Telehealth (Telemedicine) – Medical Services
Payment Policy

MASSACHUSETTS

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 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 be in compliance 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.

Asynchronous telecommunication
Medical information is stored and forwarded to be reviewed at a later time 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** or modifier **95** as listed in the billing information section below. Effective January 1, 2019, modifier **G0** may be submitted.
  - 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 and/or family
- Certain behavioral health codes as defined in the Telehealth (Telemedicine) – Behavioral Health Payment Policy.
- Certain lactation counseling services effective January 1, 2020

Blue Cross does not reimburse:

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

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.
- 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.

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 or 95. Effective January 1, 2019, modifier G0 may be submitted. Any other codes submitted with modifier G0, GT, or 95 will be denied.
- 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	
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	
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	Not reimbursed
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	Not reimbursed

Code	Service description	Comments
	the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	
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	Not reimbursed
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	Not reimbursed
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	Not reimbursed
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	Not reimbursed
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.	Reimbursable with modifiers GT, 95 or G0
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.	Reimbursable with modifiers GT, 95 or G0
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	Reimbursable with modifiers GT, 95 or G0
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, reimbursable with modifiers GT, 95 or G0
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Effective 1/1/2020, reimbursable with modifiers GT or 95 Reimbursement limited to the following diagnosis codes: • 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, reimbursable with modifiers GT or 95 Reimbursement limited to the following diagnosis codes: • Lactating mother **Z39.1** • Failure to thrive in newborn **P92.6** • Failure to thrive **R62.51**) Report with modifier 33 for informational purposes

Code	Service description	Comments
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	Effective 1/1/2020, reimbursable with modifiers GT or 95 Reimbursement limited to the following diagnosis codes: • Lactating mother **Z39.1** • Failure to thrive in newborn **P92.6** • Failure to thrive **R62.51**) Report with modifier 33 for informational purposes
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 the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Not reimbursed
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	Not reimbursed
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	Not reimbursed
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	Not reimbursed
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	Not reimbursed
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	Not reimbursed
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
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation 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	Not reimbursed

Code	Service description	Comments
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	Not reimbursed
G2062	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	

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 *Telemedicine – Medical*. Please refer to the *Telemedicine – Behavioral Health Payment Policy* for additional telemedicine reimbursement information
06/01/2018	Policy renamed *Telehealth (Telemedicine) – Medical*
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

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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