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PAYMENT POLICY ID NUMBER 20-069

Original Effective Date: 01/01/2021

Revised: 05/08/2025

Virtual Visits

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OF THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

A Virtual Visit is an evaluation and management service or other service by a provider where patient care, treatment or services are rendered, in place of an in-person visit, through the use of real-time interactive telecommunications. Virtual Visits offer providers the option of delivering office/outpatient care services to our members via a virtual visit when appropriate.

Effective 01/01/2021, Florida Blue will allow Virtual Visits as a covered member benefit.

A Virtual Visit does not include the provision of services solely through:

- 1) email messages;
- 2) text messages;
- 3) facsimile transmission;
- 4) U.S. Mail or other parcel service; or
- 5) any combination thereof.

To be eligible to offer Virtual Visits, a physician practice must be in Network and deliver virtual visits consistent with the following:

- Technology
 - Use of an interactive telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.
 - Technology must comply with CMS telehealth guidelines and remain HIPAA compliant.
 - A contract with a vendor partner will exist between the provider and vendor.

- Standard of Care
 - A provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to Florida patients.

REIMBURSEMENT INFORMATION:

Virtual visits must be reported with the appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code(s) that describes the virtual visit. The service should also be reported using place of service code 02 or 10 to indicate the location where the member received the services through a telecommunication system. For codes other than 98000-98015, modifier 93 or 95 must be appended, indicating the use of interactive telecommunications technology.

If multiple virtual visits are performed on the same date of service, the visits should be combined into a single evaluation and management (E/M) code. If a face-to-face visit is performed on the same day as a virtual visit, the visits should be combined into a single E/M code. If multiple E/M codes are reported by the same practitioner on the day for the same patient, only one E/M code will be allowed.

Telemedicine Evaluation and Management (E/M) Services

Commercial Plans

Effective January 01, 2025, for in-Network providers, E/M services may be reported with E/M codes 99202-99205 and 99212-99215 with modifiers 93 or 95 or codes 98000-98007 for synchronous audio-video services and 98008-98015 for synchronous audio-only services. The audio-video and audio-only codes are divided into subsets for new patients and established patients and are reported based on the level of medical decision making (MDM) or total time on the date of the encounter. Modifiers 93 or 95 are not required when reporting codes 98000-98015.

Medicare Advantage Plans

For Medicare Advantage, Florida Blue aligns with CMS policy and will require the existing office/outpatient E/M codes (99202-99205 and 99212-99215) with modifiers 93 or 95 and the appropriate POS code to identify the location of the member. CPT® codes 98000-98007 and 98008-98015 should not be reported for Medicare Advantage.

Both Commercial and Medicare Advantage Plans

In-Network providers may report CPT® code 98016 for a brief communication technology-based service such as a virtual check-in. This service is patient initiated for established patients only. Video technology is not required. If the service leads to an E/M on the same calendar date and time is used to select the level of E/M service, the time from 98016 may be added to the time of the E/M service for total time on the date of the encounter.

Telephone assessment and management service by a qualified nonphysician health care professional (98966-98968) provided to an established patient do not require Modifier 93 when reporting these services.

BILLING/CODING INFORMATION:**CPT® Codes**

Code	Descriptor
98000-98003	Synchronous audio-video visit for the evaluation and management of a new patient
98004-98007	Synchronous audio-video visit for the evaluation and management of an established patient
98008-98011	Synchronous audio only visit for the evaluation and management of a new patient
98012-98015	Synchronous audio-only visit for the evaluation and management of an established patient
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion)
98966-98968	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment:

Modifiers

Modifier	Modifier Description
93	Synchronous Telemedicine Service Rendered via Telephone or Other Real-time Interactive Audio-only Telecommunications System. Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.
95	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System. Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.

Place of Service Codes

Place of Service Code	Place of Service Name	Place of Service Description
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.

Place of Service Code	Place of Service Name	Place of Service Description
10	Telehealth Provided in 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.

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Evaluation and Management Services by Physicians in the Same Group Practice 20-068
Evaluation and Management for Office or Other Outpatient Services 21-070

REFERENCES:

1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition*
2. CMS Place of Service Code Set, https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

GUIDELINE UPDATE INFORMATION:

01/01/2021	New policy established
01/21/2021	Revised: Clarified description of virtual visits.
01/01/2022	Annual Review – Place of service 10 added to “Reimbursement Information” section and Place of Service code descriptions added to “Billing/Coding Information” section.
01/12/2023	Annual Review – References reviewed and updated.
11/09/2023	Revised – Codes 99441-99443 and 98966-98968 added for telephone E/M and telephone assessment and management services. Added Modifier 93 when reporting services using Audio-only Telecommunications System.
01/11/2024	Annual Review – References reviewed and updated.
01/01/2025	Annual review – Telemedicine E/M Services CPT® codes 98000-98007 for synchronous audio-video services, 98008-98015 for synchronous audio-only services, and 98016 for brief communication technology-based service were added to the policy. CPT® codes 99441-99443 were deleted, therefore, the codes have been removed
05/08/2025	Revision: Policy revised to expand telemedicine coding options for commercial plans. Effective January 01, 2025, Commercial Plans will accept existing E/M codes (99202-99205 and 99212-99215) with modifiers 93 or 95 or New Telemedicine E/M Services CPT codes 98000-98007 and 98008-98015. No changes have been made to the policy for Medicare Advantage plans.

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