

Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross*) reimburses contracted health care providers for covered, medically necessary telehealth (telemedicine) services.

In line with Chapter 224 of the Acts of 2012, Blue Cross defines telehealth (telemedicine) as *the use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment*. Telehealth (telemedicine) does not include the use of audio-only telephone, fax machine, or email.

Blue Cross providers must deliver telehealth (telemedicine) services via a secure and private data connection. All transactions and data communication must comply with the Health Insurance Portability and Accountability Act (HIPAA). For more information on HIPAA and electronic protected health information compliance, please see: [hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html).

Asynchronous telecommunication

Medical information is stored and forwarded to be reviewed later by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Asynchronous telecommunication is also referred to as **store-and-forward telehealth** or **non-interactive telecommunication**.

Interactive audio and video telecommunication

Medical information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.

Telehealth

Telehealth is a broader term which includes telemedicine.

General benefit information

Covered services and payment are based on the member's benefit plan and provider Agreement. Providers and their office staff may use our [online tools](#) to verify effective dates and member copayments before providing services. Visit our [eTools](#) page for information on member eligibility and benefits. Member liability may include, but is not limited to: copayments, deductibles, and co-insurance. Members' costs depend on member benefits.

Certain services require [prior authorization](#) or referral.

Payment information

Blue Cross reimburses health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses

- Certain *evaluation and management codes* when submitted with modifier **GT, 95, or G0** as listed in the billing information section below.
 - Office or other outpatient visit for the evaluation and management of a new patient. Typically, ten minutes are spent face-to-face with the patient or family
 - Office or other outpatient visit for the evaluation and management of an established patient. Typically, five minutes are spent performing or supervising these services.
 - Office or other outpatient visit for the evaluation and management of an established patient. Typically, ten minutes are spent face-to-face with patient or family.
 - Effective January 1, 2020: Office or other outpatient visit for the evaluation and management of an established patient. Typically, fifteen minutes are spent face-to-face with the patient or family.
- Certain behavioral health codes as defined in the Telehealth (Telemedicine) – Behavioral Health Payment Policy.
- Certain lactation counseling services effective January 1, 2020.
- Certain telehealth (i.e.: telephone, virtual and online digital) services as indicated below in response to COVID-19.

Blue Cross does not reimburse

- Any services not defined with modifier GT, 95, or G0
- Asynchronous telecommunication
- Costs associated with enabling or maintaining contracted providers’ telehealth (telemedicine) technologies
- Interprofessional telephone or internet consultations
- Online medical evaluation
- Telephone services

General reimbursement information

- Modifier GT, 95, and G0
 - Practitioners must use modifier GT or 95 (via interactive audio and video telecommunications systems) or modifier G0 to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
 - When reporting modifier GT, 95, or G0, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.
- Reimbursement
 - Reimbursement for telehealth (telemedicine) services is calculated using a reduced Practice Expense Relative Value Unit (RVU). See the *CPT and HCPCS Modifiers Payment Policy* for additional information.
 - **Please see below regarding reimbursement during the COVID-19 response period.**
- Telehealth (telemedicine) services are reimbursed when the following criteria are met:
 - The provider is contracted with Blue Cross Blue Shield of Massachusetts or is providing services through a telehealth or telemedicine vendor contracted with another Blue Cross Blue Shield Plan, and meets all terms and conditions of the applicable contracts, including credentialing and licensure.
 - The provider renders care from the location listed in his or her contract with Blue Cross Blue Shield of Massachusetts or other appropriate location(s) within Massachusetts, in a professional, non-public space.

COVID-19

Effective for dates of service retroactive to March 16, 2020, Blue Cross will reimburse **all** covered services (COVID-19 AND non-COVID 19 related) whether they are telehealth, telephonic (audio) or face-to-face, at same rate as an in-person visit, for **all** provider types. Follow the same telehealth billing guidelines including the use of the following modifiers:

- Practitioners must use modifier GT or 95 (via interactive audio and video telecommunications systems) or modifier G0 to differentiate a telehealth (telemedicine) encounter from an in-person encounter with the patient.
- When reporting modifier GT, 95, or G0, the practitioner is attesting that services were rendered to a patient via an interactive audio and visual telecommunications system.
- For those providers whose fee schedules do not include the codes listed below, report the service delivered using the standard face-to-face code and modifier GT, 95, or G0.
- **Any telehealth virtual, online, or digital service must be reported with modifier GT, 95 or G0.**

Blue Cross expects the documentation and medical records to support the criteria of the service billed.

Please refer to the coding grid below for applicable codes. Note, this list is not all inclusive. Whether or not a code is listed here does not guarantee coverage or reimbursement.

Billing information

Specific billing guidelines

The list of codes below is included for *informational purposes only*. This may not be a complete list of all the codes related to this service. Whether or not a code is listed here does not guarantee coverage or reimbursement.

- The following codes are reimbursable when submitted with either modifier GT, 95, or G0.
- Services rendered must fall within the scope of the provider’s license.

Code	Service description	Comments
Modifiers		
GT	Via interactive audio and video telecommunication systems	Temporarily accepted for all non-face-to-face services during the COVID-19 response period
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	

Code	Service description	Comments
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	
CPT and HCPCS codes		
98966	Telephone assessment and management service provided by a qualified non-physician 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; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98967	Telephone assessment and management service provided by a qualified non-physician 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; 11-20 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98968	Telephone assessment and management service provided by a qualified non-physician 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; 21-30 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Effective 3/16/2020, temporarily accepted until further notice
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 3/16/2020, temporarily accepted until further notice
99201	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 10 minutes are spent face-to-face with the patient and/or family.	
99202	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99203	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99204	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99205	Office or other outpatient visit for the evaluation and management of a new patient. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99211	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services.	
99212	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 10 minutes are spent face to face with patient and/or family	
99213	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Effective 1/1/2020

Code	Service description	Comments
99214	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 25 minutes are spent face-to-face with the patient and/or family	Effective 3/16/2020, temporarily accepted until further notice
99215	Office or other outpatient visit for the evaluation and management of an established patient. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Effective 3/16/2020, temporarily accepted until further notice
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Effective 1/1/2020 Reimbursement limited to the following diagnosis codes: <ul style="list-style-type: none"> • Lactating mother Z39.1 • Failure to thrive in newborn P92.6 • Failure to thrive R62.51 Report with modifier 33 for informational purposes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	Effective 1/1/2020 Reimbursement limited to the following diagnosis codes: <ul style="list-style-type: none"> • Lactating mother Z39.1 • Failure to thrive in newborn P92.6 • Failure to thrive R62.51 Report with modifier 33 for informational purposes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	Effective 1/1/2020 Reimbursement limited to the following diagnosis codes: <ul style="list-style-type: none"> • Lactating mother Z39.1 • Failure to thrive in newborn P92.6 • Failure to thrive R62.51 Report with modifier 33 for informational purposes
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Effective 3/16/2020, temporarily accepted until further notice
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 3/16/2020, temporarily accepted until further notice
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within	Effective 3/16/2020, temporarily accepted until further notice

Code	Service description	Comments
	the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Not reimbursed
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Not reimbursed
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Effective 3/16/2020, temporarily accepted until further notice
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Effective 3/16/2020, temporarily accepted until further notice
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	Effective 3/16/2020, temporarily accepted until further notice
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	Effective 3/16/2020, temporarily accepted until further notice
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation	Not reimbursed

Code	Service description	Comments
	with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	
G2012	Brief communication technology-based service, e.g., 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 E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Effective 3/16/2020, temporarily accepted until further notice
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	Effective 3/16/2020, temporarily accepted until further notice
G2062	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Effective 3/16/2020, temporarily accepted until further notice
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Effective 3/16/2020, temporarily accepted until further notice

When submitting claims, report all services with:

- Up-to-date, industry-standard procedure and diagnosis codes, and
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

Related policies

Note: [Log into Provider Central](#) before clicking Payment Policy links.

[CPT and HCPCS Modifiers](#)

[Behavioral Health and Substance Use](#)

[Evaluation and Management](#)

[General Coding and Billing](#)

[Non-Reimbursable Services](#)

[Telehealth \(Telemedicine\) - Behavioral Health](#)

Policy update history

10/01/2015	Documentation of policy
01/01/2016	Effective date for reimbursement of the following codes when submitted with modifier GT: 90791, 90832, 99201, 99211, and 99212
07/01/2016	Addition of the following codes eligible for reimbursement when submitted with modifier GT: effective 07/01/2016: 90833, 90834, 90836, 90837, and 90838
01/01/2017	Annual review; template update; addition of information on modifier 95 effective 01/01/2017
01/01/2018	Annual review; inclusion of information on provider reimbursement criteria
03/31/2018	Policy renamed <i>Telemedicine – Medical</i> . Please refer to the <i>Telemedicine – Behavioral Health Payment Policy</i> for additional telemedicine reimbursement information
06/01/2018	Policy renamed <i>Telehealth (Telemedicine) – Medical</i>
12/31/2018	Annual coding update; inclusion of 99451-99452, G2010 and modifier G0
03/31/2019	Annual review; addition of modifiers GT, 95, and G0 to the coding grid; addition of related policies
06/30/2019	Edits for clarity on reimbursement criteria for telemedicine services
11/01/2019	Addition of reimbursement information for lactation counseling services (99401, 99402, 99403) effective 1/1/2020
12/01/2019	Addition of code 99213 eligible for reimbursement with the appropriate telehealth modifier effective 1/1/2020

- 12/31/2019 Annual coding review; deletion of 98969, 99444, inclusion of 98970, 98971, 98972, 99421, 99422, 99423, G2061-G2063
- Annual coding review; deletion of 98969, 99444, inclusion of 98970, 98971, 98972, 99421, 99422, 99423, G2061-G2063
- 03/13/2020 Addition of 99202, 99203, 99204, 99205, 99214, and 99215 effective 3/16/2020
- 03/18/2020 Addition of temporary coding information in response to COVID-19

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy development takes into consideration a variety of factors, including: the terms of the participating provider's contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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