

Commercial Reimbursement Policy

Subject: **Virtual Visits - Professional and Facility**

Policy Number: **C-08002**

Policy Section: **Administration**

Last Approval Date: **09/27/2023**

Effective Date: **01/01/2022**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem Blue Cross (Anthem) member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, Anthem will publish the most current policy to the website.

Policy

The 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.

Reimbursable:

Professional:

Professional Virtual Visits rendered at the distant site, via live audio and/or video through a secure and private data connection, and must be submitted with the following:

- Place of service (02) or (10) to indicate Telehealth place of service
- The appropriate CPT/HCPCS code

- The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section

Professional Virtual Visits rendered at the distant site, via asynchronous connection, must be submitted with the following:

When provider to provider communication:

- Place of service appropriate to the location of the billing provider
- The appropriate CPT/HCPSC code
- Modifier GQ

When member to provider communication:

- Place of service (02) or (10) to indicate Telehealth place of service
- The same CPT/HCPSC code(s) that would have been billed for an in office visit
- Modifier GQ

Services reported by a professional provider with a place of service Telehealth (02) or (10) will be eligible for office place of service reimbursement.

Professional Virtual Visits 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/HCPSC code

Facility:

Facility Virtual Visits rendered at the distant site, via live video through a secure and private data connection, must be submitted with the following:

- The appropriate Revenue Code for the service rendered
- The appropriate CPT/HCPSC code
- The applicable telehealth modifier indicated in the Related Coding section

Facility Virtual Visits rendered for Remote Patient Monitoring must be submitted with the following:

- The appropriate Revenue Code for the service rendered
- The appropriate CPT/HCPSC code

Facility Virtual Visits rendered at the originating site must be submitted with the following:

- The appropriate place of service code for the provider rendering in-person services to the member
- The appropriate HCPSC code for the originating site fee

Non-Reimbursable:

- Non-direct member services other than Remote Patient Monitoring
- Services that require equipment and/or direct physical hands on care that cannot be provided remotely
- Services rendered virtually that are not eligible for reimbursement when rendered to the member in-person
- PT/OT/ST services provided without live audio/visual communication

Note: In person services not rendered in an office or facility setting are not eligible for virtual reimbursement under this policy.

Related Coding

Note: For state-specific lists related to allowable Virtual Visits please refer to applicable state mandates.

Code	Description	Comments
Modifier 93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System	Required when no Telehealth/Telemedicine specific code has been reported
Modifier 95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	Required when no Telehealth/Telemedicine specific code has been reported
Modifier FQ	The service was furnished using audio-only communication technology	Applies to Behavioral Health Services
Modifier GQ	Via asynchronous telecommunications system	Required when no telehealth specific code has been reported
Modifier GT	Via interactive audio and video telecommunication systems	Required when no telehealth specific code has been reported
Q3014	Telehealth originating site fee	Facility providers only. Member must be physically present in the originating facility.

Policy History

09/27/2023	Update due to regulatory directive; added language to allow asynchronous and audio only transmission; removed language to not recognize modifiers 93 and FQ; added definitions for Asynchronous and Synchronous
10/01/2021	Review approved 10/1/2021 and effective 01/01/2022: updated policy name to Virtual Visits – Professional and Facility from Telemedicine; policy language updated to define services allowed and not allowed for reimbursement for professional and facility; added covered code lists to Related Coding section, updated Definitions and Reference and Research sections; allow reimbursement for modifier 95; added place of service 10 to policy language
07/19/2019	Review effective: removed language “health plan approved” telehealth program and example “Livehealth Online”, added “instant messaging or other electronic communication” to the not eligible for reimbursement list
07/11/2017	Revised: added brackets in policy language, updated language on modifiers
12/06/2016	Revised: added place of service code “02” effective 01/01/17
03/01/2016	Revised: add codes
10/06/2015	Revised: minor update, bracketing codes based on local policies

08/04/2015	Annual Review: revising document based on state mandates, removed telemedicine information, changed policy statement to comply with mandates, modifiers GQ, GT updated, CPT & HCPC codes moved to table format, removed all codes not related to telehealth
08/05/2014	Review approved: minor updates including copyright date
08/06/2013	Revised: Minor language updates and spelling corrections
04/02/2013	Revised: added codes effective 01/01/13
01/08/2013	Revised: removed deleted CPT codes, added new 2013 CPT codes. Updated language CPT codes that are not eligible for reimbursement
09/11/2012	Annual Review with Revisions: Updated HCPC descriptions to match 2012 HCPC language update, updated code not eligible for separate reimbursement, added brackets for pilot program
09/13/2011	Revised: CPT added to Bundled Services Policy and moved as 2 nd bullet point
01/04/2011	Review approved: no changes
12/17/2008	Revised: Definitions revised, policy section updated to add covered and non-covered services, new HCPC codes added eff. 01/01/10
11/24/2008	Revised: Policy format revised, added new CPT and HCPC codes effective 07/01/08
03/10/2008	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- American Medical Association (AMA) Current Procedural Terminology (CPT®) Professional Edition 2020
- American Academy of Family Physicians (AAFP)
- Center for Connected Health Policy: The National Telehealth Policy Resource Center
- Healthcare Common Procedure Coding System (HCPCS Level II)
- CMS (42 CFR 410.78)
- Optum EncoderPro 2021

Definitions

Asynchronous	Asynchronous telehealth occurs over time, with a delay between contributions from each party such that the interaction occurs independently of time. Asynchronous contact is also known as “store-and-forward,”
Distant Site	The site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.
Originating Site	The location of the member at the time the service being furnished via a telecommunications system.
Remote Patient Monitoring/ Remote Physiologic Monitoring	Treatment management services provided by medical professionals to manage a patient under a specific treatment plan via live interactive communication or store and forward through a medical device defined by the FDA, and ordered by a physician, or through other qualified health care professional.

Store and Forward	The transmission of a member's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the member being present.
Synchronous	Synchronous telehealth occurs when real-time technology allows the patient or client to interact with a practitioner using a telephone or video connection — or a combination of both
Telehealth/Telemedicine	The use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.
Virtual Visits	Technology based services including: <ul style="list-style-type: none"> • Telehealth/ Telemedicine services • e-visits • virtual check-ins • telephone visits • remote patient monitoring
General Reimbursement Policy Definitions	

Related Policies and Materials

Bundled Services and Supplies - Professional
Documentation and Reporting Guidelines for Evaluation and Management Services - Professional
Place of Service - Professional
Scope of License - Professional
See Anthem.com Administrative Policy: Allowed Virtual Services (Telehealth/Telemedicine)

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Anthem Blue Cross.

©2008-2023 Anthem Blue Cross. All Rights Reserved.