

## Commercial Reimbursement Policy

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

Policy Number: **C-08002**

Policy Section: **Administration**

Last Approval Date: **11/26/2024**

Effective Date: **03/01/2025**

### 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.

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

The Health Plan allows reimbursement for professional 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:

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 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 (see the Related Policies and Materials section)
- The applicable Telehealth/Telemedicine modifier indicated in the Related Coding section

**Remote Patient Monitoring:**

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

**Nonreimbursable:**

- Virtual Visits provided by facility providers
- 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 by audio only communication
- Services rendered virtually that are not eligible for reimbursement when rendered to the member in-person
- Services rendered by facsimile, e-mail, instant messaging, electronic chart, or other electronic communication
- Services that do not represent real-time interaction between a member located at the originating site and a provider located at a distant site.
- 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.

Modifier	Description	Comments
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
GQ	Via asynchronous telecommunications system	Required when no Telehealth/Telemedicine specific code has been reported
GT	Via interactive audio and video telecommunication systems	Required when no Telehealth/Telemedicine specific code has been reported

**Policy History**

11/26/2024	Review approved 11/26/2024 and effective 03/01/2025: updated language under Professional section; updated language to allow virtual visits for office-based reimbursement; added Virtual Visits provided by facility providers to Nonreimbursable section
11/16/2022	Review approved 11/16/2022 and effective 03/01/2023: updated policy name to Virtual Visits – Professional from Telemedicine Services; added place of service 02 & 10 are office-based reimbursement to policy language
07/19/2019	Review approved and 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 01/01/2017
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	Review: revising document based on state mandates, removed telemedicine information, changed policy statement to comply with mandates, modifiers GQ, GT updated, CPT & HCPCS codes moved to table format, removed all codes not related to telehealth
08/05/2014	Review: minor updates
08/06/2013	Revised: Minor language updates and spelling corrections
04/02/2013	Revised: added codes eff 01/01/2013
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	Review with Revisions: Updated HCPCS descriptions to match 2012 HCPCS 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 <sup>nd</sup> bullet point
01/04/2011	Review: no changes
12/17/2008	Revised: Definitions revised, policy section updated to add covered and non-covered services, new HCPCS codes added eff. 01/01/2010
11/24/2008	Revised: Policy format revised, added new CPT and HCPCS codes effective 07/01/2008
03/10/2008	Initial approval and effective

**References and Research Materials**

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• American Medical Association (AMA) Current Procedural Terminology (CPT®) Professional Edition 2020</li> <li>• American Academy of Family Physicians (AAFP)</li> <li>• Center for Connected Health Policy: The National Telehealth Policy Resource Center</li> </ul>
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- Healthcare Common Procedure Coding System (HCPCS Level II)
- CMS (42 CFR 410.78)
- Optum EncoderPro 2023

### 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	Technology based services including: <ul style="list-style-type: none"> <li>• Telehealth/ Telemedicine services</li> <li>• e-visits</li> <li>• virtual check-ins</li> <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
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.



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