

Commercial Reimbursement Policy

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

Policy Number: **C-08002**

Policy Section: **Administration**

Last Approval Date: **03/26/2026**

Effective Date: **07/01/2024**

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:

The health plan 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 in CPT Appendix P (or document referenced in the Related Policies and Materials section)
- Modifier 95 or GT

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 (see the Related Policies and Materials section)
- 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 by definition (or document referenced in the Related Policies and Materials section)
- 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 by definition (or document referenced in the Related Policies and Materials section)
- Modifier GQ

Remote Patient Monitoring:

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

The Health Plan 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 (see document referenced in the Related Policies and Materials section)
- 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 (Q3014) 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.

Modifier/ HCPCS	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 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

Exemptions

Colorado	Anthem Blue Cross and Blue Shield: <ul style="list-style-type: none"> • Allows virtual visits for office-based reimbursement
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	<ul style="list-style-type: none"> Allows facility virtual visits for non-behavioral health, and audio only services
Connecticut	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows virtual visits for office-based reimbursement Only allows Virtual Visits to be billed on CMS-1500 form or its successor Does not allow reimbursement for Q3014 Does not allow Virtual Visits to be billed by facilities on a UB-04 form or its successor
Georgia	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows virtual visits for office-based reimbursement Allows facility virtual visits for non-behavioral health, and audio only services
Indiana	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows facility virtual visits for non-behavioral health, and audio only services
Kentucky	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows virtual visits for office-based reimbursement Allows facility virtual visits for non-behavioral health, and audio only services
Missouri	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows facility virtual visits for non-behavioral health, and audio only services
New Hampshire	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows virtual visits for office-based reimbursement Allows facility virtual visits for non-behavioral health, and audio only services
Nevada	<p>Anthem Blue Cross and Blue Shield:</p> <ul style="list-style-type: none"> Allows virtual visits for office-based reimbursement Allows facility virtual visits for non-behavioral health, and audio only services site

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Anthem Blue Cross and Blue Shield is the trade name of Community Care Health Plan of Nevada, Inc. and Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Definitions	
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.
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	<ul style="list-style-type: none"> • Technology based services including: • 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
See Anthem.com Administrative Policy: Allowed Virtual Services (Telehealth/Telemedicine) - (Excludes Maine and New Hampshire)

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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

Policy History

03/26/2026	Update due to regulatory directive (committee approval not required in accordance with Reimbursement Policy Program Guidelines): updated Connecticut exemption to allow virtual visits for professional providers only on a CMS-1500 form, and to not allow virtual visits submitted on a UB-04 form
01/14/2026	Review approved and effective: updated Nevada exemption to allow virtual visits for office-based reimbursement
03/29/2024	Review approved 03/29/2024 and effective 09/01/2024: removed Maine exemption and 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 <ul style="list-style-type: none"> • Reimbursable section <ul style="list-style-type: none"> ○ added professional audio only services ○ added professional asynchronous services ○ clarified facility audio-video services are allowed for Behavioral Health only • Nonreimbursable section <ul style="list-style-type: none"> ○ removed services rendered through facsimile, e-mail, instant message, electronic chart and other electronic communication ○ removed services that do not represent real time interaction ○ added Facility Virtual Visits via live audio-video for services that are not Behavioral Health billed on a UB04 ○ added Facility Virtual Visits via audio only billed on a UB04
02/28/2024	<ul style="list-style-type: none"> • Update due to regulatory directive: added Connecticut exemption (virtual visits will be eligible for office reimbursement), reviewed 02/28/2024 and effective 01/01/2024

	<ul style="list-style-type: none"> • Update due to regulatory directive: added Connecticut exemption (does not allow reimbursement for Q3014) reviewed 02/28/2024 and effective 07/01/2024
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"> • Reimbursable section <ul style="list-style-type: none"> ○ added professional audio only services ○ added professional asynchronous services ○ clarified facility audio-video services are allowed for Behavioral Health only • Nonreimbursable section <ul style="list-style-type: none"> ○ removed services rendered through facsimile, e-mail, instant message, electronic chart and other electronic communication ○ removed services that do not represent real time interaction ○ added Facility Virtual Visits via live audio-video for services that are not Behavioral Health ○ added Facility Virtual Visits via audio only • Maine effective TBD • Exemptions section <ul style="list-style-type: none"> ○ Connecticut <ul style="list-style-type: none"> • Removed exemptions (does not allow modifier GQ) and (POS 02 and 10 are reimbursed at office based reimbursement) ○ Colorado <ul style="list-style-type: none"> • Updated exemption (allows virtual visits for office based reimbursement) • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ Georgia <ul style="list-style-type: none"> • Updated exemption (allows virtual visits for office based reimbursement)

	<ul style="list-style-type: none"> • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ Indiana <ul style="list-style-type: none"> • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ Kentucky <ul style="list-style-type: none"> • Updated exemption (allows virtual visits for office based reimbursement) • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ Missouri <ul style="list-style-type: none"> • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ New Hampshire <ul style="list-style-type: none"> • Updated exemption (allows virtual visits for office based reimbursement) • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ Nevada <ul style="list-style-type: none"> • Removed exemption (does not allow modifier GQ) • Added exemption (allows facility virtual visits for non-behavioral health and audio only services) ○ Ohio <ul style="list-style-type: none"> • Removed exemptions (allows reimbursement for asynchronous transmission by audio-only telephone communication, facsimile, e-mail, instant messaging and other electronic communication)
09/19/2023	Review approved 09/19/2023 and effective 01/01/2024: removed Connecticut exemption (place of service 02 and 10 will now be eligible for non-office reimbursement)
05/16/2022	Regulatory alert request updated; removed exemption to Modifier GQ for Maine and New Hampshire, asynchronous services allowed; exemption added for Kentucky Place of Service Telehealth (02) and (10) will be eligible for office-based reimbursement

04/13/2022	Review request approved: added new modifiers 93 and FQ. Updated Policy Section to Administration.
02/15/2022	Added Colorado exemption effective 01/01/2022: Place of service Telehealth (02) and (10) will be eligible for office-based reimbursement
01/01/2022	Added Place of Service 10 to policy language.
08/16/2021	Removed Nevada and Colorado exemption to POS Telehealth (02) reduction, effective 01/01/2022.
07/29/2021	Added exemptions for Connecticut, Georgia, Nevada, and New Hampshire: These markets will reimburse Place of Service (02) Telehealth with office-based reimbursement. Added Colorado exemption delayed implementation.
07/21/2021	Review effective 11/01/21: removed "Services rendered by audio only communication" from the Non-reimbursable section.
07/09/2021	Biennial review approved and effective 11/01/21: 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.
01/01/2021	Ohio exemption added due to regulatory mandate to allow reimbursement for asynchronous transmission; effective 01/01/21
06/21/2019	Revised: Removed NH exemption to reduce services by 30% when appended with Modifier 95 and GT effective 01/01/2020
01/10/2019	Revised: Updated Policy to new template, removed informational 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" effective 01/01/2017
10/04/2016	Revised: added Modifier 95 effective 01/01/2017
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	Annual Review: minor updates including copyright date

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08/06/2013	Revised: Minor language updates and spelling corrections
04/02/2013	Revised: added codes eff 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	Annual review: 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 eff 07/01/08
03/10/2008	Initial approval and effective

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 and Blue Shield (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.

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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.

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.

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