

<b>Commercial Reimbursement Policy</b>	
Subject: <b>Virtual Visits - Professional and Facility</b>	
Policy Number: <b>C-08002</b>	Policy Section: <b>Administration</b>
Last Approval Date: <b>02/14/2024</b>	Effective Date: <b>07/01/2024</b>

**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 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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, we will publish the most current policy to the website.

**Policy**

Anthem 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:**

Anthem allows virtual visits rendered at the distant site by professional providers. The virtual visit must be rendered through a secure and private connection. Virtual visits billed by a professional provider are eligible for non-office place of service reimbursement. Professional claims must be submitted with the below criteria.

#### Audio and Visual:

- 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.

#### Audio:

- Place of service “02” or “10” to indicate Telehealth place of service
- The appropriate CPT/HCPCS code in CPT Appendix T or codes by definition
- Modifier 93 or FQ

#### Asynchronous:

##### When member to provider communication:

- Place of service “02” or “10” to indicate Telehealth place of service
- The appropriate CPT/HCPCS code
- Modifier GQ

#### Store and Forward:

##### When provider to provider communication:

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

#### Remote Patient Monitoring:

- Place of service appropriate to the location of the billing provider  
The appropriate CPT/HCPCS code

Anthem allows virtual visits rendered at the distant site by facility providers for Behavioral Health services only. The virtual visit must be rendered through a secure and private connection. The originating site fees are allowed for facility providers only. Facility claims must be submitted with the below criteria.

#### Audio and Visual:

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

#### Originating Site Fee:

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

#### **Nonreimbursable:**

- 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 and visual communication
- Facility virtual visits via live audio-video for services that are not Behavioral Health
- Facility virtual visits via audio only

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 to identify audio-only services
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 audio-only Behavioral Health Services
Modifier GQ	Via asynchronous telecommunications system	Required when no Telehealth/ Telemedicine specific code has been reported
Modifier GT	Via interactive audio and video telecommunication systems	Required when no Telehealth/Telemedicine specific code has been reported
Q3014	Telehealth originating site facility fee	Facility providers only. Member must be physically present in the originating facility.

### Policy History

02/14/2024	<p>Review approved 02/14/2024 and effective 07/01/2024: updated language to state all Virtual Visits performed by professional providers will be subject to non-office reimbursement; added definitions for Asynchronous and Synchronous; updated</p> <ul style="list-style-type: none"> <li>• Reimbursable section <ul style="list-style-type: none"> <li>○ added professional audio only services</li> <li>○ added professional asynchronous services</li> <li>○ clarified facility audio-video services are allowed for Behavioral Health only</li> </ul> </li> <li>• Non-Reimbursable section <ul style="list-style-type: none"> <li>○ removed services rendered through facsimile, e-mail, instant message, electronic chart and other electronic communication</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ removed services that do not represent real time interaction</li> <li>○ added Facility Virtual Visits via live audio-video for services that are not Behavioral Health</li> <li>○ added Facility Virtual Visits via audio only</li> </ul>
06/28/2023	Review approved 06/28/2023 and effective 11/01/2023: updated reimbursement for place of service (02) and (10) to the “non-office” reimbursement rate
04/13/2022	Review approved: added new modifiers 93 and FQ; updated Policy Section to Administration
01/01/2022	Review approved added place of service 10 to policy language
07/29/2021	Review approved: removed reference to “non-office reimbursement” for Place of service (02) Telehealth, reimbursement will be at the office reimbursement rate
07/21/2021	Review approved and effective 11/01/2021: removed “Services rendered by audio only communication” from the non-reimbursable section.
07/09/2021	Review approved and effective 11/01/2021: Updated policy name to Virtual Visits, updated policy language 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.
07/19/2019	Revised: 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
06/21/2019	Revised: Updated Policy to new template, removed coding tables, condensed policy language
07/11/2017	Revised: added brackets in policy language, updated language on modifiers
12/06/2016	Revised: added place of service code “02”, and codes G0508 and G0509 effective 01/01/2017
10/04/2016	Revised: added Modifier 95 effective 01/01/2017
03/01/2016	Revised: add code G0427
10/06/2015	Revised: minor update, bracketing codes based on local policies
08/04/2015	Review approved: 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 G0459 effective 01/01/2013
01/08/2013	Revised: removed deleted CPT codes 90801-90802, 90804-90809, and 90863, added new 2013 CPT codes 90791-90792, 90832-90838 and 90863, Updated language CPT codes that are not eligible for reimbursement
09/11/2012	Review approved: updated HCPC descriptions to match 2012 HCPC language update, updated Q3014 not eligible for separate reimbursement, added brackets for 99444 pilot program

09/13/2011	Revised: CPT 98969 added to Bundled Services Policy and moved as 2 <sup>nd</sup> 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 G0425-G0427 added effective 01/01/2010
11/24/2008	Revised: Policy format revised, added new CPT codes 0188T-0189T effective 07/01/2008, and new HCPC codes G0406-G0408
03/10/2008	Initial approval and effective

## References and Research Materials

This policy has been developed through consideration of the following:

- American Academy of Family Physicians (AAFP)
- Center for Connected Health Policy: The National Telehealth Policy Resource Center
- CMS (42 CFR 410.78)
- Optum EncoderPro 2023

## 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"> <li>• Telehealth/ Telemedicine services</li> <li>• e-visits</li> <li>• virtual check-ins</li> </ul>

	<ul style="list-style-type: none"> <li>• telephone visits</li> <li>• remote patient monitoring</li> </ul>
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

**Use of Reimbursement Policy**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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