and indicating an “02” for POS.</p> <p>Physical therapy can all be provided via telehealth, limited to services that are not “hands-on” and can be provide remotely. Examples of common CPT codes that fall into this category: PT –97110.</p>	<p><a href="https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/telehealth-virtual-care">https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/telehealth-virtual-care</a></p> <p><a href="https://www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_Cost-sharing_coding_and_billing.pdf">https://www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_Cost-sharing_coding_and_billing.pdf</a></p>	1/27/2021	For the duration of the public health emergency.
CareFirst	<p>Deductibles, copayments, or coinsurances will apply to telemedicine services the same as face-to-face diagnosis, consultation, or treatment services. 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 health care provider and a patient consistent with the provider's scope of practice for services appropriately provided through telemedicine services.</p> <p>Providers should refer to guidelines found on the CareFirst Provider website. NOTE: for FEP members, check the member's contract for benefits.</p>	<p><a href="https://individual.carefirst.com/carefirst-resources/pdf/carefirst-telemedicine-code-modifier.pdf">https://individual.carefirst.com/carefirst-resources/pdf/carefirst-telemedicine-code-modifier.pdf</a></p> <p><a href="https://provider.carefirst.com/providers/news/2021/07/cf-implements-the-maryland-preserve-telehealth-med/">https://provider.carefirst.com/providers/news/2021/07/cf-implements-the-maryland-preserve-telehealth-med/</a></p>	10/28/2021	For the duration of the public health emergency.
CareSource (OH, GA, KY, WV, IN)	<p>All participating providers are eligible to render services to members following the fact sheet published by CMS in an effort to expand the telehealth benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act</p>	<p><a href="https://www.caresource.com/documents/oh-multi-p-83132-covid-19-temporary-telehealth-services-all-mp-oh-ma-oh-d-snp/">https://www.caresource.com/documents/oh-multi-p-83132-covid-19-temporary-telehealth-services-all-mp-oh-ma-oh-d-snp/</a></p>	2/3/2021	Unknown*
CIGNA	<ul style="list-style-type: none"> <li>For Virtual Care Billing guidance prior to 01/01/21 and/or extended during the Public Health Emergency (PHE) period, please review the COVID-19 Interim Billing Guidelines</li> </ul>	<p><a href="https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/R31_Virtual_Care.pdf">https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/R31_Virtual_Care.pdf</a></p>	11/18/2021	For the duration of the public health emergency.

Payer	Details	Reference	Date Updated	Expiration Date
	<p>Reimbursement Policy on Cignaforhcp.com. The following modifiers are billed to describe the technology used to facilitate a virtual care encounter:</p> <ul style="list-style-type: none"> <li>• Modifier 95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system)</li> <li>• Modifier GQ is used to report virtual care services via an asynchronous telecommunications system.</li> <li>• Modifier GT (Via interactive audio and video telecommunications systems) should be reported with the applicable procedure code when performing a service virtually to indicate the type of technology used and to differentiate a virtual care encounter from an encounter when the physician and patient are at the same site.</li> </ul>	<p><a href="https://cignaforhcp.cigna.com/app/login">https://cignaforhcp.cigna.com/app/login</a></p>		
<p>Community Health Options (Health Options): Maine</p>	<p>Codes for clinically appropriate services that may be performed by telehealth, by practitioners qualified to deliver them. Telemedicine/telehealth services are reported with place of service 02 (telehealth). Modifiers: use appropriate modifiers for the services being billed and include the applicable telemedicine/telehealth modifier. Telemedicine/telehealth modifiers include: •GT: via interactive audio and video telecommunications system•95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system GQ: via asynchronous telecommunications system•G0: telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke.</p>	<p><a href="https://healthoptions.org/media/3248/interim-telemedicine-telehealth-guidelines-external-branded.pdf">https://healthoptions.org/media/3248/interim-telemedicine-telehealth-guidelines-external-branded.pdf</a></p>	<p>8/5/2021</p>	<p>For the duration of the public health emergency in Maine.</p>

Payer	Details	Reference	Date Updated	Expiration Date
Emblem Health/ConnectiCare	Will consider Virtual Care/Telehealth services for reimbursement when they are rendered via audio and video and reported with either place of service POS 02 or 10 only. Note: For EmblemHealth/Connecticare Medicare Advantage plans, this requirement will go into effect at the end of the Public Health Emergency (PHE), providers should continue to use appropriate telehealth modifiers.	<a href="https://www.emblemhealth.com/content/dam/emblemhealth/pdfs/provider/reimbursement-policies/CCI-EH-CoBranded-Telehealth-Virtual-Care-Services-2022.pdf">https://www.emblemhealth.com/content/dam/emblemhealth/pdfs/provider/reimbursement-policies/CCI-EH-CoBranded-Telehealth-Virtual-Care-Services-2022.pdf</a>	5/5/2022	Effective 06/01/2022
Empire BCBS	Cost sharing for telemedicine visits for fully insured employer, individual and where permissible, Medicaid plans from March 16, 2020, through January 31, 2021, or any longer period required by state law. We encourage our self-funded customers to participate, and these plans will have an opportunity to opt in. The cost sharing waiver includes copays, coinsurance and deductibles. Telemedicine and telehealth visits for physical therapy for visits coded with Place of Service (POS) code 02 and modifier “95” or “GT” would be appropriate for our fully insured employer, individual, Medicare Advantage plans and Medicaid plans, where permissible: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT 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.	<a href="https://providernews.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19-updated-april-22-2020">https://providernews.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19-updated-april-22-2020</a>	3/31/2021	Varies for each line of business. Refer to policy for details.
Excellus BCBS	*Check payer policy as Excellus BCBS offers multiple lines of business that possess slight variations in allowable services*. *Member Cost-Share for Telehealth Services: For Medicare Advantage members, we will continue to cover both COVID-19 and non-COVID-19	<a href="https://provider.excellusbcbs.com/resources/news/article?articleId=247580843&amp;classPK=247580845">https://provider.excellusbcbs.com/resources/news/article?articleId=247580843&amp;classPK=247580845</a>	4/5/2022	Varies for each line of business. Refer to policy for details.

Payer	Details	Reference	Date Updated	Expiration Date
	<p>related telehealth services with no member cost-share. This date may be extended based on NYS and/or federal requirements. There are numerous types of telemedicine, telehealth, and remote patient monitoring (telemonitoring) services available: tele-physical rehabilitation, or therapy). Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. Codes may not be covered under all circumstances. Please read the policy and guidelines statements carefully</p>	<p><a href="https://provider.excellusbcbs.com/resources/news/article?articleId=7419284&amp;classPK=282925395">https://provider.excellusbcbs.com/resources/news/article?articleId=7419284&amp;classPK=282925395</a></p>		
Fallon Health	<p>The performance and delivery of therapy services via telehealth must be clearly documented in the member's record. See <b>Documentation Requirements</b> in link. Commercial plan members: Please submit claims for services delivered via telehealth with Place of Service Code 02. See link for approved codes*Check payer policy for the variations in allowable services and billing procedures for the multiple lines of business (LOB)*</p>	<p><a href="https://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx">https://www.fchp.org/en/providers/criteria-policies-guidelines/payment-policies.aspx</a></p> <p><a href="https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers">https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers</a></p> <p><a href="https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins">https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers#provider-bulletins</a></p>	2/3/2021	12/31/2020
FirstCare	<p>Effective March 6, 2020, SWHP has expanded telehealth and telemedicine services and reimbursement for ALL contracted providers across ALL lines of business including Commercial and Government Programs (i.e., Medicare Advantage, DSNP, Medicaid STAR and CHIP). *Check payer policy for the variations in allowable services and billing procedures for the multiple lines of business (LOB)*</p>	<p><a href="https://swhp.org/Portals/0/Files/Forms/Providers/262-COVID-19-Telehealth-and-Telemedicine.pdf">https://swhp.org/Portals/0/Files/Forms/Providers/262-COVID-19-Telehealth-and-Telemedicine.pdf</a></p>	2/3/2021	Until further notification by the health plan as deemed by regulatory entities.
Geisinger Health Plan	<p>Coverage of e-visit policy that includes PT.</p> <ul style="list-style-type: none"> <li>Providers should bill code G2012 for a brief virtual visit.</li> </ul>	<p><a href="https://www.geisinger.org/patient-care/for-professionals/telemedicine">https://www.geisinger.org/patient-care/for-professionals/telemedicine</a></p>	2/3/2021	6/15/2020

Payer	Details	Reference	Date Updated	Expiration Date
	<ul style="list-style-type: none"> <li>Other codes covered by GHP for virtual visits that are more involved and longer in duration include the following code sets:</li> <li>99421-99423 for physicians</li> <li>G2061-G2063 for non-physician providers</li> </ul>	<a href="https://www.geisinger.org/health-plan/healthy-living-blog/2020/03/23/17/54/telehealth-service-information-for-healthcare-providers">https://www.geisinger.org/health-plan/healthy-living-blog/2020/03/23/17/54/telehealth-service-information-for-healthcare-providers</a>		
Harvard Pilgrim	<p>When billing for PT services delivered by telemedicine/telehealth, in addition to using standard PT procedure and modifier coding such as modifiers GP or G0, please remember to include POS 10 on your claim along with the applicable telehealth modifier. For Medicare Advantage members reimburse according to CMS guidelines. Added codes include 99308-99310 and 99421. Added modifiers include FQ and FR.</p>	<p><a href="https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/EXTERNAL%20COVID19%20PROVIDER%20INFO%20V38%2006.09.2020.PDF">https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/EXTERNAL%20COVID19%20PROVIDER%20INFO%20V38%2006.09.2020.PDF</a></p> <p><a href="https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/H-6-TELEMEDICINE_INTERIM-PM.pdf">https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/H-6-TELEMEDICINE_INTERIM-PM.pdf</a></p>	2/28/2022	For the duration of the public health emergency.
Hawaii Medical Service Association	<p>On Jan. 1, 2021, regular cost share and deductibles will apply for telehealth services for commercial members. Effective Jan. 1, 2021, audio-only visits, e-visits, and remote patient monitoring for commercial plans won't be separately reimbursed.</p> <p>HMSA will temporarily allow physical therapists to bill for these services:</p> <ul style="list-style-type: none"> <li>- All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521 92524, 92507).</li> <li>- Telephone assessment and management service provided by a qualified nonphysician health care professional (CPT codes 98966-98968)</li> <li>- Precertification requirements through eviCore (PT and HMSA Medical Management</li> </ul>	<p><a href="https://prc.hmsa.com/s/article/Coronavirus-Disease-2019-COVID-19#TelehealthServices">https://prc.hmsa.com/s/article/Coronavirus-Disease-2019-COVID-19#TelehealthServices</a></p>	2/28/2022	Refer to the policy for each line of business as details and expiration dates vary.

Payer	Details	Reference	Date Updated	Expiration Date
Health Alliance Plan of Michigan (HAP)	<p>The codes selected for claims accurately reflect the services rendered and has aligned its telehealth billing requirements with CMS. When billing professional claims for services provided by telehealth modalities with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill as ONE of the following:</p> <p>With the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, G0, GQ, or GT indicating that the service rendered was actually performed via telehealth.</p> <p>With the designated POS code 02-Telehealth, indicating the billed service was furnished as a professional telehealth service from a distant site.</p> <p>Additional modifier during PHE: CS modifier - used for COVID-19 related services.</p>	<p><a href="https://portal.hap.org/bam/viewPolicy.do?id=23157">https://portal.hap.org/bam/viewPolicy.do?id=23157</a></p>	2/3/2021	For the duration of the PHE.
Health Partners	<p>Updated the place of service codes (10) for telehealth-related codes.</p>	<p><a href="https://www.healthpartnersplans.com/media/100754203/rb021a-professional-telehealth-services-medicare.pdf">https://www.healthpartnersplans.com/media/100754203/rb021a-professional-telehealth-services-medicare.pdf</a></p>	5/5/2022	For the duration of the PHE.
Highmark BCBS (PA, WV, OH)	<p>Expanded coverage for telemedicine medical and reimbursement policies for a limited time to permit and pay for more telehealth providers, services and modalities</p> <p>3/31/2020: added 3 additional treatment codes: 97110, 97112, 97116</p>	<p>Main link:  <a href="https://hbcbs.highmarkprc.com/COVID-19/Telemedicine-and-Virtual-Visits">https://hbcbs.highmarkprc.com/COVID-19/Telemedicine-and-Virtual-Visits</a>            Link to coding: (Scroll to physical medicine/therapy)  <a href="https://content.highmarkprc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-code-list.pdf">https://content.highmarkprc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-code-list.pdf</a></p>	2/3/2021	3/31/2021
Highmark Medicare Advantage	<p>In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), Highmark</p>	<p><a href="https://content.highmarkprc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-code-list.pdf">https://content.highmarkprc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-code-list.pdf</a></p>	2/3/2021	3/31/2021

Payer	Details	Reference	Date Updated	Expiration Date
	<p>considers the certain procedure codes eligible for reimbursement for eligible dates of services</p>			
Horizon BCBS	<ul style="list-style-type: none"> <li>Temporary extended telemedicine services include Physical Therapy (PT) Evaluations, PT reevaluations, 97110, 97530, 97535 Use CMS designated place of service (POS) '02' or '11'</li> <li>Append modifier '95' or 'GT' where applicable to the appropriate <u>procedure codes listed here</u>.</li> </ul>	<p><a href="https://www.horizonblue.com/providers/policies-procedures/policies/reimbursement-policies-guidelines/telemedicine-services">https://www.horizonblue.com/providers/policies-procedures/policies/reimbursement-policies-guidelines/telemedicine-services</a></p>	2/3/2021	For the duration of the PHE.
Horizon BCBS New Jersey: Medicare Advantage	<p>As declared by the Governor, in an effort to connect Medicare Advantage members with their providers, Horizon BCBSNJ shall continue our expansion of the use of telemedicine services, for participating providers.</p> <p>For all of telehealth services rendered, the provider should bill as follows:</p> <ul style="list-style-type: none"> <li>Use CMS designated place of service (POS) '02'</li> <li>Append modifier '95' or 'GT' to the appropriate <u>procedure codes listed here</u>.</li> <li>Follow current coding guidelines set forth by the American Medical Association, Current Procedural Terminology Professional Edition and associated publications and services</li> </ul> <p>Qualified telemedicine services are those provided by a health care provider including: Physical Therapy (PT) Evaluations, or any other health care professional acting within the scope of a valid license or certification issued.</p>	<p><a href="https://www.horizonblue.com/providers/policies-procedures/policies/reimbursement-policies-guidelines/telemedicine-services/telemedicine-services-reimbursement-policy-temporary-addendum-horizon-medicare-advantage">https://www.horizonblue.com/providers/policies-procedures/policies/reimbursement-policies-guidelines/telemedicine-services/telemedicine-services-reimbursement-policy-temporary-addendum-horizon-medicare-advantage</a></p>	6/5/2022	Through at least Dec. 31, 2023



Payer	Details	Reference	Date Updated	Expiration Date
<p><b>(#) Humana</b></p>	<p>Guidelines regarding billing for telehealth include the following: CPT Codes: 97161-97164, 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761. POS: 11 (or where services would normally have been furnished). Modifier: 95. From 3/6/20 to 12/31/20, member cost-share was waived for telehealth visits with all participating/in-network providers. This applied to Medicare Advantage (MA), fully insured group commercial, and some self-insured group commercial members. As of 1/1/21, MA benefits include no member cost share for in-network telehealth visits for primary care, urgent care and behavioral health. For specialty telehealth visits, please verify member plan benefits as any applicable member cost share would apply. This policy is based on federal and state guidance published as of April 9, 2021. This policy is subject to change as such guidance changes. Added 97129, 97130 MA plans are applying the same coverage-related waivers to Original Medicare telehealth services that the Centers for Medicare &amp; Medicaid Services (CMS) has announced in response to the COVID-19 PHE. Will also apply those waivers to commercial plans, except as prohibited under state statute or regulation. See the relevant guidance from CMS on these waivers available in the References section of this policy</p>	<p><a href="https://www.humana.com/provider/coronaviruses/telemedicine">https://www.humana.com/provider/coronaviruses/telemedicine</a></p>	<p>4/5/2022</p>	<p>Refer to the policy for each line of business for details. .</p>

Payer	Details	Reference	Date Updated	Expiration Date
Independence Blue Cross	Check payer policy for multiple lines of business that possess slight variations in allowable services*	<a href="https://news.ibx.com/coronavirus-faq/#telemedicine">https://news.ibx.com/coronavirus-faq/#telemedicine</a>	4/5/2022	Through the duration of the public health emergency.
(#) Independence Blue Cross Medicare Advantage	*Check payer policy as Independence Blue Cross offers multiple lines of business that possess slight variations in allowable services*This version of the policy will become effective 01/01/2021. The policy criteria will be updated to address eligible services and provider specialties. CPT codes covering a range from 77427 to 97130 and G0153, G0161, S9128, S9152, S9083 will be removed from the policy and are not eligible for coverage through telemedicine. Check the policy for details as plans may vary.	<a href="https://news.ibx.com/coronavirus-faq/">https://news.ibx.com/coronavirus-faq/</a>	4/5/2021	Permanent adoption of telehealth will become effective 01/01/2021.
Independent	Physical Therapist can perform Telehealth/Telemedicine services Commercial, Medicare, State, Self-Funded. Telemedicine: Synchronous, Two-Way Audio-Visual Technology: Various codes based on FS. POS 02 Modifier GT or 95. Reimbursed at the current face-to-face rate. Telephone: Audio-Only delivery of service by non-physician/APP professional: Bill code from your Fee Schedule that best describes the service: POS 02 Modifier GQ Reimbursed at the current face-to-face rate	<a href="https://www.independenthealth.com/Portals/0/PDFs/ProvidersPublic/COVID-19%20Telehealth%20Current%20State%20Summary.pdf">https://www.independenthealth.com/Portals/0/PDFs/ProvidersPublic/COVID-19%20Telehealth%20Current%20State%20Summary.pdf</a>  <a href="https://www.independenthealth.com/Provider/COVID-19CoronavirusProviderUpdates">https://www.independenthealth.com/Provider/COVID-19CoronavirusProviderUpdates</a>	2/3/2021	Date unknown
#) Kaiser Permanente Health Plan Mid-Atlantic States	Allows telephone and video visits provided by PTs.	<a href="https://thrive.kaiserpermanente.org/thrive-together/health-care-101/integrated-care-telehealth">https://thrive.kaiserpermanente.org/thrive-together/health-care-101/integrated-care-telehealth</a>	2/28/2022	Pre PHE adoption
#) Kaiser Permanente Health Plan Southern California	Allows telephone and video visits provided by PTs.	<a href="https://thrive.kaiserpermanente.org/thrive-together/health-care-101/integrated-care-telehealth">https://thrive.kaiserpermanente.org/thrive-together/health-care-101/integrated-care-telehealth</a>	2/28/2022	Pre PHE adoption

Payer	Details	Reference	Date Updated	Expiration Date
<b>(#) Kaiser Permanente Health Plan – Washington: Commercial</b>	When benefits allow, will reimburse telemedicine services when criteria is met. Added modifiers 93 and FQ. Added place of service 10.	<a href="https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/telemedicine.pdf">https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/telemedicine.pdf</a>	4/5/2022	Refer to the policy for line of business as details vary.
<b>(#) Kaiser Permanente Health Plan – Washington: Medicare</b>	When benefits allow, will reimburse telehealth services when criteria is met. Added modifiers 93 and FQ. Minor administrative changes throughout the policy.	<a href="https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/medicare-telehealth.pdf">https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/medicare-telehealth.pdf</a>	4/5/2022	Refer to the policy for each line of business as details vary.
Medica	Applies to the following lines of business and jurisdictions: Medicare (Cost &MA), Commercial, & Individual & Family (IFB) MN, ND, SD, WI, IA, NE, KS, MO, and OK List includes 92507, 92521-92523, 97161, 97164, 97165-97168. *Prior authorization not required.* Double check individual client/patient insurance plans for coverage guidelines. At this time all insurers must adhere with Governor’s mandate. Interactive telephonic and audio-video.	<a href="https://www.medica.com/-/media/documents/provider/provider-alerts/2020/provider-alert-03262020.pdf?la=en&amp;hash=547970CE0306F1A6E80B692BDDAE1580">https://www.medica.com/-/media/documents/provider/provider-alerts/2020/provider-alert-03262020.pdf?la=en&amp;hash=547970CE0306F1A6E80B692BDDAE1580</a>  List of codes: <a href="https://www.medica.com/~media/Documents/Provider/Emergency-Telemedicine-Services-Code-List">https://www.medica.com/~media/Documents/Provider/Emergency-Telemedicine-Services-Code-List</a>	7/29/2021	Refer to the policy for each jurisdiction as details and expiration dates vary.
Medical Mutual	The Company considers services that are defined by the Centers for Medicare & Medicaid Services (CMS) as telehealth services to be eligible for reimbursement when reported using the Place of Service (POS) code 02 (telehealth provided other than in patient’s home) or the POS code 10 (telehealth provided in patient’s home) must be used to identify a service as telemedicine. Telemedicine claims submitted without POS code 02 or POS code 10 are not eligible for reimbursement. The Company considers services reported using the GQ	<a href="https://www.medmutual.com/-/media/MedMutual/Files/Providers/CorporateReimbursementPolicies/TelemedicineReimbursementPolicy.pdf">https://www.medmutual.com/-/media/MedMutual/Files/Providers/CorporateReimbursementPolicies/TelemedicineReimbursementPolicy.pdf</a>  <a href="https://www.medica.com/~media/Documents/Provider/Emergency-Telemedicine-Services-Code-List">https://www.medica.com/~media/Documents/Provider/Emergency-Telemedicine-Services-Code-List</a>	4/5/2022	Refer to the policy for each line of business as details vary.

Payer	Details	Reference	Date Updated	Expiration Date
	<p>modifier (via asynchronous telecommunications systems) to be eligible for reimbursement if asynchronous telemedicine is a covered benefit under the member’s benefit plan. The Company does not consider facility fees for the originating site or for the distant site to be eligible for reimbursement</p>			
<p><b>(#) Moda Health</b></p>	<p>PTs that use telecommunication systems between a provider and a patient: 97110, 97112, 97116 •97161 – 97168 •97535, 97750, 97755, 97760, 97761. Use POS 02. Modifier 95 is optional. Any health care practitioner working for a Rural Health Clinic (RHC) or a Federally Qualified Health Center (FQHC) can furnish distant site telehealth services within the provider’s scope of practice. Telehealth services can be furnished from any location, including the provider’s home, during the time that they are working for the RHC or FQHC. RHCs and FQHCs must use HCPCS code G2025(Distant Site Telehealth Services RHC/FQHC) to identify services that were furnished via telehealth during the PHE. This is a new RHC/FQHC specific G code for distant site telehealth services.</p> <p>NOTE: Telehealth And Telemedicine Services is also being updated. Policy includes 92507, 92521 - 92524, 97161 – 97168.</p> <p>All Lines of Business, New Patient versus Established Patient Determinations: Telemedicine services count the same as an in-office visit for the purposes of determining if the patient is a new patient or an established patient when they are receiving future visits and services. For further detail, see RPM052, Section A. Policy includes physical therapists.</p>	<p><a href="https://www.modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf">https://www.modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf</a> and <a href="https://www.modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf">https://www.modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf</a></p> <p><a href="https://www.commerce.alaska.gov/web/Portals/11/Pub/INS_B20-18.pdf">https://www.commerce.alaska.gov/web/Portals/11/Pub/INS_B20-18.pdf</a></p>	<p>3/25/2021</p>	<p>Alaska commercial plans: permanent.</p> <p>Oregon commercial plans: 12/31/2020 Medicare Advantage; until further notice by CMS.</p>

Payer	Details	Reference	Date Updated	Expiration Date
	<p>Under AS 21.42.422 insurers must cover telehealth services. This is a permanent statute which is not ending due to the end of the emergency order. Bulletin 20-18 remains in effect which reminds insurers of their obligation to cover these services. Self-funded plans are not subject to state law and are not obligated to follow state statutes. For specific information please reach out to specific payers.</p> <p>The list of telehealth services covered under Medicaid includes:  a. The CMS list of regular telehealth codes and the temporary additions for the PHE for the COVID-19 Pandemic.</p>			
Neighborhood Health Plan of Rhode Island	<p>Physical therapists are eligible providers. Place of Service (POS) 02 must be on the claim to indicate that the service was delivered via telemedicine/telephone-only. Claims must include modifier “CR”, defined as: Catastrophe/Disaster Related. This policy applies to all lines of business, Medicaid, Commercial, and INTEGRITY. This policy applies to Neighborhood participating providers only.</p>	<p><a href="https://www.nhpri.org/wp-content/uploads/2020/04/Temporary-COVID-19-Telemedicine.Telephone-only-Services-4.13.20.pdf">https://www.nhpri.org/wp-content/uploads/2020/04/Temporary-COVID-19-Telemedicine.Telephone-only-Services-4.13.20.pdf</a></p> <p><a href="https://www.nhpri.org/wp-content/uploads/2020/06/Temporary-COVID-19-Telemedicine.Telephone-only-Services-06.04.20.pdf">https://www.nhpri.org/wp-content/uploads/2020/06/Temporary-COVID-19-Telemedicine.Telephone-only-Services-06.04.20.pdf</a></p>	2/3/2021	7/26/2020
Network Health Plans	<p>All telehealth services for CMS-approved providers and covered services are covered at a \$0 copayment, including MDLIVE. NHP will not cover Medicare telehealth visits for providers who are not allowed to bill for telehealth services for Medicare members; e-visits coverage only.</p>	<p><a href="https://networkhealth.com/coronavirus-medicare.html">https://networkhealth.com/coronavirus-medicare.html</a></p>	2/3/2021	4/20/2021

Payer	Details	Reference	Date Updated	Expiration Date
National Imaging Associates(NIA)/Magellan	The plan of care should clearly support why the skills of a professional are needed, as opposed to discharge to self-management or non-skilled personnel without the supervision of qualified professionals. If telehealth is included, the plan of care should clearly support why the skills of a professional are needed, as opposed to discharge to self-management or non-skilled personnel without the supervision of qualified professionals. Added teletherapy in the policy Implementation Date: July 2021	<a href="https://www1.radmd.com/media/940512/recording-keeping-and-documentation-standards-2021-v2.pdf">https://www1.radmd.com/media/940512/recording-keeping-and-documentation-standards-2021-v2.pdf</a>	7/8/2021	Varies for each line of business and place of service. Refer to policy for details.
PacificSource	Expanded coverage to allow the following provider types to bill appropriate Evaluation and Management type services that can be performed in real time via telehealth. Provider list includes: Physical Therapists. Professional claims for telehealth services should be submitted with a Place of Service code '02' on your claim. Modifier GT is also recognized, but not required. Facility claims for telehealth services should be submitted with a Modifier GT to identify the claim as a telehealth service.	<a href="https://pacificsource.com/sites/default/files/2020-09/PRV523_0720_PoviderFAQ-COVID-19-Benefit-and-Reimbursement-Policy.pdf">https://pacificsource.com/sites/default/files/2020-09/PRV523_0720_PoviderFAQ-COVID-19-Benefit-and-Reimbursement-Policy.pdf</a> (see PDF: Providers' COVID-19 Benefit and Reimbursement Policy Frequently Asked Questions) <a href="https://pacificsource.com/sites/default/files/2021-06/Telehealth.pdf">https://pacificsource.com/sites/default/files/2021-06/Telehealth.pdf</a>	8/12/2021	Covered during PHE - refer to the policy for each jurisdiction.
(#) Paramount: Commercial and Medicare Advantage	Coverage of PT via telehealth continues under the PHE. Use POS 10. Cost share waivers are in place when claim is billed with a COVID-19 diagnosis. This permanent Commercial Telehealth Medical Policy documents Paramount's Telehealth coverage. This includes both the permanent telehealth coverage and the temporary telehealth coverage during the Public Health Emergency (PHE) for the COVID-19 Pandemic.	<a href="https://www.paramounthealthcare.com/assets/documents/medicalpolicy/pg0475_telehealth_services_covid-19_commercial.041020.1.pdf">https://www.paramounthealthcare.com/assets/documents/medicalpolicy/pg0475_telehealth_services_covid-19_commercial.041020.1.pdf</a>	5/5/2022	As lines of business varies check policy for specifics.  This includes both the permanent telehealth coverage and the temporary telehealth coverage during the PHE for the COVID-19

Payer	Details	Reference	Date Updated	Expiration Date
				<p>pandemic. Reimbursement for the temporary telehealth coverage during the PHE for the COVID-19 pandemic. Services will be effective for dates of service March 10, 2020, and expires the earlier of July 31, 2022, or the expiration of the applicable federal state of emergency.</p>
<p>Paramount Elite/ ProMedica</p>	<p>Updated the medical policy to include documentation related to POS 10. Updated documentation related to Modifiers FQ and 93 reimbursement/coding. The expansion supports diagnosis and treatment of COVID-19, as well as minimizes unnecessary exposure to individuals needing medical care for other conditions.</p>	<p><a href="https://www.paramounthealthcare.com/assets/documents/medicalpolicy/pg0475_telehealth_services_covid-19_commercial.041020.1.pdf">https://www.paramounthealthcare.com/assets/documents/medicalpolicy/pg0475_telehealth_services_covid-19_commercial.041020.1.pdf</a></p>	<p>5/5/2022</p>	<p>This includes both the permanent telehealth coverage and the temporary telehealth coverage during the PHE for the COVID-19 pandemic. Reimbursement for the temporary telehealth coverage during</p>

Payer	Details	Reference	Date Updated	Expiration Date
				the PHE for the COVID-19 pandemic. Services will be effective for dates of service March 10, 2020, and expires the earlier of July 31, 2022, or the expiration of the applicable federal state of emergency.
Peoples Health	In line with the federal government extending the end date for the COVID-19 public health emergency to April 20, 2021, the end date for certain telehealth expansion waivers has also been extended. Originating site restriction waiver has been extended. Physical therapy services will continue to expand telehealth coverage	<a href="https://www.peopleshealth.com/providers/covid-19-updates-for-providers/">https://www.peopleshealth.com/providers/covid-19-updates-for-providers/</a>	2/3/2021	4/20/2021
Premera BC - Alaska and Washington	Allowing telehealth for physical therapy CPT 97000 series at the contracted rates along with the appropriate modifiers GT; modifier 95, with POS 02. Under AS 21.42.422 insurers must cover telehealth services. This is a permanent statute which is not ending due to the end of the emergency order. Bulletin 20-18 remains in effect which reminds insurers of their obligation to cover these services. Self-funded plans are not subject to state law and are not obligated to follow state statutes. For specific information please reach out to specific payers.	<a href="https://www.premera.com/wa/provider/coronavirus-faq/">https://www.premera.com/wa/provider/coronavirus-faq/</a> and <a href="http://www.evicore.com">www.evicore.com</a> <a href="https://www.commerce.alaska.gov/web/Portals/11/Pub/INS_B20-18.pdf">https://www.commerce.alaska.gov/web/Portals/11/Pub/INS_B20-18.pdf</a>	2/25/2021	1/27/2021



Payer	Details	Reference	Date Updated	Expiration Date
Providence Health Plan	<p>CPT codes 97110, 97112, 97129, 97130, 97161, 97162, 97163, 97530, 97535 may be used to report two-way video services performed by PT for services within that practitioner’s scope of license. Add S9443 to the list of covered codes. The description for location code 02 changed effective January 1, 2022, and a new location code (10) was added. For dates of service on or after January 1, 2022, telecommunication services on List “A” on this policy must be reported either with location code 02 (Telehealth Provided Other than in Patient’s Home) or location code 10 (Telehealth Provided in Patient’s Home). Modifiers GT and 95 are not required but will not affect payment if used.</p>	<p><a href="https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/billing-payment-and-coding-policies/php_coding_67_b.pdf">https://www.providencehealthplan.com/-/media/providence/website/pdfs/providers/medical-policy-and-provider-information/billing-payment-and-coding-policies/php_coding_67_b.pdf</a></p>	2/28/2022	<p>End of public health emergency or until further notice. Refer to policy for each jurisdiction as details and expiration dates may vary.</p>
Priority Health Michigan	<p>Telemedicine - Evaluation, management and consultation services using asynchronous technologies (any type of online member-provider consultation where electronic information is exchanged involving the transmission via secure servers) may be covered when all of the criteria are met: Services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the member is located; And The extent of services provided via telemedicine modality includes at least a problem focused history and straight forward medical decision making as defined by the CPT manual; And Services delivered via telemedicine modality should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days.</p>	<p><a href="https://www.priorityhealth.com/-/media/priorityhealth/documents/medical-policies/91604.pdf?la=en">https://www.priorityhealth.com/-/media/priorityhealth/documents/medical-policies/91604.pdf?la=en</a></p>	5/5/2022	<p>Effective February 2022</p>

Payer	Details	Reference	Date Updated	Expiration Date
	E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately. Urgent care is not a covered telehealth service.			
Quartz Health - Badgercare	Check payer policy: Quartz is a third-party administrator managing multiple lines of business that possess slight variations in allowable services*. Quartz Health posts PROVIDER TELEHEALTH GUIDELINES. Specific to Badger Care Physical Therapists are eligible telehealth providers.	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spag">https://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources.html.spag</a> <a href="https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf">https://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf</a> (Go to alert 013)	2/3/2021	Unknown
<b>(#) Regence Blue Shield of OR, UT, ID, WA - select counties</b>	The health plan included PTs in telehealth coverage. Use 97000 codes for billing. Review the newsletter for specifics for each jurisdiction and each line of business. Use CMS' expanded code list. However, that code list will be updated as CMS makes changes to remove temporary codes.	<a href="https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth">https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth</a>  <a href="https://beonbrand.getbynder.com/m/14483e1663a5046d/original/The-Connection-June-2021.pdf">https://beonbrand.getbynder.com/m/14483e1663a5046d/original/The-Connection-June-2021.pdf</a>	6/3/2021	Effective for dates of service on or after July 1, 2021. Regence BS adopts a permanent telehealth policy that includes PT – refer to the newsletter for specifics.
Sanford Health Plan	Covered Telehealth Services: Telehealth coverage extends to the following services at no cost to member: PT evaluation Excluded Telehealth Services: Telehealth coverage does not cover Physical therapy (PT). PT evaluation should be billed with POS 02 and modifier GT	<a href="https://www.sanfordhealthplan.org/-/media/files/documents/providers/newsletters/svhp-2860-flyer-fast-facts-newsletter-march-2020-8_5x11.pdf">https://www.sanfordhealthplan.org/-/media/files/documents/providers/newsletters/svhp-2860-flyer-fast-facts-newsletter-march-2020-8_5x11.pdf</a>	2/3/2021	Policy exists throughout the COVID-19 national emergency.
Bayer Scott and White		<a href="https://swhp.org/Portals/0/Medical%20Coverage%20Policies/262-COVID-19-Telehealth-and-Telemedicine.pdf">https://swhp.org/Portals/0/Medical%20Coverage%20Policies/262-COVID-19-Telehealth-and-Telemedicine.pdf</a>	-6/5/2022	Beginning July 1, 2021, the

Payer	Details	Reference	Date Updated	Expiration Date
	<p>Will compensate providers at 100% of the allowable amount as specified in the provider's agreement or fee schedule for telehealth or telemedicine services. Beginning July 1, 2021, the member cost-sharing wavier ended for all lines of business EXCEPT for Medicare lines. Medicare cost-sharing wavier will end June 1, 2022</p>			<p>member cost-sharing wavier ended for all lines of business EXCEPT for Medicare lines. Medicare cost-sharing wavier will end June 1, 2022 As lines of business vary check policy for specifics.</p>
Security Health Plan	<p>For <b>all product lines</b>, PT evaluation and treatment can be done via telehealth. "All product lines" means Commercial, BadgerCare Plus and Medicare Advantage</p> <p>Commercial Claims submitted should indicate the provided services were done as telehealth services, using standard coding rules.</p> <p>Badger Care Plus Use POS for location of provider and modifier 95</p> <p>Medicare Advantage Use POS equal to what would have been used if the services were provided face-to-face Use modifier 95</p> <p>For an in-network provider, prior authorization (PA) is still required via eviCore prior to an initial evaluation.</p>	<p><a href="https://www.securityhealth.org/-/media/Provider/COVID-Provider-FAQ-FINAL-4-7-20.pdf?la=en&amp;hash=D77B4F08710CE345AFDF08EE79CA5B5D">https://www.securityhealth.org/-/media/Provider/COVID-Provider-FAQ-FINAL-4-7-20.pdf?la=en&amp;hash=D77B4F08710CE345AFDF08EE79CA5B5D</a></p>	2/3/2021	7/31/2020

Payer	Details	Reference	Date Updated	Expiration Date
	<p>Medicare Advantage only - PA is not required to provide treatment for a Medicare Advantage member from a non-affiliated provider.</p>			
<p>SelectHealth</p>	<p>Covers Telehealth services in limited clinical circumstances when specific CPT/HCPCS codes are billed with appropriate modifiers and/or correct place of service by a qualified entity. SelectHealth will follow all applicable state laws and regulations in service areas. Providers will be required to use ADA and HIPAA compliant platforms and have documentation to support all services billed. In general, covered telehealth services will not be paid at the same rate as the face-to-face service, as determined by SelectHealth. Providers must also document where the patient is located (state) in order to verify appropriate licensing requirements. Covered face-to-face (synchronous) services: Some physical therapy</p> <p>For questions on specific codes, call SelectHealth customer service.</p>	<p><a href="https://selecthealth.org/-/media/providerdevelopment/pdfs/policies/coding-policies/85_telehealth.ashx">https://selecthealth.org/-/media/providerdevelopment/pdfs/policies/coding-policies/85_telehealth.ashx</a></p>	<p>6/5/2022</p>	<p>Effective 7/1/2022</p>
<p>SelectHealth of South Carolina</p>		<p><a href="https://www.selecthealthofsc.com/pdf/provider/policies-20220111/ccp1040-telehealth.pdf">https://www.selecthealthofsc.com/pdf/provider/policies-20220111/ccp1040-telehealth.pdf</a></p>	<p>6/5/2022</p>	

Payer	Details	Reference	Date Updated	Expiration Date
Sendero Health Plans	Coverage requirements and proper payment practices for telemedicine medical services and telehealth services. a\	<a href="https://www.senderohealth.com/files/1163%20Provider%20Payment%20-%20Telehealth%20and%20Telemedicine%202021.pdf">https://www.senderohealth.com/files/1163%20Provider%20Payment%20-%20Telehealth%20and%20Telemedicine%202021.pdf</a>	2/28/2022	Refer to the policy for line of business as details vary
South Country Health Alliance (Minnesota)	Updated coverage limitations to remove the statement indicating that payment for telehealth services is limited to three per week for a South Country member Submit claims for telehealth services using the CPT or HCPC code that describes the services rendered. Include the GQ modifier when billing for services provided via asynchronous telecommunication. Place of Service 02 certifies that the service meets the telehealth requirements and service is provided other than patient's home. Place of service 10 certifies that the service meets the telehealth requirements and service is provided in patient's home.	<a href="https://mnscha.org/wp-content/uploads/Ch33_03092022.pdf">https://mnscha.org/wp-content/uploads/Ch33_03092022.pdf</a>	6/5/2022	Refer to policy for each jurisdiction as details and expiration dates may vary.
SummaCare	SummaCare will provide the following coverage through the duration of the public health emergency in response to COVID-19: Telehealth services will be covered regardless of patient location (use modifier 95 if not billing with location 02). Telehealth services coverage will expand to include audio telephone only. Telehealth services coverage includes physical therapy.	<a href="https://www.summacare.com/coronavirus-provider-faqs">https://www.summacare.com/coronavirus-provider-faqs</a>	2/3/2021	Duration of the public health emergency.
<b>Tufts Health Freedom Plan (Point32Health)</b> Tufts Health Plan SCO, Tufts Health	Providers must use POS 02 or 10 and append the appropriate modifier below to indicate the type of modality for professional claims. Claims for dates of service on or after April 16, 2022, that are submitted without one of the following modifiers will deny:	<a href="https://tuftshealthplan.com/documents/providers/payment-policies/covid19-telehealth">https://tuftshealthplan.com/documents/providers/payment-policies/covid19-telehealth</a>  <a href="https://tuftshealthplan.com/covid-19/provider/coronavirus-updates-for-providers">https://tuftshealthplan.com/covid-19/provider/coronavirus-updates-for-providers</a>	4/5/2022	4/1/2022 Varies for each line of business and place of service. Refer to policy for details.

Payer	Details	Reference	Date Updated	Expiration Date
Together, Tufts Health Unify	<ul style="list-style-type: none"> <li>• Modifier 95 (services rendered via audio-video telehealth)</li> <li>• Modifier V3 (services rendered via audio-only telehealth)</li> <li>• Modifier GQ (services rendered via asynchronous telehealth)</li> </ul>			
<b>(#) United Healthcare/ Optum</b>	<p>Permanent telehealth that includes physical therapy services has been adopted. This policy does not apply to institutional providers. Certain physical therapy telehealth services provided by qualified health care professionals rendered via interactive audio and video technology will be reimbursed. Check policy as payer offers multiple lines of business that possess slight variations in allowable services</p> <p>Per this policy update United Healthcare does not recognize physical therapists as eligible providers of telehealth for their MA product. United Healthcare: Telemedicine and Telehealth (Professional) (Medicare Advantage) - Reimbursement &amp; Billing Document High Importance Update</p> <p>Reviewed with changes to plan information and supplementary information: Updated application to indicate policy applies to all Medicare Advantage products; Updated supporting and administrative information.</p> <p>No changes to guidelines.</p> <p>To view all changes, click 'View Policy History' below to access a side-by-side comparison.</p> <p>Review date: 03/22/2022. Next review date (est.): 03/22/2023. View Full Policy - PDF</p>	<p><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf</a></p> <p><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/exchange-reimbursement/VB-Exchange-Telehealth-Telemedicine-Policy-Professional.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/exchange-reimbursement/VB-Exchange-Telehealth-Telemedicine-Policy-Professional.pdf</a></p> <p><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-reimbursement/MEDADV-Telehealth-and-Telemedicine-Policy.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-reimbursement/MEDADV-Telehealth-and-Telemedicine-Policy.pdf</a></p>	<p>2/28/2022</p>	<p>Permanent coverage</p>

Payer	Details	Reference	Date Updated	Expiration Date
<b>(#)United Health Care-Oxford Health Plan</b>	Physical Therapy will reimburse certain physical therapy. Telehealth services provided by qualified health care professionals rendered via interactive audio and video technology. Check policy as payer offers multiple lines of business that possess slight variations in allowable services	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/oxford/telemedicine-ces-ohp.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/oxford/telemedicine-ces-ohp.pdf</a>	2/28/2022	Permanent coverage
<b>United Healthcare: West CA, OK, OR, TX, WA</b>	Telemedicine/Telehealth Services are covered when the following criteria are met: Member requires services that are usually provided by direct contact with the provider Services are authorized by the member's contracting/participating medical group or UnitedHealthcare The healthcare provider has determined Telehealth Services are appropriate Provider obtains verbal consent from member to provide Telehealth Services	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/sv-bip/telemedicine-telehealth-common-06012022.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/sv-bip/telemedicine-telehealth-common-06012022.pdf</a>  <a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/sv-bip/telemedicine-telehealth-ca-06012022.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/sv-bip/telemedicine-telehealth-ca-06012022.pdf</a>	6/1/2022	Refer to the member's Evidence of Coverage / Schedule of Benefits to determine if Virtual Visits are a selected benefit
Univera	*Check payer policy as payer offers multiple lines of business that possess slight variations in allowable services	<a href="https://provider.univerahealthcare.com/resources/news/article?articleId=7419358&amp;classPK=282925434">https://provider.univerahealthcare.com/resources/news/article?articleId=7419358&amp;classPK=282925434</a>	2/28/2022	03/25/2021
University Health Alliance (UHA) Hawaii	Allowing for CPT 97110 only. They will only cover therapeutic exercise back dated to March 1, 2020.	<a href="https://uhahealth.com/page/coronavirus-covid-19-information-for-providers">https://uhahealth.com/page/coronavirus-covid-19-information-for-providers</a>	2/3/2021	In place during COVID-19 state of emergency.
University of Utah Health Plans	Physical therapists remain listed as eligible providers under the temporary policy. Telehealth video services must be billed with POS 02, POS 10 or modifier -95	<a href="https://uhealthplan.utah.edu/medicalpolicy/pdf/admin-017-temporary-covid19-telemedicine-policy.pdf">https://uhealthplan.utah.edu/medicalpolicy/pdf/admin-017-temporary-covid19-telemedicine-policy.pdf</a>  <a href="https://uhealthplan.utah.edu/medicalpolicy/pdf/admin-017.pdf">https://uhealthplan.utah.edu/medicalpolicy/pdf/admin-017.pdf</a>	4/5/2022	In place during COVID-19 state of emergency.

Payer	Details	Reference	Date Updated	Expiration Date
UPMC Health Plan	<p>*Check payer policy as UPMC spans varies states and offers multiple lines of business that possess slight variations in allowable services* Place of Service code: A two-digit code placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare &amp; Medicaid Services (CMS) maintain POS codes used throughout the health care industry.</p> <ul style="list-style-type: none"> <li>•POS Code 02 - Telehealth Provided Other than in Patient's Home Patient is not located in their home when receiving health services or health related services through telecommunication technology.</li> <li>•POS Code 10: 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.</li> </ul>	<p><a href="https://embed.widencdn.net/pdf/plus/upmc/22cs5ghtzm/Appendix-A-Covid-Benefits-and-Cost-Sharing.pdf">https://embed.widencdn.net/pdf/plus/upmc/22cs5ghtzm/Appendix-A-Covid-Benefits-and-Cost-Sharing.pdf</a></p> <p><a href="https://embed.widencdn.net/pdf/plus/upmc/4fbcj10ork/MP.148.pdf">https://embed.widencdn.net/pdf/plus/upmc/4fbcj10ork/MP.148.pdf</a></p>	6/5/2022	Effective Date: 1/1/2021
Vantage Health Plan	<p>Physical therapists may bill for telehealth services. Bill these telemedicine visits with CPT 97110 (therapeutic exercise) with the appropriate modifier GP or GO. We will allow up to three PT units per week per patient. These claims must be billed with a POS (place of service) of 02 instead of POS 11. Vantage will pay these telemedicine claims at the current allowables with no Patient Cost Share.</p> <p>Physical Therapy Telemedicine Visits for all patients:</p> <ul style="list-style-type: none"> <li>• Telemedicine visits must be performed in lieu of a face-to-face visit.</li> </ul>	<p><a href="https://www.vantagehealthplan.com/documents/Physicians/VantageProvidersCOVID19Update.pdf">https://www.vantagehealthplan.com/documents/Physicians/VantageProvidersCOVID19Update.pdf</a></p>	2/3/2021	Effective Date: 1/1/2021



Payer	Details	Reference	Date Updated	Expiration Date
	<ul style="list-style-type: none"> <li>• Telemedicine visits must be billed with the CPT codes and the appropriate modifiers traditionally billed for</li> <li>• on-site face to face visits. CPT codes eligible for telemedicine include:</li> <li>• 97161 97110 97530 97165 92507 92521 92524 92610 96105</li> <li>• 97162 97112 97535 97166 92522 92526</li> <li>• 97164 97116 97168 92522</li> <li>• These codes must be billed with a POS (place of service) of 02 instead of POS 11. The limit on billable units previously stated on 3/19 are no longer applicable.</li> </ul> <p>Physical Therapy In-Home Encounters for all patients:</p> <ul style="list-style-type: none"> <li>• The following complex evaluation codes and hands-on CPT codes that require face-to-face</li> <li>• encounters can now be performed in the patient's home as an in-home encounter:</li> <li>• 97014 97032 97035 97140 97163 97167</li> <li>• These in-home encounter claims must be billed with POS 12 (private residence).</li> <li>• The services listed in item (1) above may also be performed in-home and billed as POS 12.</li> <li>• Vantage will pay all in-home encounter claims at the same rate as in-office visits with applicable patient cost share.</li> </ul> <p>Physical Therapy General Information:</p> <ul style="list-style-type: none"> <li>• All claims should include all acute and chronic diagnoses.</li> <li>• Current pre-authorization requirements apply.</li> </ul>			

Payer	Details	Reference	Date Updated	Expiration Date
	<p>Documentation for all claims should be similar to that of face-to-face office visits with respect to medical necessity and treatment specifications. Encounters should be fully documented in the patient’s medical record. Telemedicine services can be billed with a Place of Service (POS) of 02 or the place of service code that would have been billed had the service been furnished in person. If billed as any POS other than POS 02, a modifier 95 must also be billed. If billed as POS 02, the claim will be accepted with or without the modifier 95.</p>			
ViVa Health	<p>This policy applies to all diagnoses and is not restricted to a COVID-19 diagnosis: • compensation at 100% of the in-office rate as specified in their provider agreements. • Contracted providers can provide telemedicine services to our members (medical). This can also include telephone consultation. •Will waive member cost sharing for many primary care, specialist, and behavioral health services for telehealth for both Medicare and many Commercial members through May 31. UAB health plans will cover 100% for all diagnoses with a service date through April 13 and after April 13 will cover at 100% for COVID-related visits and will cover other diagnoses with applicable plan cost-sharing. Documentation requirements for a telehealth service are the same as those required for any face-to-face encounter, with the addition of the following: a statement that the service was provided using telemedicine or telephone consult: location of the patient and provider. See policy for approved codes and billing guidelines. Commercial Billing for telehealth: CPT codes</p>	<p><a href="https://www.vivahealth.com/Download.aspx?ID=35463">https://www.vivahealth.com/Download.aspx?ID=35463</a></p> <p><a href="https://www.vivahealth.com/Download.aspx?ID=35461">https://www.vivahealth.com/Download.aspx?ID=35461</a></p>	2/3/2021	In place during COVID-19 state of emergency.

Payer	Details	Reference	Date Updated	Expiration Date
	97110, 97112, 97161-97163, 97530 covered for telehealth.			
Wellmark BCBS (IA and SD)	Providers should bill the appropriate CPT codes for the services provided (see the link for codes). Telehealth allowed, use POS 2 and 1500 form POS 02 (do not include a modifier or claim will be denied); on a UB04 modifier and include a comment in the free form section of the claim (in the electronic 837 facility, the required comment should be placed in a claim level note Wellmark will be waiving copays, coinsurance and deductibles for virtual visits with dates of service from March 16 to June 16, 2020. Wellmark will pay the allowed amount for telehealth services in full. Services that are not a covered benefit, not medically necessary, experimental or investigational are excluded from the member's copay or other cost-shares that are being waived. This is only applicable to in-network providers.	<a href="https://www.wellmark.com/Provider/CommunicationAndResources/COVID-19/Telehealth.aspx">https://www.wellmark.com/Provider/CommunicationAndResources/COVID-19/Telehealth.aspx</a>	2/3/2021	Iowa until 6/30/2021.  South Dakota until further notice.
Well Sense Health Plan	Medical providers reimbursed for rendering health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media include, but are not limited to: Allied health professionals	<a href="https://www.wellsense.org/-/media/52e556c7afd1442a8eccf35821baa4f9.ashx">https://www.wellsense.org/-/media/52e556c7afd1442a8eccf35821baa4f9.ashx</a>	2/28/2022	Effective Date: 4/1/2022
Wisconsin Physicians Service  And  Aspirus Health Plan	Physical therapists are listed as eligible providers however the home is only considered an eligible originating site under the following conditions: Home of patient with a medical condition that can be evaluated via interactive audio or visual telecommunication system. Reimbursement Requirements: Telehealth services must be submitted with place of service 02 or 10, and appropriate	<a href="https://www.wpshealth.com/resources/files/telehealth-telemedicine-temporary.pdf">https://www.wpshealth.com/resources/files/telehealth-telemedicine-temporary.pdf</a>	4/5/2022	This is a TEMPORARY policy effective 03/23/2020 to 6/30/2022. It may be extended and/or revised at the discretion

Payer	Details	Reference	Date Updated	Expiration Date
	<p>corresponding modifier. The provided interactive telehealth services should be reported/billed using the appropriate codes for in-person services. Modifier GQ is used to indicate services performed via asynchronous telecommunication system Modifier GT is used to indicate services performed face-to-face via interactive audio and visual telecommunication system</p> <p>Modifier G0 is used to indicate services performed for the evaluation, diagnosis, or treatment of acute stroke</p> <p>Modifier 95 is used to indicate services performed via real-time interactive audio or visual telecommunication system</p> <p>Patient must be present and at an eligible originating site (as defined on pages 1 and 2) for services billed with modifier GT, G0, or 95</p> <p>Services provided must be medically necessary and appropriate for treatment via telehealth/telecommunication</p> <p>Appropriate documentation of provided telehealth services must be included in the patient medical record</p> <p>Servicing provider must meet definition of eligible provider. NOTE: Providers are responsible for accurately, completely, and legibly documenting the services performed.</p>			<p>of the Health Plan. PHE set to expire April 15, 2022</p>

**Last Updated:** 06/05/2022  
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