

# Commercial insurers' policies for extended telehealth coverage

Policies and coding guidance for extended telehealth coverage during the COVID-19 emergency from more than 50 of the better-known national, regional, and state-based payers.

## Disclaimer

We prepared this page to provide information to psychologists in this rapidly changing landscape. Because the law and related information continually change, we will strive to update the page regularly. [Please email us with any updates.](#)

Please note this document does not constitute legal advice. APA cannot guarantee the completeness or accuracy of this document, and we recommend that psychologists independently verify this information (partly by using the reference(s) included in each listing) and consult with counsel in their state with appropriate experience before relying on or making decisions based on this information.

Date created: July 13, 2020

This list of state-based and national and regional payers provides detail on more than 50 of the better-known commercial insurers' policies for extended telehealth (TH) coverage during the COVID-19 emergency.

NOTE: Expiration dates are rapidly changing. While we strive to keep the information updated, please check with the insurer directly for current information.

## How created

This listing is the result of the largest ever collaboration between APA Services, Inc. (specifically Practice's Legal & Regulatory Affairs and Office of Health Care Finance) and the [Inter Organizational Practice Committee](#) (IOPC), a group of national neuropsychology groups.

The initial research on scores of state insurers was done by a team of neuropsychology graduate students supervised by IOPC leaders. The information benefited from feedback from the APA-affiliated state psychological associations' Directors of Professional Affairs and insurance/reimbursement leaders.

## How to read the charts

The national and regional payer section has listings for national companies like Aetna, Optum, Cigna and Anthem BCBS, and regional companies that are in multiple states. The state-based listing provides our *initial* group of companies that are exclusively/primarily in one state (see Focus on commercial insurance below).

In each section you'll see

- basic information on the company and web links
- the common BH procedures/codes covered by the company's emergency TH policies
- general information on billing, co-pays, out-of-network, etc.
- a list of less common BH procedures/codes covered by those policies

### **Focus on commercial insurance**

These listings focus on commercial insurance but include some specific information on variations for other programs like Medicaid and Medicare Advantage. Within commercial insurance, a company's TH policies do not necessarily apply to the large portion of self-insured plans of large companies; those plans (known as ERISA plans) are administered but not controlled by the insurance companies.

For more information, see APA Service's [FAQs practicing psychologists have about COVID-19](#) (see 6th FAQ regarding ERISA plans):

We are evaluating whether to expand the charts to include Medicaid MCOs and Medicare Advantage plans, although it appears that those companies are primarily driven by directives from state Medicaid agencies and CMS respectively.

### **The listings are a work in progress**

Developing these listings was made challenging not only by the scope and complexity of so many companies' TH Policies, but also by the fact that they are constantly changing. Some larger companies update them very frequently.

We will update the charts periodically, more frequently for major companies. [Please email us with significant updates or corrections.](#)

### **End dates**

Most companies are either constantly extending the end dates for their TH Policies as they approach or planning to end their policies when the federal or state government declares the emergency over. While most states are in various stages of opening and re-opening, many of their public health emergency (PHE) orders are likely to stay in place as long as there is some level of COVID-19 restrictions, e.g., prohibitions on mass gatherings. (A few states' PHE orders have already expired and some are set to expire in December.)

APA Services is advocating on multiple fronts for payers to keep their TH policies in place for at least 12 months after the federal emergency declaration ends. It is also advocating for payers to permanently adopt appropriate extensions of their TH policies when the crisis is over.

## STATE PAYERS

### Alaska

#### Premera Blue Cross

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** ABA through 12/31/2021; PHP and IOP telehealth policy allowing ongoing coverage for mental health and substance abuse effective 1/1/21

Coverage details

**Reference:** [Premera Blue Cross Response to COVID-19](#)

**Audio-only Phone Services:** Yes

**Reimbursement: parity, etc.:** reimbursement consistent with an in-office visit during the public health emergency. This change is in effect through 6/30/2020, per CMS guidance.

**Waiver of copays, etc.:** Telehealth cost share waivers ended on January 1, 2021. **Originating/receiving sites:** Providers who are located at an “originating site” (where the patient is located) may submit a fee for hosting the patient using the following HCPCS code without any modifiers:

Q3014 – Telehealth originating site facility fee **Telehealth Services Approved for New Patients:** Providers can care for new patients via a telehealth virtual encounter and bill those services using the appropriate CPT that reflects the services rendered, in addition to the telehealth modifier and place of service.

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-network providers only; additional options for virtual care include (not required): Doctors on Demand, Teladoc, Talkspace, Boulder Care (video-based treatment of opioid use disorder), and WorkIt Health (video-based treatment for alcohol use disorder)

**Billing guidance:** Use appropriate Modifier (95, GQ,GT,GO) and POS (02), POS code 11-Office isn’t appropriate for telehealth services rendered via a HIPAA compliant telecommunications system

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	For Premera-contracted providers, your current contract covers telehealth services if the care provided is appropriate within the scope of the provider’s licensure
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A

Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Arizona

### Arizona BCBS

**Type of Plan:** Commercial and Medicaid/Medicare

**Coverage Dates:** Extended for duration of COVID-19 Public Health Emergency  
Coverage details

**Reference:** [COVID-19 Provider Updates](#) [PDF]

**Audio-only Phone Services:** Audio and video services permitted. Audio-only visits are also covered if the service (previously done in an office) can be effectively rendered via telephone (bill with virtual service codes 99441-99443).

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Services covered and cost share temporarily waived with the exception of patients with BCBSAZ self-funded and TPA-administered plans and BlueCard® plans (from other BCBS companies). FEP cost share waived for COVID-19 diagnoses, testing, and treatment only (must be consistent with CDC guidelines).

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Out-of-network coverage for non-COVID-19 care is not covered. Some out-of-network care for COVID-19 care is covered (for fully insured plans, self-funded plans, and TPA-administered plans). Most in-network care covered, with exceptions in certain cases where what is covered and not covered is determined by the employer group.

**Billing guidance:**

- For reimbursement equivalent to an in-person visit for members with commercial plans, please bill with the procedure code you normally use and add telemedicine modifier 95 or GT. These modifiers work for both audio/video and telephone-only visits.
- For professional claims, use place of service (POS) 02.
- For facility claims, no POS is necessary

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Appears as though all telehealth services are covered so long as they are already covered by the member's specific insurance plan
<b>Group Psychotherapy (90853, 90849)</b>	all normal covered codes covered via telehealth
<b>Family Psychotherapy (90846, 90847)</b>	
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	
<b>Neuropsychological Evaluation (96132, 96133)</b>	
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	all normal covered codes covered via telehealth
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

## California

### Blue Shield of California

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** Effective March 17, 2020 through the end of the COVID-19 public health emergency

Coverage details

- **Reference** [Telehealth and Other Virtual Care](#)

**Audio-only Phone Services:** Providers may use non-public facing remote audio and/or video communication services to communicate with their patients

**Reimbursement: parity, etc.:** Yes, reimbursement for services will be provided at your usual contract rate.

**Waiver of copays, etc.:** Standard coverage and out-of-pocket costs apply and based on plan coverage.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In the case of a medical emergency, care provided by network and out-of-network providers will be covered for all plans. However, higher out-of-pocket expenses may occur for out-of-network service.

Some plans may also have access to Teladoc, Heal™, or NurseHelp 24/7<sup>SM</sup> as alternative options for virtual care. **Billing guidance:** Providers who are contracted with Blue Shield should use the same billing codes for all professional and ancillary services and indicate an “02” for place of service.

**Distance Sites:** N/A

**Additional Information:** Encourages use of HIPAA-compliant platform. We know, however, that some providers are not set up to conduct HIPAA-compliant telehealth and may want to use other platforms during this public health emergency. Approved emergency telehealth options are listed below. Providers may use non-public facing remote audio and/or video communication services to communicate with their patients. These services include, but are not limited to: Facetime, Facebook Messenger, Google Hangouts, Skype, Doxy.me, Updox, Zoom for Healthcare, Google G Suite Hangouts Meet, Skype for Business, VSee

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	The telehealth services provided during the COVID-19 public health emergency do not have to be related to a patient’s diagnosis or treatment for COVID-19. This exception applies to all telehealth services, including behavioral health
<b>Group Psychotherapy (90853, 90849)</b>	
<b>Family Psychotherapy (90846, 90847)</b>	
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	
<b>Neuropsychological Evaluation (96132, 96133)</b>	

<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	The telehealth services provided during the COVID-19 public health emergency do not have to be related to a patient's diagnosis or treatment for COVID-19. This exception applies to all telehealth services, including behavioral health
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

## Connecticut

### ConnectiCare

**Type of Plan:** Commercial/Medicaid

**Coverage Dates:** 3/1/2020 – end of COVID-19 public health emergency

Coverage details

#### References:

- [ConnectiCare - Coronavirus \(COVID-19\)](#)
- [Payment Policy: COVID-19 Billing Guidelines](#) [PDF]
- [Connecticut Governor Lamont Expands Access to Telehealth Services In Response to COVID-19 Pandemic](#)
- [Temporary Payment Policy: Supplemental Telehealth Guidelines](#) [PDF]
- [Telehealth/Telemedicine and Telephone Call FAQs](#)

**Audio-only Phone Services:** To bill telephone only services, use 99441- 99443.

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Virtual Check-ins: covered for Medicare Advantage plans; for commercial plans cost share waived for in-network providers 03/01/2020 through 09/09/2020 (as of 09/10/2020 usual cost share applies). Telehealth (Behavioral Health): For Medicare Advantage plans cost-share waived 08/01/20-12/31/20 or end of Federal PHE, whichever is first; for commercial plans cost share waived for in-network providers 03/01/2020 through 09/09/2020 (as of 09/10/2020 usual cost share applies)

**Originating/receiving sites:** Home

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-Network only; MDLive and Teledoc optional

**Billing guidance:** In order to identify telehealth or telephone services that were historically performed in the office or other in person setting (E.g. POS 11, 19 and 22) a modifier GT or 95 (or GQ for Medicaid) must be used. Place of Service 02 will reimburse at traditional telehealth rates.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837, 90845
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96159, 96164, 96165, 96167, 96170, 96171
<b>Psychological Evaluation (96130, 96131)</b>	Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	Yes
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	Yes
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Yes
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	96130
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	Yes
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	Yes
<b>E-visit Services (G2061, G2062, G2063)</b>	Yes
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	98966, 98967, 98968
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	Yes
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	G0396, G0397

## Florida

### Florida BCBS

**Type of Plan:** Commercial, Medicaid



**Coverage Dates:** Updated 11/5/2020 and remains in effect until further notice  
 Coverage details

**Reference:**

- [COVID-19 Provider Billing Guidelines \(As of June 16, 2021\)](#)
- [COVID-19 Update \(As of April 29, 2021\)](#)

**Audio-only Phone Services:** Audio-only visits provided consistently with CMS guidelines will be covered for Medicare Advantage members. Florida Blue is temporarily allowing audio-only virtual visits if video capability is not available. Audio-only virtual visits provided consistently with virtual visit billing guidelines will be covered for Commercial / Affordable Care Act (ACA) members. Note: The State Group will not cover audio-only virtual visits. Please refer to the member’s plan on their insurance card.

**Reimbursement: parity, etc.:** Reimbursement based on current fee schedule

**Waiver of copays, etc.:** The member’s current cost share for virtual visits will be waived for dates of service from 6/1/2020 to 07/20/2021 (commercial); 6/1/2020 and until CMS directs otherwise (Medicare). Teladoc visits are at \$0 cost share to members through Florida Blue through July 20, 2021. **Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Florida Blue and New Directions Contracted Behavioral Health Providers and Outpatient Facilities. For Medicare Advantage plans: If a medically necessary service (including labs) is not available from an in-network provider, members may seek care from an out-of-network provider and claims will process at the in-network benefit. Teledoc Optional.

**Billing guidance:** Use GT or 95 modifiers and POS 02; The place of service should be the regular place of service as if you saw the patient in-person (for facilities)

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837
<b>Group Psychotherapy (90853, 90849)</b>	Yes
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96158
<b>Psychological Evaluation (96130, 96131)</b>	Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	Yes
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96121
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	Yes

Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	0373T
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Georgia

### Ambetter

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** Expanded Telehealth Coverage Extended for the duration of the Coverage details

**References:**

- [Ambetter from Peach State Health Plan Covered Services & Authorization Guidelines](#) [PDF]
- [Coronavirus Guidance](#)
- [What you need to know about Coronavirus \(FAQs\)](#)

**Audio-only Phone Services:** unclear

**Reimbursement: parity, etc.:** Same as in-person

**Waiver of copays, etc.:** There is no co-pay associated with Teladoc visits, however, coinsurance and deductible may apply to some plans for the session. Out-of-pocket costs based on health plan coverage

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** Ambetter has partnered with Teledoc, however, as the demand for virtual visits increases, telehealth consultations may be scheduled with PCPs

**Billing guidance:** N/A

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	Yes
Group Psychotherapy (90853, 90849)	Yes
Family Psychotherapy (90846, 90847)	Yes
Crisis Intervention and Interactive (90839, 90840, 90785)	Yes

<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	"Health and behavior Assessment" with code 96150 covered. No other codes listed
<b>Psychological Evaluation (96130, 96131)</b>	Not clear
<b>Neuropsychological Evaluation (96132, 96133)</b>	Not clear but likely covered given that NP test admin and scoring is covered
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	96110
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	96125
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	0362T
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	0373T
<b>E-visit Services (G2061, G2062, G2063)</b>	Codes not listed as covered
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	No
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	No
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	No

## Idaho

### Blue Cross of Idaho

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** Implemented Telehealth policy effective 1/21/21

Coverage details

#### References:

- [MA PAP111 - Billing Requirements for Federally Qualified Health Centers \(FQHCs\)](#)
- [Coronavirus Updates](#)
- [Notice of Benefit Changes for COVID-19](#)
- [Supplement to Notice of Benefit Changes for COVID-19](#)
- [Telehealth Virtual Services Policy](#)
- [Telehealth Virtual Services Clarification](#)

**Audio-only Phone Services:** Yes

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc.:** As of January 1, 2021 benefits are subject to ordinary Deductible, Coinsurance, and Copayment requirements, as applicable.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** No- Telehealth policy only applies to in-network. If a plan offers MDLIVE and other telehealth benefits, you may see two different benefit descriptors under the member benefits display: Telehealth Services (MDLIVE) and Telehealth Virtual Care.” Telehealth Virtual Care Services – Not Participating’ indicates member does not have a telehealth benefit. If you see ‘Telehealth Services’ but not ‘Telehealth Virtual Care’ or neither of these options listed, please be assured that member has the full telehealth virtual care benefit.

**Billing guidance:** Telehealth services MUST be submitted with a Place of Service “02”; Modifiers 95, GT, GQ

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	Yes
Group Psychotherapy (90853, 90849)	N/A
Family Psychotherapy (90846, 90847)	N/A
Crisis Intervention and Interactive (90839, 90840, 90785)	N/A
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	Yes
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	Yes
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Kansas

### BCBS Kansas

**Type of Plan:** Commercial

**Coverage Dates:** The expansion of telehealth and virtual services that were effective March 16, 2020 will continue to be allowed through the end of the PHE or end of year, whichever occurs first

Coverage details

**Reference:** [COVID-19 Provider Information](#)

**Audio-only Phone Services:** For providers or members who don't have access to secure video systems, telephone (audio-only) visits can be used for the virtual visit. Please use both Telehealth as Place of Service (02) and GT modifier for audio-only visits.

**Reimbursement: parity, etc.:** Telehealth/Virtual Services will continue to be paid at parity to in-person services.

**Waiver of copays, etc.:** Fully insured members are responsible for their cost-share (co-pay, deductible) for telehealth and virtual services, with the exception of treatment for COVID-19. Administrative Service Only (ASO) groups can choose to waive or not waive member cost share as of July 1, 2020.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Limited to patient-initiated visits only

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** In-network only. BCBSKS members can also contact American Well as a virtual care benefit. Federal Employee Program (FEP) members can only access virtual care through the Teledoc service.

**Billing guidance:** The place of service 02 and GT modifier should be used; the most appropriate code for the service provided should be billed.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Covering services 'reasonably provided' via telehealth
<b>Group Psychotherapy (90853, 90849)</b>	
<b>Family Psychotherapy (90846, 90847)</b>	
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	
<b>Neuropsychological Evaluation (96132, 96133)</b>	
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Covering services 'reasonably provided' via telehealth

<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	Yes. To be eligible for coverage, it must be medically reasonable for such services to be provided using real-time, two-way audio and or audio/visual communications. These services should be billed to BCBSKS with Revenue Code 0780 to ensure no member cost share will be applied.
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Massachusetts

### BCBS of Massachusetts

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** For the duration of the Massachusetts public health emergency  
Coverage details

**References:**

- [COVID-19 Info for Clinical Partners](#)
- [COVID-19 Temporary Payment Policy](#)
- [COVID-19 Updates \(Effective July 1, 2021\)](#)

**Audio-only Phone Services:** For all covered CPT Codes

**Reimbursement: parity, etc.:** Same as in-person

**Waiver of copays, etc.:** Effective July 1, 2021 - Member cost share reinstated for non-COVID telehealth services. These changes do not apply to Medicare Advantage members. For Federal Employee Program (FEP) member cost share waived for all telehealth services (COVID-19 and non-COVID-19-related) received through the Teladoc network.

Normal authorization processes resumed for all services for commercial and Federal Employee Program members, and will start requiring authorization for Medicare Advantage members on July 1, 2021.

**Originating/receiving sites:** For telehealth services in a member's home Blue Cross will treat POS 02 and POS 11 the same to allow the provider to be reimbursed at the office rate.  
**for New Patients:**  
N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-network only

**Billing guidance:** When you provide any telephonic services, do not bill the specific telephonic CPT codes. Bill all covered services that you render either by telehealth or telephone as if you are performing a face-to-face service using the codes that are currently on your fee schedule. You must use one of the following telehealth modifiers (GT, 95, G0, and GQ) and the applicable place of service code as noted above. This will enable us to pay you the same rate we pay you for in-person, face-to-face visits. Blue Cross will allow the use of these modifiers for any service on your fee schedule during the COVID-19 Massachusetts state of emergency. The system will not distinguish between a COVID visit and a non-COVID visit; therefore, it is recommended that you bill the member for the applicable cost share once the claim has processed to ensure you do not have to reimburse the member.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837 (Requires modifier 95 or GT)
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	N/A
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	N/A
<b>E-visit Services (G2061, G2062, G2063)</b>	Yes
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	98966, 98967, 98968
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Tufts Health Plan

Type of Plan: Commercial

**Coverage Dates:** effective for dates of service 3/6/2020 until further notice (unless otherwise specified)  
Coverage details

**References:**

- [Coronavirus \(COVID-19\) Updates for Providers](#)
- [Temporary COVID-19 Telehealth Payment Policy](#)

**Audio-only Phone Services:** The use of audio without video is acceptable.

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc.:** There is no member responsibility for covered services for Tufts Health Plan SCO members, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

The following self-insured groups continue to waive cost share for in-network telehealth services:

- Wentworth Douglass Hospital
- Sturdy Memorial Hospital
- Tufts Health Plan
- Cape Cod Healthcare e for behavioral health and substance use disorder services only
- Excel Academy
- Lasell University
- Tufts University

Referrals and prior authorization are not required for in-network telehealth services.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** For dates of service after July 20, 2020, pre-COVID coverage policies and benefits (including applicable cost share) will apply for out-of-network (OON) telemedicine. Providers do not need to use Teladoc to provide services to members. Teladoc is an additional benefit available to Commercial members.

**Billing guidance:**

Providers should submit claims for telehealth visits, as outlined below.

**Commercial and Tufts Health Direct**

Submit claims with place of service (POS) 02 **OR** the appropriate telehealth modifiers (see table below) to differentiate a telehealth visit from an in-person visit. **Note:** Tufts Health Plan will accept the POS that would have been used, had the services been rendered in person, provided the appropriate telehealth modifier is also on the claim to indicate a telehealth visit.

**Tufts Medicare Preferred**

In accordance with CMS guidelines, submit claims with modifier 95 to indicate a telehealth visit. **Note:** Providers should not submit claims with GO or GQ modifiers.

**Tufts Health Plan SCO and Tufts Health Unify**

In accordance with CMS and MassHealth guidelines, submit claims with modifiers GT and 95 and POS 02.

**Tufts Health Together**

In accordance with MassHealth requirements, submit claims with modifier GT and POS 02.

**Facility Claims**

For facility claims, providers should submit the appropriate Revenue Code, CPT/HCPCS code(s) and modifier(s).

**Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together**



In accordance with CMS guidelines, submit claims with modifiers GT and POS 02.

In addition to the guidelines above, providers should continue to bill with the appropriate license-level modifier and all other billing guidelines as specified in the applicable [payment policy](#).

**Distance Sites:** N/A

**Additional Information:** Prior authorization and notification is not required for the following services: Applied Behavioral Analysis (ABA) for all products, Children’s Behavioral Health Initiative (CBHI) for Tufts Health Together, Behavioral Health for Children and Adolescents (BHCA) for Massachusetts Commercial products, Home-Based Therapeutic Services (HBTS) for Tufts Health RITogether. There are no restrictions on service type, including individual and group behavioral health services. Additionally, the usage of audio without video is acceptable.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Contracting providers may provide telemedicine services for al behavioral health
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	Yes
<b>Psychological Evaluation (96130, 96131)</b>	Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	Yes
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	Yes
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	96110: Network Health will pay for behavioral health screening tools administered and scored in accordance with the EPSDT Periodicity Schedule separately from, and in addition to, the rate for the periodic or interperiodic EPSDT and PPHSD visits. Claims for the behavioral health screening tool must be submitted using Current Procedural Terminology (CPT) service code 96110.
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	97129, 97130
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	Yes
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	Yes
<b>E-visit Services (G2061, G2062, G2063)</b>	No
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	No
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	No

Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	Unclear
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## Michigan

### BCBS of Michigan

**Type of Plan:** Commercial, Medicare Plus & BCN Advantage

**Coverage Dates:** March 1, 2020 until further notice

Coverage details

#### References:

- [Telehealth for behavioral health providers](#) [PDF]
- [Telehealth procedure codes for COVID-19](#) [PDF]
- [Michigan Telemedicine Policy, Simplified.](#)
- [Telehealth FAQs for Providers](#)

**Audio-only Phone Services:** In addition to visits that use audiovisual technology, Blue Cross and BCN will cover telephone-only behavioral health visits for all services for which telemedicine is payable for Blue Cross' PPO, Medicare Plus Blue, BCN commercial and BCN Advantage members.

**Reimbursement: parity, etc.:** Eligible providers bill same as face to face visit

**Waiver of copays, etc.:** Cost-share waiver concluded December 31, 2021

**Originating/receiving sites:** Originating site requirement removed

**Telehealth Services Approved for New Patients:** Not specified

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** in-network only for telehealth. Blue Cross Online Visit Providers contracted with Amwell

**Billing guidance:** During the COVID-19 pandemic, providers can temporarily use POS equal to what it would have been had the service been furnished in-person instead of using POS 02. The GT or 95 modifier is still required to ensure that cost share is waived for appropriate services.

**Distance Sites:** Not specified

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	90791, 90832, 90834, 90837
Group Psychotherapy (90853, 90849)	Yes
Family Psychotherapy (90846, 90847)	Yes
Crisis Intervention and Interactive (90839, 90840, 90785)	Yes
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	96158, 96170, 96171
Psychological Evaluation (96130, 96131)	96130, 96131
Neuropsychological Evaluation (96132, 96133)	96132, 96133

Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	Yes
Neurobehavioral Status Exam (96116, 96121)	Yes
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	Yes
Cognitive Performance and Intervention (96125, 97129, 97130)	96130
Adaptive Behavior Assessment (97151, 97152, 0362)	Yes
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	Yes
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes (POS-2-Telehealth required, modifier not required)
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	G0396, G0397

## Priority Health

**Type of Plan:** Commercial

**Coverage Dates:** From Mar. 26 through end of PHE

Coverage details

### References:

- [COVID-19: Virtual visits and telehealth](#)
- [Telephone visits, e-visits and hosted visits](#)
- [COVID-19: Coverage for Priority Health Members](#)

**Audio-only Phone Services:** Yes, 98966-98968

**Reimbursement: parity, etc.:** As of May 1, 2021 transitioned back to normal billing process but will continue to reimburse at a non-facility rate

**Waiver of copays, etc.:** Member costs for telehealth services vary by plan. Many plans that had \$0 cost share have returned to the member's standard benefit offering. Some plans will continue to have \$0 cost share through Dec. 31, 2021\*\*.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Not specified

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Out-of-network virtual visits are typically not covered but have been due to COVID-19 as a service to members. This exemption will continue through July 31, 2021. After that, out-of-network virtual visits will not be covered.

**Billing guidance:** As of Mar. 1, 2021, submit telehealth billing with the correct site of service code (02). Commercial billing no longer requires the GT and 95 modifiers.

**Distance Sites:** Distant site telehealth services furnished by facility-based providers, RHC and FQHCs are reported with the appropriate CPT or HCPCS code that falls within their scope of practice and within their fee schedule.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	90846, 90847
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90839, 90840, 90785
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	96130, 96131
<b>Neuropsychological Evaluation (96132, 96133)</b>	96132, 96133
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	96136, 96137, 96138, 96139
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116, 96121
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97154, 97155, 97156
<b>E-visit Services (G2061, G2062, G2063)</b>	G2061, G2062, G2063
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	98966, 98967, 98968
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	99446, 99447, 99449
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Minnesota

### BCBS Minnesota

**Type of Plan:** Commercial and Medicaid

**Coverage Dates:** All temporary virtual care coverage changes currently in effect will be extended through December 31, 2021

Coverage details

**Reference:** [Coronavirus Information for Providers](#)

**Audio-only Phone Services:** Telehealth may be provided over the phone

**Reimbursement: parity, etc.:** Yes, except for codes that are by definition provided in a facility (example: 99231 –Subsequent Hospital Care)

**Waiver of copays, etc.:** As of June 15, with the exception of COVID-related visits, Doctor On Demand appointments will no longer be covered at zero costshare.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Blue Cross is waiving the restriction of providing telehealth and telephone visits to established patients to allow the services to be provided to new patients

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** in-network only; Doctor on Demand Optional

**Billing guidance:**

Commercial claims for telehealth services submitted on a professional claim should be submitted with place of service 02. The procedure code should match the procedure code that would have been billed for a face-to-face service. The modifier -95 may be appended. For commercial members, telehealth services are reimbursed at the same rate as they would be for a face-to-face encounter in an office setting (place of service 11). Blue Cross will also accept commercial telehealth claims submitted in alignment with CMS, with the place of service that would have been used if the service was provided face-to-face, with modifier -95 appended to the procedure code. In order to obtain payment parity for clinic services, telehealth claims for Medicare members should be submitted with the place of service that would have been used if the service was provided face-to-face with modifier -95 appended to the procedure codes. If place of service 02 is submitted, the claim will apply the facility place of service allowance.

**Distance Sites:** N/A

**Additional Information:** Telehealth may be provided over a non-HIPAA compliant audio-visual application, such as Skype or FaceTime

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes
<b>Group Psychotherapy (90853, 90849)</b>	Yes
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96158, 96159, 96164, 96165, 96167, 96170, and 96171
<b>Psychological Evaluation (96130, 96131)</b>	Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	Yes
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96121
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	96127

<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	97129, 97130
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151, 97152
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97154, 97155, 97156, 97157, 97158
<b>E-visit Services (G2061, G2062, G2063)</b>	No
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	No
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	Yes

## Missouri

### BCBS of Kansas City

**Type of Plan:** Commercial, Medicare, and Self Insured

**Coverage Dates:** March 9, 2020 until end of PHE

Coverage details

#### References:

- [Provider Payment And Coding Policies](#)
- [Latest Updates on COVID-19](#)

**Audio-only Phone Services:** Behavioral health provider telephonic (call) therapy visits allowed..

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Members will pay \$0 for telehealth December 31, 2021

**Originating/receiving sites:** The originating site is the location where the patient is located and receives medical services through a telecommunications system.

**Telehealth Services Approved for New Patients:** Not specified

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** In-network only. Members have option for virtual visits with provider or through Blue KC virtual care provider, Amwell

**Billing guidance:** Must use in-person therapy visit code, POS 02, and modifiers 95, G0, GT, and GQ

**Distance Sites:** Distant site clinical psychologists (CPs) can provide and receive payment for covered telehealth services.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837, 90845
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	90846, 90847

<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90839, 90840, 90785
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96158, 96159, 96164, 96165, 96167, 96168
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97155, 97156, 97157
<b>E-visit Services (G2061, G2062, G2063)</b>	Yes
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	G0396, G0397

## Nebraska

### BCBS Nebraska

**Type of Plan:** Commercial

**Coverage Dates:** 3/13/2020 – 12/31/20

Coverage details

**Reference:**

- [General Policies and Procedures](#)
- [COVID-19 FAQs for Providers](#)

**Audio-only Phone Services:** will accept telehealth charges from any credentialed provider with no video component required during this pandemic urgency period

**Reimbursement: parity, etc.:** Eligible providers paid at regular fee schedule level.

**Waiver of copays, etc.:** Member cost shares apply for telehealth services.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Out-of-network telehealth services will be covered at no cost to the member if related to COVID-19 diagnostic testing. Members have option for virtual visits with provider or through BCBSNE's preferred telehealth provider, Amwell.

**Billing guidance:** Providers may bill using E&M codes, therapy codes or telehealth codes and must use the modifier 95 and POS 02 for reimbursement.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90839
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

## New Hampshire

### Tufts

**Type of Plan:** Commercial and Medicare/Medicaid



**Coverage Date:** March 6, 2020 until further notice

Coverage details

**Reference:**

- [Covid-19 Updates for Members](#)
- [Covid-19 Updates for Providers](#)
- [Temporary Covid-19 Telehealth Payment Policy](#)

**Audio-only Phone Services:** Telehealth also includes telephone consultation.

**Reimbursement: parity, etc.:** Tufts Health Plan will compensate in-network providers at 100% of their contracted rate for services rendered in person, as specified in provider agreements, until further notice. The telehealth reduction will not apply.

**Waiver of copays, etc.:** Applicable member copays and other applicable cost share will continue to be waived for COVID-19- related, in-network, medically necessary services. A COVID-19 diagnosis must be submitted on the claim for the waived cost share to continue to apply. Telehealth visits through Teladoc will continue to have no cost share.

The following self-insured groups continue to waive cost share for in-network telehealth services:

- Wentworth Douglass Hospital
- Sturdy Memorial Hospital
- Tufts Health Plan
- Cape Cod Healthcare for behavioral health and substance use disorder services only.
- Excel Academy
- Lasell University
- Tufts University

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** Standard coverage policies and benefits (including applicable cost share) apply for out-of-network (OON) telemedicine services. Access to Teladoc based on member plan

**Billing guidance:** Providers should submit claims for telehealth visits, as outlined below:

**Commercial and Tufts Health Direct**

- Submit claims with place of service (POS) 02 or the appropriate telehealth modifiers (see table below) to differentiate a telehealth visit from an in-person visit.
- Tufts Health Plan will accept the POS that would have been used had the services been rendered in person, provided the appropriate telehealth modifier is also on the claim to indicate a telehealth visit.

**Tufts Medicare Preferred**

- In accordance with CMS guidelines, submit claims with modifier 95
- Do not submit claims with modifiers GO or GQ

**Tufts Health Plan SCO and Tufts Health Unify**

- In accordance with CMS and MassHealth guidelines, submit claims with modifiers GT and 95 and POS 02.

**Tufts Health Together**

- In accordance with MassHealth requirements, submit claims with modifier GT and POS 02.

**Tufts Health RITogether**

- In accordance with Rhode Island EOHHHS requirements, submit claims with POS 02. Effective for dates of service on or after February 1, 2021, telehealth claims submitted with a POS other than POS 02 will deny.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	COVID telehealth changes effective through 7/20/2020
Group Psychotherapy (90853, 90849)	all normal covered codes covered via telehealth
Family Psychotherapy (90846, 90847)	all normal covered codes covered via telehealth
Crisis Intervention and Interactive (90839, 90840, 90785)	all normal covered codes covered via telehealth
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	
Adaptive Behavior Assessment (97151, 97152, 0362)	
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	
E-visit Services (G2061, G2062, G2063)	
Telephone Assessment and Evaluation (98966, 98967, 98968)	
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	

## New Jersey

### Horizon BCBS

**Type of Plan:** Commercial

**Coverage Dates:** March 1, 2020 through at least 90 days after the end of Public Health Emergency  
Coverage details

#### References:

- [Telemedicine Services](#)
- [Commercial & ASO Existing and Extended Telemedicine Policy Codes](#) [PDF]
- [COVID-19 Info](#)

- [Behavioral Health Continuity during COVID-19 \(As of Sept 1, 2020\)](#)

**Audio-only Phone Services:** Telephonic care for "all covered services including diagnosis or treatment of COVID-19, routine care, therapy, or mental health care"

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc:** Member's cost share (co-payment, deductibles, coinsurance) waived for the duration of the Public Health Emergency regardless of diagnosis, with the following exceptions:

- ASO groups (only for a diagnosis of COVID-19)
- When performed by and Out-of-Network provider

Authorization and referral requirements are waived for telemedicine services during this temporary expansion.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** In-network only for telehealth. When a Horizon BCBSNJ member has out-of-network benefits, and the member chooses to get care from out-of-network health care professionals, telemedicine and telephone visits are available, but the member is responsible for the difference between the plan allowance and the billed amount.

**Billing guidance:** Use CMS designated POS 02 or 11 and append 95 or GT modifiers where applicable to the appropriate procedure code.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes
<b>Group Psychotherapy (90853, 90849)</b>	Does not appear to be covered
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96158, 96159
<b>Psychological Evaluation (96130, 96131)</b>	Does not appear to be covered
<b>Neuropsychological Evaluation (96132, 96133)</b>	Does not appear to be covered
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Does not appear to be covered
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Does not appear to be covered
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	97129, 97130
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151, 97152
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97154, 97155, 97156, 97157
<b>E-visit Services (G2061, G2062, G2063)</b>	Yes

Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	Does not appear to be covered
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	G0396, G0397

## New Mexico

### Presbyterian Health Plan (AKA Centennial Care)

**Type of Plan:** Commercial, Medicaid, Medicare Advantage

**Coverage Dates:** through the duration of the emergency declaration Coverage details

**Reference:**

- [Presbyterian Health Plan – BH Telemedicine And Telephonic Billing Guidelines \[PDF\]](#)
- [COVID-19 Specialty Behavioral Health Service Guideline \[PDF\]](#)
- [COVID-19 PHP Telehealth Provider Instruction ABA \[PDF\]](#)

**Audio-only Phone Services:** allowed

**Reimbursement: parity, etc.:** services are paid as if members received services on-site and in person

**Waiver of copays, etc.:** N/A

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** N/A

**Billing guidance:** Providers are directed to bill for BH telephonic visits using location code 02 - Telephonic Visit on the claim form. If location code 02 is on the claim form, the services are billable to the MCO and should be paid at the normal rate for the service. All other normal modifiers should be included on the claim if otherwise required. The originating site HCPCS code Q3014 is not billable for these services since the normal office visit payment is to be made instead. FQHCs and other facilities that are not able to use location code 02 on the claim may use revenue code 0728 on the claim

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	90791, 90832, 90834, 90837
Group Psychotherapy (90853, 90849)	Yes
Family Psychotherapy (90846, 90847)	Yes
Crisis Intervention and Interactive (90839, 90840, 90785)	Yes
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A

Psychological Evaluation (96130, 96131)	
Neuropsychological Evaluation (96132, 96133)	
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	
Neurobehavioral Status Exam (96116, 96121)	
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	
Adaptive Behavior Assessment (97151, 97152, 0362)	Yes
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	97153, 97155, 97156, 0373
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	

## True Health New Mexico

**Type of Plan:** Appears to be both commercial and Medicare/Medicaid

**Coverage Dates:** March 12, 2020 through duration of COVID-19 Pandemic

Coverage details

### Reference:

- [COVID-19 Coronavirus Information for Providers \[PDF\]](#)
- [True Health New Mexico Provider Handbook \[PDF\]](#)

**Audio-only Phone Services:** "If you do not have access to a secure video system, you may use telephone (audio-only) visits in place of the telehealth system. In this case, please use POS code 02 and the CR (catastrophe/disaster-related) modifier."

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Does not specify about possible waivers of cost sharing outside of COVID-19 treatment and diagnosis.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** New patients can join if they underwent a "qualifying event."

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** N/A

**Billing guidance:** "If billing using a HCFA-1500, please use place of service (POS) code 02 when filing your telehealth claims. Inclusion of Modifiers GT, GQ, and G0 are not required, but are accepted:

- If billing using a UB-04, please include modifier 95 for telehealth claims.

- If you do not have access to a secure video system, you may use telephone (audio-only) visits in place of the telehealth system. In this case, please use POS code 02 and the CR (catastrophe/disaster-related) modifier.

Behavioral health providers may also conduct outpatient visits telephonically as described above."

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Follows CMS. All telehealth services are covered for services that are medically necessary.
<b>Group Psychotherapy (90853, 90849)</b>	
<b>Family Psychotherapy (90846, 90847)</b>	
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	
<b>Neuropsychological Evaluation (96132, 96133)</b>	
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	all normal covered codes covered via telehealth
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

## New York

### Excellus BCBS

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** Telehealth services provided from March 13, 2020 through the expiration of the NYS emergency regulation (on telehealth: 12/31/2021; on testing/visits: 10/1/2021) (refer to the [Regulatory Time Frames](#) tab for current expiration date).

Coverage details

**References:**

- [Excellus BlueCross BlueShield Code Guidance for Most Common Telehealth Services](#) [PDF]
- [Excellus BCBS Updates on COVID-19 \(Coronavirus\)](#)

**Audio-only Phone Services:** Audio-only is allowed but NY state requires using the GQ modifier for these visits (during state of emergency only)

**Reimbursement: parity, etc.:** “We will continue to reimburse all telehealth services at the same rate as the corresponding face-to-face CPT/HCPCS code. This applies to all lines of business and may be extended for some or all programs based upon NYS and/or federal requirements. We provide advance written notice of any reimbursement updates for telehealth services.”

**Waiver of copays, etc.:** For members covered by commercial fully insured products and members enrolled in self-funded groups that have opted in to waive member cost-share, we will re-institute the customer cost-share responsibility under the member’s benefit for non-COVID-19 telehealth services when the NYS emergency regulation expires (refer to the [Regulatory Time Frames](#) tab for current expiration date). \*Please note: Self-funded groups may have different cost-share waiver arrangements for telehealth services and COVID-19 treatment, so please check member coverage before each visit to determine member cost-share responsibility.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-network only & for services that would be covered normally

**Billing guidance:** N/A

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	Yes
Group Psychotherapy (90853, 90849)	90853*
Family Psychotherapy (90846, 90847)	Yes
Crisis Intervention and Interactive (90839, 90840, 90785)	Yes
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	Does not appear to be covered/not found
Psychological Evaluation (96130, 96131)	Yes*
Neuropsychological Evaluation (96132, 96133)	Yes*
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	Yes*
Neurobehavioral Status Exam (96116, 96121)	96116
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A

Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

\*Services covered via telehealth during COVID-19 state of emergency only (per telehealth coding guidance grid [updated 1/15/2021])

## Group Health Incorporated (AKA Emblem Health)

**Type of Plan:** Commercial and Medicare

**Coverage Dates:** Telehealth service provided from March 1<sup>st</sup>, 2020 through end of COVID-19 public health emergency.

Coverage details

### References:

- [Coronavirus \(COVID-19\) Update](#)
- [Coronavirus \(COVID-19\) Frequently Asked Questions](#)
- [Temporary Payment Policy: Supplemental Telehealth and audio only Telephone Guidelines – All Lines of Business \[PDF\]](#)

**Audio-only Phone Services:** Provider can use either telephone or telehealth visits as long as they comply with Emblem Health requirements as per doc linked in cell AA

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc.:** Cost-sharing waivers for non-covid related telehealth services expired for Medicare members on September 9<sup>th</sup>, 2020 and for members in other plans on June 4<sup>th</sup>, 2021. Regarding Teladoc services, cost-sharing waivers ended December 31<sup>st</sup>, 2020 for Medicare plans, September 9<sup>th</sup>, 2020 for ASO plans, and June 4<sup>th</sup>, 2021 for members in all other plans.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** In-network only

**Billing guidance:** Modifiers: GT – via interactive audio and video telecommunication systems; 95 – synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system; GQ – telephone audio only services and store and forward (Medicaid only)

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
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Psychotherapy (90791, 90832, 90834, 90837, 90845)	Yes
Group Psychotherapy (90853, 90849)	90853
Family Psychotherapy (90846, 90847)	Yes
Crisis Intervention and Interactive (90839, 90840, 90785)	Yes
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	Yes
Psychological Evaluation (96130, 96131)	Yes
Neuropsychological Evaluation (96132, 96133)	Yes
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	Yes
Neurobehavioral Status Exam (96116, 96121)	Yes
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	Yes
Cognitive Performance and Intervention (96125, 97129, 97130)	Does not appear to be covered
Adaptive Behavior Assessment (97151, 97152, 0362)	Yes
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	Yes
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes (do not require telehealth modifiers to be reported)
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	Yes
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	G0396, G0397

## North Carolina

### BCBS North Carolina

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** March 6<sup>th</sup>, 2020 through December 31<sup>st</sup>, 2020; will reevaluate if an additional extension is needed as approach December 31<sup>st</sup>.

Coverage details

#### References:

- [COVID-19 Provider Resources: Clarification on Claims and Reimbursement for Telehealth](#)
- [Blue Cross and Blue Shield of North Carolina \(Blue Cross NC\): Frequently Asked Questions from Providers \[PDF\]](#)
- [List of Telehealth Services](#)

- [Temporary Expansion of Reimbursement for Telehealth](#)
- [COVID-19 Support Measures: Details and Coding Guidance](#)

**Audio-only Phone Services:** For providers or members who don't have access to secure video systems, telephone/audio-only visits can be used for the virtual visit **Reimbursement: parity, etc.:** Visits to providers that previously required an in-person encounter can be performed virtually and will be paid at parity with office visits as long as they are medically necessary, meet criteria in the updated Blue Cross NC Telehealth Corporate Reimbursement Policy, and occur on or after March 6, 2020.

**Waiver of copays, etc.:**

Blue Cross NC is waiving all copays for in-network primary care and outpatient behavioral health visits for Medicare Advantage members from June 1 through the end of 2020. Visits do not have to be related to COVID-19 and can be done in person or virtually through telehealth.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** Will waive cost sharing for all telehealth visits conducted through MDLive and/or Teladoc, regardless of if the visit is COVID-19 related. This will take effect for claims incurred on and after March 6, 2020 and will remain in effect until June 4. This is applicable ONLY to fully insured individual and group customers and high deductible health plans that offer MDLive or Teladoc as benefits through their Blue Cross NC plan. We offered the provision to our Administrative Services Only (ASO) groups via an opt-out process (the deadline was March 31, 2020 to opt out).

**Billing guidance:**

Use Place of Service (02) for telehealth visits

- Exception: Urgent care and facility providers should bill the same as if the services were face to face.
- For audio-only visits: Use Place of Service (02) and modifier -CR (catastrophe/disaster-related). For visits that use video, you do not need to include the modifier. You only need Place of Service (02).

Modifiers -95 and -GT are allowed but not required.

For services that must be done in a face-to-face encounter (i.e. labs, injections), do not use Place of Service (02).

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90839, 90840
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A

Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	Medicare: Yes, follow CMS guidelines Commercial: Most current member benefits for Commercial products exclude reimbursement
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## North Dakota

### BCBS North Dakota

**Type of Plan:** All products. BCBSND will work with self-funded clients for potential expanded coverage for their employees.

**Coverage Dates:** Effective March 1, 2020, through the end of the emergency declaration  
Coverage details

**Reference:**

- [Billing and Coding Guidelines During COVID-19](#)
- [Telehealth Services](#)

**Audio-only Phone Services:** N/A

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc** BCBSND fully insured products will waive cost-sharing for all telehealth services

**Originating/receiving sites:** Separate payment will be made if patient is physically present at an originating site location such as a clinic or facility setting. Separate payment for the originating site location where the patient is participating with a distant site practitioner will not be reimbursed if it is the patient's home, community setting, or other non-provider owned location.

**Telehealth Services Approved for New Patients:** yes for telehealth E&M and inpatient but no for virtual check-ins and digital visits (patient-initiated via online patient portal)

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** The expanded telehealth benefit includes telehealth visits from local participating providers and AmWell. The Federal Employee Program (FEP) has expanded telehealth services to allow non-Teladoc telehealth services. Services performed by non-Teladoc providers and not related to COVID-19 will apply cost shares.

**Billing guidance:** Bill telehealth services on the CMS-1500 Claim Form unless specifically noted below in which case they can be billed on a UB-04 Claim Form. CMS-1500 Claim Form telehealth service billing requirements are:

- Bill appropriate code for service rendered
- Modifier 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- POS 02: telehealth

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	N/A
<b>Group Psychotherapy (90853, 90849)</b>	
<b>Family Psychotherapy (90846, 90847)</b>	
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	
<b>Neuropsychological Evaluation (96132, 96133)</b>	
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

**Ohio**

**Medical Mutual**

**Type of Plan:** Medicare Advantage plans, fully insured commercial members, Medicare Supplement and individual members

**Coverage Dates:** Medical Mutual is allowing the expanded telehealth services through Dec. 31, 2020, at which time they will begin to follow Ohio Revised Code Section 3902.30, effective Jan. 1, 2021.

- Per Ohio Revised Code Section 3902.30: A health benefit plan shall provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services.

Coverage details

**Reference:**

- [COVID 19 Info for Members](#)
- [COVID-19 Frequently Asked Questions for Providers](#) [PDF]
- [Ohio Revised Code Section 3902.30](#)

**Audio-only Phone Services:** At this time, Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephonic visits with an audio-only connection will be covered. ABA services must include both a visual and an audio component.

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Telemedicine visits not related to COVID-19 diagnosis are being covered at a member's benefit level. Cost sharing is applied according to benefits.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine). This applies only to scheduled visits and does not include on-demand telehealth (telemedicine) providers.

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:**

Some Medical Mutual members covered by self-funded plans may have benefits for 24/7 on-demand telehealth (telemedicine) services through national vendors or platforms offered through hospital systems. On-demand virtual visits are a subset of telehealth (telemedicine). Behavioral health visits are not covered as on-demand virtual visits.

**Billing guidance:** N/A

**Distance Sites:** N/A

**Additional Information:** For plans subject to the jurisdiction of the Ohio Department of Insurance (ODI), the bulletin released on 3/20/2020, states that testing and treatment for COVID-19 are included in the definition of an emergency medical condition. For these plans, Medical Mutual will follow member cost sharing for services related to the treatment of COVID-19 received from an out-of-network provider the same as if the member received treatment from an in-network provider.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90785

Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	96116
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	97151
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	97153, 97155, 97156
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	G0396, G0397

## Oregon

### Moda

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** Oregon Commercial plans – through December 31, 2020, Oregon Medicaid plans – through December 31, 2020, Alaska Commercial plans – the expanded coverage from the state of Alaska directives has been made permanent. (See AS 21.42.422 & SCS HB 29. The Alaska section of RPM052, “Telehealth And Telemedicine Services” is also being updated.), and Medicare Advantage plans – until directed by CMS that the temporary expanded coverage has ended.

\*These end dates been extended twice and may be extended further depending upon the status of the PHE.

Coverage details

### References:

- List of Telehealth Services [CMS]
- [Medicaid Telemedicine and Telehealth Overview and Guidelines as of 3/26/2020](#) [PDF]
- [Reimbursement Policy: Telehealth and Telemedicine Expanded Services for COVID-19](#) [PDF]
- [Telehealth and Telemedicine \(update 4/14/2021\)](#) [PDF]

**Audio-only Phone Services:**

- Commercial Oregon plans: "Telehealth services have been expanded to include communication methods that are not real-time and/or do not include audio-visual communication. Many of these are not normally a covered benefit on our standard plans. This includes telephone only"
- Commercial Alaska plans: "Telemedicine services are not eligible for reimbursement when: Audio-only conferencing or audio-web conferencing without person-to-person video abilities is used."
- Medicaid: " Services must be provided using real-time, interactive audio and video telecommunications system."
- Medicare: "Services must be provided using real-time, interactive audio and video telecommunications system. "

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Commercial: No cost share for the visit when COVID-19 testing is performed or ordered.

**Originating/receiving sites:**

Commercial Oregon & Alaska Plans:

- 1) An originating site fee may not be billed when the patient is located at home or at a self-service kiosk.
- 2) The originating site (office or facility where the patient was located at the time of the telemedicine professional service) may submit an originating site facility fee for telemedicine services with HCPCS code Q3014 and one unit per provider of telemedicine services.

Medicare: Specific locations must be used.

- 1) The member must be in a geographic location designated by CMS as a qualifying rural area.
- 2) While receiving telemedicine services, the member must be located at one of the following Medicare-approved "originating sites" (MLN5 ) - see Telehealth and Telemedicine link for list of approved "originating sites"

Medicaid: Specific locations must be used. The member must be located at one of the following Medicare-approved "originating sites" (MLN5 ) - see Telehealth and Telemedicine link for list of approved "originating sites"

**Telehealth Services Approved for New Patients:** E-visits and Virtual Check-ins

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** N/A

**Billing guidance:**

Commercial Oregon & Alaska Plans: Report the primary service(s) using the appropriate CPT or HCPCS code(s) for the professional service(s) performed.

- 1) Report with place of service (POS) 02. (MLN12, CMS13)
- 2) Append modifier GQ, modifier 95, or modifier GT to the procedure code to indicate the type of transmission technology used.

Medicare: The services must be on the list of Medicare-approved telemedicine procedure codes applicable for the date of service year. (list available on CMS website linked above)

- 1) Covered telemedicine procedure codes must be submitted with place of service 02. The use telehealth POS 02 certifies that the service meets the telehealth requirements. (CMS14)
- 2) The rules for modifier GT have changed for Medicare Advantage claims.
  - a) For distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required. (CMS14)

- b) For non-CAH facilities with dates of service January 1, 2017 through September 30, 2018, the optional use of modifier GT will not result in denial as an inappropriate modifier.
- c) For non-CAH facilities with dates of service October 1, 2018 and following, claims billed with modifier GT will be denied to provider liability. (CMS15) Per CMS, for dates of service October 1, 2018 and following, modifier GT is only allowed on institutional claims billed under CAH Method II billing. (CMSX)
- d) For professional claims, POS 02 is sufficient; modifier GT is not required. There is currently no known CMS guidance to deny professional claims submitted with modifier GT, however Moda Health requests modifier GT no longer be used on Medicare Advantage nonCAH professional claims.
- 4) The GQ modifier is still required when applicable.
- 5) Do not use modifier 95 for Medicare Advantage telemedicine services.
- 6) Use modifier G0 (G Zero) for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. (MLN17)

Medicaid: The services must be either:

- 1) On the list of Medicare-approved telemedicine procedure codes applicable for the date of service year.
  - a) Covered telemedicine procedure codes must be submitted with place of service 02. The use telehealth POS 02 certifies that the service meets the telehealth requirements. (CMS14)
  - b) The use of modifier GT is optional and no longer required for Moda Health Medicaid claims. POS 02 is sufficient.
  - c) The GQ modifier is still required when applicable.
  - d) Do not use modifier 95 for Moda Health Medicaid telemedicine services.
  - e) Use modifier G0 (G Zero) for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. (MLN17)
- 2) On the OHA Behavioral Health fee schedule with modifier GT listed as appropriate. This applies for procedure codes in any Service Type category on the Behavioral Health fee schedule. See <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

**Distance Sites:** Providers may perform telehealth services from their own home, if able and appropriate.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	For commercial: Yes
<b>Group Psychotherapy (90853, 90849)</b>	For commercial: Yes
<b>Family Psychotherapy (90846, 90847)</b>	For commercial: Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	For commercial: Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	For commercial: No
<b>Psychological Evaluation (96130, 96131)</b>	For commercial: Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	For commercial: Yes



<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	For commercial: Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	For commercial: 96116 ONLY
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	For commercial: 96127 ONLY
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	For commercial: 96125 ONLY
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	For commercial: 97151-97158 ONLY
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	For commercial: 97151-97158 ONLY
<b>E-visit Services (G2061, G2062, G2063)</b>	For commercial: Yes
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	For commercial: Yes
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	For commercial: Yes
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	For commercial: G0396 , G0397 ONLY

## Pacific Source

**Type of Plan:** Commercial and Medicare/Medicaid; Self-insured companies determine if they will provide the same benefit that PacificSource is providing for fully insured groups. Most self-insured groups have decided to provide the same benefits.

**Coverage Dates:** Until further notice

Coverage details

### References:

- [Oregon Health Plan \(OHA\) coverage of telephone/telemedicine/telehealth services](#)
- [Providers' COVID-19 Benefit and Reimbursement Policy Frequently Asked Questions \(FAQs\)](#)
- [Latest Notices and Updates](#)
- [COVID-19 Benefit and Reimbursement Policy \(updated 01/2021\)](#)

**Audio-only Phone Services:** " PacificSource will allow services by telephone only if synchronous, two-way video is not available during COVID-19."

**Reimbursement: parity, etc.:** "PacificSource reimburses for telehealth services as if the service was done in the clinic setting (for services appropriate for telehealth delivery)"

**Waiver of copays, etc.:** Telehealth visits for COVID-19 testing and testing-related services will be covered at no cost. All other healthcare needs using telehealth will be paid at your normal benefit level. Costs for telehealth visits using Teladoc will be waived, including general medical and behavioral health through December 31<sup>st</sup>, , 2021.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** COVID-19 related services provided by out of network providers will be paid at the same benefit as in-network benefit.

**Billing guidance:** "Professional claims for telehealth services should be submitted with a Place of Service code '02' on your claim. Modifier GT is also recognized, but not required. Facility claims for telehealth services should be submitted with a Modifier GT to identify the claim as a telehealth service."

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	General: "PacificSource has expanded coverage to allow the following provider types to bill appropriate Evaluation and Management type services that can be performed in real time via telehealth" Lists Clinical Psychologists as providers Medicaid/Medicare: "psychotherapy and mental health assessments" are covered
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	N/A
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	General: "PacificSource has expanded coverage to allow the following provider types to bill appropriate Evaluation and Management type services that can be performed in real time via telehealth" Lists Clinical Psychologists as providers Medicaid/Medicare: "psychotherapy and mental health assessments" are covered
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

## Providence Health Plan

Type of Plan: Commercial

**Coverage Dates:** Effective March 6, 2020, through June 30, 2020, or until further notice  
 Coverage details

**Reference:**

- [Telehealth Services During COVID-19 Crisis \[PDF\]](#)
- [Payment and Coding Policy Alerts - COVID-19 UPDATE](#)

**Audio-only Phone Services:** Yes: “Effective March 6, 2020, through June 30, 2020, or until further notice, Payment Policy 92.0 (Telephone Services) has been updated to show that telephone services may be reported for both new and established patients.”

**Reimbursement: parity, etc.:** For services with a site of service payment differential billed with location code 02, PHP uses the facility payment rate. Services with a site of service payment differential billed with location code 11 and modifier GT will be paid at the non-facility payment rate.

**Waiver of copays, etc.:** Cost-sharing waived for COVID-19 related services only through March 31, 2021

**Originating/receiving sites:** Does not require an originating site during COVID-19 Pandemic.

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** N/A

**Billing guidance:**

Submit telehealth claims with the appropriate CPT code for the professional service provided and location code 02\*\*). Modifiers GT and 95 are not required for services billed with location code 02 and will not affect payment if used. For the duration of emergency provision, location code 11 may be used for specified telehealth services, if billed with modifier GT, regardless of the patient’s location or the provider’s location. **Distance Sites:** When the physician or practitioner at the distant site is licensed under State law to provide a covered telehealth service (i.e., professional consultation, office and other outpatient visits, individual psychotherapy, or pharmacologic management), then he or she may bill for and receive payment for this service when delivered via a telecommunications system.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes
<b>Group Psychotherapy (90853, 90849)</b>	No, only opioid based group psychotherapy G2086, G2087, and G2088
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	Yes
<b>Psychological Evaluation (96130, 96131)</b>	No
<b>Neuropsychological Evaluation (96132, 96133)</b>	No
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	No
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	No; except policy has been temporarily expanded to include CPT codes 98966-98968, which may be

<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	reported by qualified non-physician practitioners who are credentialed with PHP and who are billing PHP directly
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	G0396, G0397

## Pennsylvania

### Capital Blue Cross

**Type of Plan:** Commercial/Medicare Advantage

**Coverage Dates:** from April 1 through October 18<sup>th</sup>, 2021 and duration of COVID-19 Pandemic for Medicare (following CMS guidelines)

Coverage details

#### References:

- [Novel Coronavirus \(COVID-19\): Stay safe as our communities reopen](#)
- [How do providers bill for telehealth visits?](#)

**Audio-only Phone Services:** Members may use telehealth to connect remotely, either by phone or video, with in-network providers for services covered under your health plan

#### Reimbursement: parity, etc.:

- Commercial: Yes, 4/1/2020 through 10/18/2021
- Medicare: Yes, 3/6/2020 through the end of the public health emergency

**Waiver of copays, etc.:** Waiving member costs of provider visit that results in a COVID-19 test, whether in an office, emergency room, telehealth, or urgent care center during the federal public health emergency, currently scheduled to end October 18<sup>th</sup>, 2021. For members with our Capital BlueCross Virtual Care benefit, we are waiving member fees through December 31<sup>st</sup>, 2021 (may not apply to self-insured)

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-network only. Members do not need to have Capital BlueCross Virtual Care app benefit.

**Billing guidance:** providers must identify the place of service (POS) they would bill had the visit occurred as a face-to-face visit. Providers should NOT use '02' as POS. They must also identify that it was a

telehealth service by including Modifier 95 (Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System).

Distance Sites: N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Capital BlueCross is temporarily adjusting our policy to allow providers (identified in the policy) to bill and receive reimbursement consistent with an in-person visit.
<b>Group Psychotherapy (90853, 90849)</b>	
<b>Family Psychotherapy (90846, 90847)</b>	
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	
<b>Neuropsychological Evaluation (96132, 96133)</b>	
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Capital BlueCross is temporarily adjusting our policy to allow providers (identified in the policy) to bill and receive reimbursement consistent with an in-person visit.
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	
<b>E-visit Services (G2061, G2062, G2063)</b>	
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	

## Independence BCBS

**Type of Plan:** Commercial/Medicare

**Coverage Dates:** Commercial: 3/6/2020 through dates specified in services chart below; Medicare Advantage: 3/6/2020, and for the duration of the public health emergency.

Coverage details

### References:

- [Telemedicine Services for Independence Commercial Members](#)
- [Telehealth Services for Medicare Advantage Members](#)

- [Telemedicine Services \(issue date 07/02/2021\)](#)

**Audio-only Phone Services:** A telephone (i.e., audio telecommunication only/telephone call) communication provided to an established patient is ONLY covered for the following services:

- Psychiatric diagnostic evaluation
- Psychotherapy
- Health and behavior assessment and intervention
- Office/outpatient evaluation and management service
- Applied behavior analysis

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc.:** Any applicable member cost-share will be applied for non COVID 19 related services. Keystone CHIP members \$0 copayment for behavioral health telemedicine visits. Effective January 1, 2021, through December 31, 2021 Medicare Advantage members will have a \$5 cost-share for MDLive behavioral health visits and \$0 copayment for MDLive PCP visits.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Subject to out-of-network cost sharing. Medicare Advantage members have out-of-network telemedicine coverage, per the Centers for Medicare & Medicaid Services, through the duration of the PHE. The coverage is not limited to COVID-19 related care. If you don't have a primary care doctor but have telemedicine benefits, you may be able to contact an MDLIVE physician without cost-sharing.

**Billing guidance:** Professional providers performing telemedicine services described in this policy must report the appropriate modifier (modifier GT or 95) and place-of-service code 02 (Telehealth) to represent telemedicine services.

**Distance Sites:** N/A

**Additional Information:**

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Commercial products: 90791, 90832, 90834, 90837
<b>Group Psychotherapy (90853, 90849)</b>	Commercial products: effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 90853, 90848
<b>Family Psychotherapy (90846, 90847)</b>	Commercial products: Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Commercial products: Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	Commercial products: Yes, except effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 96164, 96165
<b>Psychological Evaluation (96130, 96131)</b>	Commercial products: effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 96130, 96131
<b>Neuropsychological Evaluation (96132, 96133)</b>	Commercial products: effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 96132, 96133

<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Commercial products: effective 10/01/2021 -the following are not eligible for coverage through telemedicine: 96136, 96137, 96138, 96139
<b>Neurobehavioral Status Exam (96116, 96121)</b>	Commercial products: effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 96116, 96121
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Commercial products: Yes, except effective 07/01/2021 - the following are not eligible for coverage through telemedicine: 96112, 96113
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	Commercial products: effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 96125, Effective 07/01/2021: The following are not eligible for coverage through telemedicine: 97129, 97130
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	Commercial products: 97151
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	Commercial products: Yes, except effective 10/01/2021 - the following are not eligible for coverage through telemedicine: 97153, 97154,97158
<b>E-visit Services (G2061, G2062, G2063)</b>	Commercial products: effective 07/01/2021 - the following are not eligible for coverage through telemedicine: G2061, G2062, G2063
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	Commercial products: No
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	Commercial products: No
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	Commercial products: G0396, G0397

## Quest

Type of Plan:

Coverage Dates:

as of September 30, 2021, through a HIPAA-compliant

telemental health platform.

Coverage details

### References:

- Solo Provider Telehealth Standards [PDF]
- [Group Practice Telehealth Standards \[PDF\]](#)

- [Telehealth](#)
- [COVID-19 Information](#)

**Audio-only Phone Services:** If you or your clients are unable to access such a platform, Quest will temporarily allow phone sessions, effective immediately. This will end once the state of emergency has been lifted by the governor.

**Reimbursement: parity, etc.:** N/A

**Waiver of copays, etc.:** N/A

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** In-network only

**Billing guidance:** Claims for telemental health should be submitted using a location of 02 and/or the GT modifier.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	N/A
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A



## UPMC Health Enterprise

**Type of Plan:** Commercial and Medicaid/Medicare

**Coverage Dates:** Commercial and Medicare products: 03/20/2020 - 08/31/2021, pending any changes to the current federal and/or state emergency declarations and associated guidance; Medicaid/CHIP/CHC products – policy adopted through 08/31/2021 pending any changes to the current federal and/or state emergency declarations and associated guidance.

Coverage details

### References:

- [Extended benefits for members](#)
- [Provider FAQ](#) [PDF]
- [UPMC Health Plan: Policy and Procedure Manual](#) [PDF]
- [COVID-19 Special Coverage and Payment Policy Benefit Coverage](#) [PDF]
- [List of Telehealth Services \(CMS\)](#)

**Audio-only Phone Services:** If video capabilities are not accessible, telephonic services are eligible for reimbursement.

**Reimbursement: parity, etc.:** Not specified

**Waiver of copays, etc.:** Until August 31st, 2021, so long as permitted under applicable state and/or federal COVID-19 emergency declarations and associated guidance, UPMC Health Plan will waive all member cost sharing—including deductibles and copayments—for covered virtual health care visits with in-network providers.\* Effective 9/1/2021, members are financially responsible for any telehealth cost shares as shown in their specific plan design unless cost sharing is specifically waived under a separate authority (e.g., FFCRA/CARES Act cost sharing waivers for certain COVID-19 diagnostic services).

**Originating/receiving sites:** Not specified

**Telehealth Services Approved for New Patients:** Not specified

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** In-network only

**Billing guidance:** UPMC Health Plan requests that POS 02 or modifier 95 (with any other appropriate POS) be included with all telehealth visits for any UPMC Health Plan member claim to ensure appropriate processing.

**Distance Sites:** Not Specified

**Additional Information:** Quest will NOT cover sessions over Facebook, Twitch, TikTok or other public facing applications.

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	Yes
Group Psychotherapy (90853, 90849)	90853
Family Psychotherapy (90846, 90847)	Yes
Crisis Intervention and Interactive (90839, 90840, 90785)	Yes
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	Yes

Psychological Evaluation (96130, 96131)	Available up through the year in which PHE ends
Neuropsychological Evaluation (96132, 96133)	Available up through the year in which PHE ends
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	Available up through the year in which PHE ends
Neurobehavioral Status Exam (96116, 96121)	Yes
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	Yes
Cognitive Performance and Intervention (96125, 97129, 97130)	Yes
Adaptive Behavior Assessment (97151, 97152, 0362)	Yes
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	Yes
E-visit Services (G2061, G2062, G2063)	Yes
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	Yes
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	Yes

## Rhode Island

### BCBS Rhode Island

**Type of Plan:** Commercial and Medicare

**Coverage Dates:** Effective 1/1/2021 – during PHE

Coverage details

**Reference:** [Telemedicine/Telephone Services for Commercial Products - Effective 1/1/2021](#)

[Telemedicine/Telephone Services for Medicare Advantage Plans during the Public Health Emergency \(PHE\) - Effective 1/1/2021](#)

**Audio-only Phone Services:** during the PHE, some services can be furnished using audio technology only.

**Reimbursement: parity, etc.:** BCBSRI will reimburse telemedicine or telephone only services/encounters at 100% of the in-office allowable amount for any clinically appropriate, medically necessary covered health service.; “Services must comply with the non-public electronic communication requirements defined by CMS and/or as otherwise designated by the State of Rhode Island, which involves both audio and video components.”

**Waiver of copays, etc.:** “BCBSRI will waive member cost share (e.g. co-pays and/or deductibles and co-insurance) for BCBSRI members for telemedicine and/or telephone only services. This waiver of cost share does not apply to BlueCard HOST members/those members of other Blue Cross Blue Shield Plans

nationally and BCBSRI employer groups who have opted out of cost share waiver or services by out of network providers.”

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Commercial: In-network only. **Billing guidance:** Claims for telemedicine services must be filed with both of the following: ☑ Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology AND ☑ Modifier 95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System Claims for telephone only services must only be filed with: ☑ Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology

**Distance Sites:** N/A

**Additional Information:** Facebook Live, Twitch, and TikTok, should not be used.

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	90845, 90785 not covered for commercial but covered by Medicare  90849 not covered by medicare
Group Psychotherapy (90853, 90849)	
Family Psychotherapy (90846, 90847)	
Crisis Intervention and Interactive (90839, 90840, 90785)	
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	
Psychological Evaluation (96130, 96131)	
Neuropsychological Evaluation (96132, 96133)	
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	
Neurobehavioral Status Exam (96116, 96121)	
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	96129, 97130, G2061, G2062, G2063, 98966, 98967, 98968, 99446, 99447, 99448, 99449 not covered by commercial  96125, 96129, G2061, G2011, G2062, G2063, 98966, 98967, 98968, 99446, 99447, 99448, 99449 not covered by Medicare. 96130, G0396, G0397 covered by Medicare
Cognitive Performance and Intervention (96125, 97129, 97130)	
Adaptive Behavior Assessment (97151, 97152, 0362)	
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	
E-visit Services (G2061, G2062, G2063)	
Telephone Assessment and Evaluation (98966, 98967, 98968)	
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	

## Harvard Pilgrim

### Type of Plan:

**Coverage Dates:** February 2021 onwards

Coverage details

**Reference:** [UPDATED Interim Telemedicine/Telehealth Payment Policy \(COVID-19 Pandemic\)](#)

**Audio-only Phone Services:** Yes for all codes listed

**Reimbursement: parity, etc.:** Yes; Harvard Pilgrim will continue to reimburse for telemedicine, telehealth, and telephone only services consistent with in-person rates until further notice and in accordance with state regulations.

**Waiver of copays, etc.:** Cost sharing for telemedicine services for conditions other than COVID-19 treatment resumed for commercial members\* on Oct. 1, 2020 and Medicare Advantage members on Jan. 1, 2021.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-network providers. Doctor On Demand (for medical and behavioral health) or Optum/United Behavioral Health's virtual visits platform optional.

**Billing guidance:** During the COVID – 19 pandemic and beginning for dates of service on or after 3/6/2020, Harvard Pilgrim will accept and reimburse for telehealth services when performed via asynchronous or synchronous technology.

- All telemedicine/telehealth must be reported with POS 02 (Telehealth is the location where health services and health related services are provided or received, through a telecommunication system.) Appropriate modifiers will continue to be accepted.

- All telemedicine services may be filed with either modifier GT (via interactive audio and video telecommunications system) or modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system) appended to the appropriate code.

- All telehealth services may be filed with either modifier GO (Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke) or modifier GQ (Via asynchronous telecommunications system) appended to the appropriate code.

**Distance Sites:** N/A

### Additional Information:

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	N/A
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A

Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	Yes, for facility only
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## South Carolina

### BCBS SC

**Type of Plan:** Commercial and Medicare

**Coverage Dates:** Policy in effect through April 30, 2021. Following April 30, 2021, codes no longer in effect. Beginning May 1, 2021, members are encouraged to consult their physician or other provider for availability of continued access to virtual care.

Coverage details

#### References:

- [BCBS SC Telehealth Updates](#)

**Audio-only Phone Services:**

**Reimbursement: parity, etc.:**

**Waiver of copays, etc.:**

**Originating/receiving sites:** in-network only

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Providers are required to enroll in the telehealth program prior to rendering services. Although providers no longer require a formal approval of telehealth vendors for reimbursement, they will be asked to confirm if they have a business associate agreement (BAA) in place with their telehealth vendor. **Billing guidance:Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
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Psychotherapy (90791, 90832, 90834, 90837, 90845)	
Group Psychotherapy (90853, 90849)	N/A
Family Psychotherapy (90846, 90847)	N/A
Crisis Intervention and Interactive (90839, 90840, 90785)	N/A
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Tennessee

### BCBS Tennessee

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:** Effective for dates of service March 16, 2020, until further notice

**Reference:**

- [BCBS TN FAQ](#)
- [BC Tennessee Telehealth Guide](#)
- [BC Tennessee Behavioral Health Telehealth Codes](#)
- [BlueCare Tennessee Telehealth and Telephonic/Audio-Only Services Update](#)
-

**Audio-only Phone Services: Yes**

**Allowed services:** Apple®, FaceTime®, Skype, Zoom, Google Hangouts Meet™ and other office platforms

**Reimbursement: parity, etc.:** Same as in-person

**Waiver of copays, etc.:** If there is a COVID-19 diagnosis, waiving the cost-share for telehealth services performed by network providers. If telehealth is being provided for other conditions, will continue to apply cost-share to members.

**Originating/receiving sites:** In August 2020, the Tennessee legislature expanded access to telehealth by requiring health insurance companies to reimburse providers an originating site fee that was set by CMS before Aug. 20, 2020. For the purpose of telehealth, the originating site is the patient’s location. For a telehealth visit to be covered under this measure, the patient must have been seen in person by the physician or the health service provider’s practice group within the 16 months prior to the telemedicine visit.

**Telehealth Services Approved for New Patients:** Yes. You can use E/M codes to bill for telehealth with both new and established patients

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** N/A

**Billing guidance:** " When billing for telehealth, applicable service codes, diagnostic codes, modifiers and units should be reported with Place of Service-02 or your normal Place of Service code with a 95 modifier appended to the CPT®/HCPCS code. This will let us know you’ve treated our member using telehealth."

Distance Sites: N/A

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	Yes
Group Psychotherapy (90853, 90849)	
Family Psychotherapy (90846, 90847)	
Crisis Intervention and Interactive (90839, 90840, 90785)	
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	
Psychological Evaluation (96130, 96131)	
Neuropsychological Evaluation (96132, 96133)	
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	
Neurobehavioral Status Exam (96116, 96121)	
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	Yes
Cognitive Performance and Intervention (96125, 97129, 97130)	
Adaptive Behavior Assessment (97151, 97152, 0362)	
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	
E-visit Services (G2061, G2062, G2063)	
Telephone Assessment and Evaluation (98966, 98967, 98968)	

Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	

## Utah

### Public Employees Health Plan

**Type of Plan:** Commercial

**Coverage Dates:** N/A

Coverage details

**Reference:**

<https://www.pehp.org/providers>

<https://www.pehp.org/ecare>

**Audio-only Phone Services:** Phone visits are possible with virtually any in-network doctor and cost about the same as an E-care visit. If you're on a traditional plan, phone visits only costs \$10 per visit. If you're on an HSA plan the cost will be less than \$50 or \$10 after you meet your deductible.

**Reimbursement: parity, etc.:** Video visits are only available with doctors who are set up to do so and cost about the same as a regular office visit. If you're on a traditional plan, the cost is the applicable office copay, based on provider type. If you're on an HSA plan the cost will be 10% less than the regular office visit cost.

**Waiver of copays, etc.:** N/A

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** N/A

**Billing guidance:** EHP covers telehealth visits provided by any of our contracted providers at a rate of 90% of the in-office fee. Telehealth services should be provided with a HIPAA compliant platform and billed with a GT modifier or O2 place of service.

PEHP will be covering the telephone E & M visit codes (99441-99443) now through the coronavirus crisis to assist our members to have access to provides that may not have a telehealth option to communicate with our members.

**Distance Sites:** N/A

**Additional Information:**

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	Health plans cover any otherwise-covered service that can be appropriately performed via telemedicine that is not specifically listed in the exclusion below
Group Psychotherapy (90853, 90849)	N/A
Family Psychotherapy (90846, 90847)	N/A
Crisis Intervention and Interactive (90839, 90840, 90785)	N/A



Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## SelectHealth (Intermountain)

**Type of Plan:** Commercial and Medicare/Medicaid

**Coverage Dates:**

This change is currently effective for dates of service, beginning March 1, 2020. Selecthealth expects this temporary change to end mid-summer, although we will continue to monitor the situation as the current COVID-19 crisis continues to change.

Coverage details

**References:**

- [COVID 19 Interim Telehealth Billing/Coding FAQs](#)
- [COVID 19 Resources for Providers](#)
- [Interim Telehealth Billing Codes Table](#)

**Audio-only Phone Services:** Telephonic, digital, and e-CPT codes are reimbursed per the existing plan fee schedule based on the codesspecific to those services. However, coding with place of service equivalent to a face-to-face visit offers a higher rate than the traditional “02” place of service during this time frame ONLY for commercial, FEHB, and Medicare plans. Medicaid already pays at a higher rate.

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** N/A **Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive: N/A**

**Billing guidance:**

For commercial, FEHB, and Medicare plans, bill using the CMS 1500 form with the place of service that would be equal to a face-to-face visit. Additionally, append the “95” or “GT” modifier to indicate that the service was performed via telehealth. Note: If billing place of service “02” (Telehealth), claims will be paid but at the lower, existing fee schedule amount. For Medicaid, continue to bill using the CMS 1500 form with the place of service “02” (per Utah state guidance). **Distance Sites: N/A**

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes (90845 not covered for Medicaid)
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	All except 96165
<b>Psychological Evaluation (96130, 96131)</b>	Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	Yes
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	Yes
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Yes except 96110 for Medicaid and Commercial Only
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	96125 for Medicaid and Commercial only
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	Yes, for Commercial only
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	Yes, for Commercial only
<b>E-visit Services (G2061, G2062, G2063)</b>	Yes
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	Yes
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	Does not appear to be covered
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	G0396, G0397

**UNI-BNH (University of Utah Health)**

**Type of Plan:** Commercial

**Coverage Dates:** 7/28/21-12/22/21

**References:****Temporary COVID-19 Telemedicine Policy**

**Audio-only Phone Services:** University of Utah Health Plans covers telephonic visits between participating providers and members at 100% of the member's benefit for COVID-19 diagnoses (B97.29, U07.1, Z03.818 or Z20.828). Additional services not related to COVID-19, provided via telephonic visits are covered at the standard benefit level. Note: exceptions may apply for self-insured groups. i.

Telephonic visits must be billed with the appropriate CPT and Place of Service (POS) codes: a. CPT codes 99441-99443, 98967-98968 b. POS based on provider's location (Do NOT bill with POS 02)

**Reimbursement: parity, etc.:** University of Utah Health Plans covers video telehealth visits between participating providers and members at 100% of the member's benefit for COVID-19 diagnoses (B97.29, U07.1, Z03.818 or Z20.828). Visits provided via video telehealth by a participating provider that are not related to COVID-19 are covered at the standard benefit level. Note: exceptions may apply for self-insured groups.

**Waiver of copays, etc.:** N/A **Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** In-Network Only

- **Billing guidance:** Telehealth video services must be billed with POS 02 or modifier -95

**Distance Sites:** N/A

**Additional Information:** Covered CPTs include all services defined under CMS' approved list of telehealth services [<https://www.cms.gov/Medicare/Medicare-GeneralInformation/Telehealth/Telehealth-Codes>],

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Yes, coverage based on CMS guidelines
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	Yes
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Yes
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	Yes, except 96170 and 96171 not covered for Medicare
<b>Psychological Evaluation (96130, 96131)</b>	Yes
<b>Neuropsychological Evaluation (96132, 96133)</b>	Yes
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Yes
<b>Neurobehavioral Status Exam (96116, 96121)</b>	Yes
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	Yes, except 96110, 96112 not covered for Medicare
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	96129 Does not appear to be covered
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151, 97152
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97154, 97155, 97156, 97157, 97158

E-visit Services (G2061, G2062, G2063)	Not covered
Telephone Assessment and Evaluation (98966, 98967, 98968)	Yes
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	Does not appear to be covered
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	G0396, G0397

## Vermont

### BCBS Vermont

**Type of Plan:** Commercial, Medicaid

**Coverage Dates:** Extended thru July 1, 2021; Some services extend through August 31, 2021

Coverage details

#### References:

- [Temporary and Emergency Payment and Medical Policy](#)
- [Telemedicine Codes](#)
- [Temporary IOP and Psychotherapy Policy](#)
- **Audio-only Phone Services:** On a temporary/emergency basis, BCBSVT will pay for intensive outpatient therapy (IOP) services and psychotherapy services for crisis and group psychotherapy services when:
  - Services are rendered via HIPAA-compliant audio/video telemedicine means or by telephone if audio/video telemedicine is not available, and
  - When the visit is between a provider and a patient (or parent of a patient under the age of 12)

**Reimbursement: parity, etc.:** Same as in-person services

**Waiver of copays, etc.:** Eligible services are subject to applicable member cost sharing such as co-payments, coinsurance, and deductible. Member cost sharing under this policy will be the same cost sharing that would apply had the services been delivered in-person. Waiver of cost share for COVID 19 related services through March 31, 2022.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** N/A

**Billing guidance:** For psychotherapy (for crisis services) and group psychotherapy services, providers should append the appropriate telemedicine modifier (-95 for CPT® codes and -GT for HCPCS codes) and bill using place of service 02.

Intensive outpatient therapy services IOP services should be billed in the same way they would have been billed had the services been provided in person. In other words, providers should NOT append the telemedicine modifiers (-95 or -GT) to the CPT® or HCPCS codes associated with IOP services, and providers should NOT utilize place of service 02 for IOP services.

Distance Sites: N/A

Additional Information: Only allowed when medically necessary when applicable criteria have been met

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837
<b>Group Psychotherapy (90853, 90849)</b>	Append the -95 modifier for services delivered via telemedicine. Bill place of service 02.
<b>Family Psychotherapy (90846, 90847)</b>	Yes, 90847 only
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	Append the -95 modifier for services delivered via telemedicine. Bill place of service 02. 90785 not covered
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	96110
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	Does not seem to be covered
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151, 97152 Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval guidelines.
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97156, 97157 Refer to Corporate Medical Policy Applied Behavior Analysis (ABA) for any prior approval guidelines.
<b>E-visit Services (G2061, G2062, G2063)</b>	Does not seem to be covered
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	Yes
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Washington

### Premera Blue Cross

**Type of Plan:** Commercial and Medicare/Medicaid \*does not apply to shared admin, FEP, BlueCard, Providence, HCA, and self-funded plans who opt out.

**Coverage Dates:** Several benefit extensions ended June 30, 2021. See the key dates grid and related sections for more information. Coverage details

**Reference:** [Premera Blue Cross Response to COVID-19](#)

**Audio-only Phone Services:** N/A

**Reimbursement: parity, etc.:** reimbursement consistent with an in-office visit during the public health emergency. HHS announced that the COVID-19 public health emergency (PHE) will likely remain in place for the entirety of 2021. However, a PHE declaration is limited by law to a 90-day period that can be terminated early or extended. Premera will extend federally mandated benefits every 90 days upon official renewal of the PHE by HHS Secretary. The HHS will provide 60-day notice if it decides to terminate PHE or allow it to expire.

**Waiver of copays, etc.:** Telehealth cost share waivers ended on January 1, 2021. Depending on benefit plan design, the expanded telehealth network continues to be available to members.

**Originating/receiving sites:** For Medicare patients: CMS has loosened guidelines around telehealth services during the COVID-19 Public Health Emergency. The previous requirement for services to be provided in certain types of originating sites and locations has been waived for the duration of the COVID-19 public health emergency.

**Telehealth Services Approved for New Patients:** Providers can care for new patients via a telehealth virtual encounter and bill those services using the appropriate CPT that reflects the services rendered, in addition to the telehealth modifier and place of service. Virtual care for an established patient should also be billed with an appropriate CPT, many of which are found in Premera's payment policy. Note that these services must also be billed using the appropriate telehealth modifier and place of service.

For Medicare, view the [CMS list of telehealth services and codes](#). Bill services either with the place of service in which you ordinarily see patients with a modifier 95 or with place of service of 02 to reflect telehealth.

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** in-network only; Doctor on Demand, Boulder Care, and Workit Health optional

**Billing guidance:** Premera will be extending the payment of telehealth visits at the in person allowed amount, during the national public health emergency, beyond September 1, 2020 as previously communicated. For providers who are delivering services via telehealth, Premera will require providers to continue use the correct telehealth place of service (POS) 02 with the procedure code appended with either modifier 95 or GT. Claims with modifiers indicating they were telehealth, if billed with POS 11, will be rejected up front and will require the correct POS to match the service billed. We will no longer accept POS 11 for telehealth services.

**Distance Sites:** N/A

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	For Premera-contracted providers, your current contract covers telehealth services if the care provided is appropriate within the scope of the provider's licensure

Group Psychotherapy (90853, 90849)	N/A
Family Psychotherapy (90846, 90847)	N/A
Crisis Intervention and Interactive (90839, 90840, 90785)	N/A
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Wyoming

### BCBS Wyoming

Type of Plan: Commercial

Coverage Dates: N/A

Coverage details

#### References:

- [Telemedicine Matrix](#)

Audio-only Phone Services: N/A

Reimbursement: parity, etc.: N/A Waiver of copays, etc.: N/A

Originating/receiving sites: [Effective May 25, 2021, BCBSWY has updated our telemedicine guidance. BCBSWY will permit telephonic and telemedicine visits to occur to the patient's home. Inpatient telemedicine encounters are permitted within the same facility.](#)

Telehealth Services Approved for New Patients: N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive: N/A**

**Billing guidance:** Use standard place of service codes, do not bill POS code 2. Bill modifier GT or 95.

**Distance Sites: N/A**

**Additional Information:**

Specific Codes Not Provided

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	N/A
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	N/A
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	N/A
<b>Neurobehavioral Status Exam (96116, 96121)</b>	N/A
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	N/A
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## **NATIONAL AND REGIONAL PAYERS**



## National

### Aetna

**Type of Plan:** Commercial, Medicare, Self-Insured (at sponsor discretion)

**Coverage Dates:** (effective 3/6/2020) Aetna's liberalized coverage of commercial telemedicine services, as described in its telemedicine policy, will now extend through 12/31/2020 (as of 7/10/20)

Coverage details

#### References:

- Telemedicine Policy is available to providers on the NaviNet and Availity portals.
- [COVID-19: Telemedicine FAQs](#)
- [Our updated telemedicine policy](#)
- [Approved Behavioral Health Telemedicine Services](#) [PDF]

**Audio-only Phone Services:** Reimbursement covered but not at same rate as office visit: 98966, 98967, 98968; For Commercial plans, Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone until 12/31/2020. For specialty, most general medicine and some behavioral health visits, a synchronous audiovisual connection is still required. Medicare allows telephone-only telemedicine services for a limited number of codes. For other codes announced by CMS, an audiovisual connection is also still required.

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** All member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services for their Commercial plans expired January 31, 2021. Self-insured plans offer this waiver at their own discretion. Cost share waivers for any in-network covered medical and behavioral health services telemedicine visit for Aetna Student Health plans expired January 31, 2021. For Individual Aetna Medicare Advantage members, copays are waived for in-network telehealth visits for primary care through the end of the Public Health Emergency. Cost share waivers for specialist telehealth visits expired on January 31, 2021 for all Medicare Advantage members.

**Originating/receiving sites:** home

**Telehealth Services Approved for New Patients:** Yes - A prior face-to-face visit is not required. But Aetna encourages patients to reach out to their current providers first.

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** Out of Network Coverage based on member plan/benefits; Teledoc optional

**Billing guidance:** For commercial members non-facility telemedicine claims must use POS 02 with the GT or 95 modifier. For Medicare members, POS 02 or POS 11, or the POS equal to what it would have been had the service been furnished in-person, along with the 95 modifier indicating that the service rendered was actually performed via telehealth, may be utilized and will reimburse at the same rate.

**Distance Sites:** Yes - must bill using enrolled location

**Additional Information:** Coverage plan-based; Medicaid coverage determined by state Medicaid agency. Providers can temporarily use non-public facing synchronous video chat platforms, such as Skype® and FaceTime®, to complete telemedicine visits as long as these platforms are allowed in their states and they are able to meet the standard of care via a telehealth encounter. Health care providers should not, however, use public-facing video applications, such as Facebook Live®, Twitch® or TikTok®.

State mandates:

- MA - televideo coverage for ABA codes 97154 and 97158
- NY - Audio coverage for IOP codes H0015, H2012 and S9480

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837, 90845
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	90846, 90847
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90839, 90840
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156; Telehealth Only: 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
<b>Psychological Evaluation (96130, 96131)</b>	96130, 96131
<b>Neuropsychological Evaluation (96132, 96133)</b>	96132, 96133
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	96136, 96137, 96138, 96139
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116, 96121
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97155, 97156, 97157
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	98966, 98967, 98968
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Anthem BCBS

**Region:** National, but only in certain states: CA (Blue Cross but not Blue Shield), CO, CT, GA< IN, KY, ME, MO (excluding 30 counties in the Kansas City area), NV, NY (only Empire BCBS - other parts of state are covered by other BCBS companies), OH, VA (except DC suburbs) and WI

### Type of Plan:

**Coverage Dates:** Most telehealth policies effective beginning 3/17/2020; CA until further notice, CO, CT, GA, IN, KT, ME, MO, NV, NH, NY, OH, VA, and WI no end date specified. Anthem "will continue to actively monitor the rapidly evolving situation"

Coverage details

### References:

- Commercial: [Provider News Home](#)

- Medicaid: [COVID-19 News and Updates](#)
- Medicare: [Provider News Archives](#)
- [COVID-19 Update: Guidance for telehealth/telephonic care for Behavioral Health services](#) (note: this website above is specific to IN but our review indicates that these bulletins are identical between Anthem states. We recommend nonetheless that you check the bulletin for your state. It appears the information for CA has not been updated since March 12, 2021)

**Audio-only Phone Services:** March 19, 2020, through July 31, 2021, Anthem’s affiliated health plans will cover telephonic-only visits with in-network providers. Out-of-network coverage will be provided where required by law. March 19, 2020, through September 30, 2021, Anthem will cover and waive cost shares for telephonic-only visits with in-network providers for Medicare Advantage plans.

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** Live Health Online cost share waiver for telehealth services not related to the treatment of COVID-19 ended May 30, 2021. Cost share waiver for telehealth visit not related to treatment of COVID-19 ended September 30, 2020 for in-network and June 14, 2020 for out of network. For Telephone-only care with Medicare Advantage members cost shares will be waived for in-network providers only.

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** If members do not have appropriate access to network doctors, will authorize coverage for out-of-network doctors as medically necessary. LiveHealth Online optional

**Billing guidance:** POS 02 with modifier GT or 95. For Medicare Advantage only use 02. For existing patients in a bordering state, use primary address where you would have normally seen patient face to face

**Distance Sites:** If the provider can effectively deliver services via telehealth from another location (e.g., the provider’s home), while also maintaining the patient’s privacy, the services are payable.

**Additional Information:** Anthem states that all mental health outpatient and Psychological Testing services must be "HIPAA compliant" Unless otherwise stated, the policies listed are for commercial.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	psychiatric diagnostic evaluation (90791-90792), psychotherapy (90832-90838, 90839-90840, 90845-90847)
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	FAQ specifically lists psychological testing, but not for phone only. APA is encouraging Anthem to allow phone only for certain services like feedback and neurobehavioral status exam.
<b>Neuropsychological Evaluation (96132, 96133)</b>	APA's national contact stated by email that TH for NP services is covered, but not for phone only. APA is encouraging Anthem to allow phone only

	for certain services like feedback and neurobehavioral status exam.
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	See 'Health and Behavior Assessment/Intervention' and 'Psychological Evaluation' above
<b>Neurobehavioral Status Exam (96116, 96121)</b>	See 'Psychological Evaluation' above
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	N/A
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## BCBS Federal Employee Program (FEP)

**Coverage Dates:** 4/17/2020 – end of 2021

Coverage details

### Reference:

- [COVID-19 \(Coronavirus\) Resource Center](#)
- [COVID-19 Telehealth Updates](#)

**Audio-only Phone Services:** 98966, 98967, 98968

**Reimbursement: parity, etc.:** Yes - FEP will cover telehealth services from Preferred providers (plan-based)

**Waiver of copays, etc.:** Prior authorizations for diagnostic tests and covered services. Cost share waived for telehealth services received through Teledoc. Waiving copays for telehealth services related to COVID-19

**Originating/receiving sites:** N/A

**Telehealth Services Approved for New Patients:** N/A

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** No Out of Network; Teladoc optional

**Billing guidance:** Place of Service (POS) 02; acceptable modifiers 95, GT, and GQ

**Distance Sites:** N/A

**Additional Information:**

SERVICES (CPT codes)	COVERAGE
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Psychotherapy (90791, 90832, 90834, 90837, 90845)	N/A
Group Psychotherapy (90853, 90849)	N/A
Family Psychotherapy (90846, 90847)	N/A
Crisis Intervention and Interactive (90839, 90840, 90785)	N/A
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	N/A
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	N/A
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	98966, 98967, 98968
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Beacon (Carve Out Company)

**Type of Plan:** Commercial

**Coverage Dates:** Beacon Health Options is working to increase and expand access to behavioral health care through our existing national telehealth network and our national telehealth partner. Based on the guidance we are receiving from states and other regulatory bodies, and to aid in the start or continuity of care, Beacon will cover telehealth services, including phone therapy, for most services. Coverage details

### References:

- [Provider FAQs: COVID-19](#) (PDF)
- [ABA/COVID-19 FAQs](#) (PDF)
- [MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 \(COVID-19\)](#) (PDF)
- [Temporary Provider Telehealth Guidance](#) (PDF)
- [Business Support FAQs for Providers](#)

**Audio-only Phone Services:** Yes - 98966, 98967, 98968

**Reimbursement: parity, etc.:** Yes unless an existing fee schedule specifies otherwise

**Waiver of copays, etc.:** During this time of public health emergency, in order to begin or ensure access to care for our members most plans will waive cost sharing for routine outpatient telehealth and for all ABA services. Members covered by self-funded employer sponsored plans and some commercial and government health plans will continue to follow the plans' guidelines and policies which may not waive cost shares. The waiver period will end the earlier of when the national emergency order is lifted (in whole or in part) or when Beacon advises of a change.

**Originating/receiving sites:** CMS temporarily removed the "eligible originating site" requirement and Medicare can pay for office, hospital, and other visits furnished via telehealth across the country including in patient's places of residence starting 3/6/2020

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** Beacon is not imposing specific requirements for technologies used to deliver services via phone or telehealth. At this time, Beacon is focused on increasing telehealth access through its vast provider network through training, support and ease of claims submission. In addition, Beacon is looking to further leverage MDLive as our enterprise telehealth partner and increase penetration of their services. Finally, Beacon is also exploring digital therapeutics to amplify the impact of our network and increase access to self-guided evidence-based tools during this time of need.

**Billing guidance:** Providers should continue to bill as they always have, using the same codes and modifiers, unless the federal government or states have issued individual billing guidance. GT or 95 modifier and/or Place of Service (POS) 02

**Distance Sites:** MassHealth - While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

**Additional Information:** Beacon appears to be applying CMS Guidance on Medicare coverage as Temporary Provider Telehealth Guidance

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	N/A
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	N/A
<b>Psychological Evaluation (96130, 96131)</b>	96130, 96131
<b>Neuropsychological Evaluation (96132, 96133)</b>	96132, 96133
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	96136, 96137, 96138, 96139
<b>Neurobehavioral Status Exam (96116, 96121)</b>	N/A
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A

<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97155, 97156, 97157
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	98966, 98967, 98968
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Cigna

**Type of Plan:** Commercial and Medicare Advantage

**Coverage Dates:** Cigna implemented a new Virtual Care Reimbursement Policy for commercial medical services, effective January 1, 2021. This policy ensures that providers can continue to receive ongoing reimbursement at face-to-face rates for virtual care provided to their patients with Cigna commercial medical coverage. Please note that Cigna's interim [COVID-19 virtual care guidelines](#) were in place until December 31, 2020. Therefore, please refer to those guidelines for services rendered prior to January 1, 2021. The [Virtual Care Reimbursement Policy](#) only applies to services provided to commercial medical customers, including those with Individual & Family Plans (IFP). Cigna Behavioral Health and Cigna Medicare Advantage customers continue to have covered virtual care services through their own separate benefit plans.

Coverage details

**Reference:** [COVID-19: Interim Guidance; Virtual Care Online Resource; Virtual Care Reimbursement Policy](#)

**Audio-only Phone Services:** Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time). You may provide telephonic sessions to patients who do not have access to technology to participate in telehealth sessions, as appropriate.

**Reimbursement: parity, etc.:** Yes

**Waiver of copays, etc.:** For covered virtual care services by a provider or virtual vendor (e.g., MDLive), cost-share will apply as follows:

- For COVID-19 related screening (i.e., quick phone or video consult): No cost-share for customers through October 17, 2021
- For non-COVID-19 related services (e.g., oncology visit, routine follow-up care): Standard customer cost-share

**Originating/receiving sites:** No reimbursement will be made for the originating site of service fee or facility fee

**Telehealth Services Approved for New Patients:** Yes - Cigna will not make any requirements as it relates to these services being for a new or existing patient.

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** The Virtual Care Reimbursement Policy also applies to non-participating providers. Non-participating providers will be reimbursed consistent with how they would be reimbursed if the service was delivered in-person. Use of virtual care vendor like MDLive optional

**Billing guidance:** Modifier 95, GT, or GQ must be appended to the virtual care code(s). Billing POS 02 for virtual services may result in reduced payment or denied claims. Therefore, providers should bill a typical place of service (e.g., POS 11) to ensure they receive the same reimbursement as they typically get for a face-to-face visit.

**Distance Sites:** N/A

**Additional Information:** Cigna will not make any requirements regarding the type of technology used for virtual care (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time).

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Per 5/15/2020 email to APA from Senior Medical Director-Behavioral Health Cigna has been covering virtual visits for most BH codes since 2017.
<b>Group Psychotherapy (90853, 90849)</b>	N/A
<b>Family Psychotherapy (90846, 90847)</b>	N/A
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	N/A
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96158, 96159, 96164, 96165, 96167
<b>Psychological Evaluation (96130, 96131)</b>	N/A
<b>Neuropsychological Evaluation (96132, 96133)</b>	Similar to all other services, providers can deliver neuropsychological and psychological testing services to Cigna patients virtually and bill their regular face-to-face Current Procedural Terminology (CPT) codes that are on their fee schedule today. Providers should append the GQ, GT, or 95 modifier and Cigna will reimburse them consistent with their face-to-face rates. Standard cost-share will apply for the customer, unless waived by state-specific requirements.
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	Similar to all other services, providers can deliver neuropsychological and psychological testing services to Cigna patients virtually and bill their regular face-to-face Current Procedural Terminology (CP) codes that are on their fee schedule today. Providers should append the GQ, GT, or 95 modifier and Cigna will reimburse them consistent with their face-to-face rates. Standard cost-share will apply for the customer, unless waived by state-specific requirements.



Neurobehavioral Status Exam (96116, 96121)	N/A
Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)	N/A
Cognitive Performance and Intervention (96125, 97129, 97130)	N/A
Adaptive Behavior Assessment (97151, 97152, 0362)	97151, 97152, 0362
Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)	97153, 97154, 91755, 97156, 97157, 97158, 0373
E-visit Services (G2061, G2062, G2063)	N/A
Telephone Assessment and Evaluation (98966, 98967, 98968)	N/A
Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)	N/A
Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)	N/A

## Humana

**Type of Plan:** Commercial and Medicare Advantage

**Coverage Dates:** Through the duration of the COVID-19 public health emergency (PHE) Coverage details

### References:

- [Humana update for telehealth visits](#)
- [Telehealth FAQs](#)
- [COVID-19 Telehealth and Other Virtual Services](#)

**Audio-only Phone Services:** Temporarily accepting telephone (audio-only) visits.

**Reimbursement: parity, etc.:** Yes for in-network, through the end of the year

**Waiver of copays, etc.:** As of 1/1/21, Medicare Advantage benefits include no member cost share for in-network telehealth visits for primary care, urgent care and behavioral health. For specialty telehealth visits, please verify member plan benefits as any applicable member cost share would apply.

**Originating/receiving sites:** Yes, Humana will adopt all waivers CMS publishes for services provided via telehealth to its Medicare Advantage members, including those pertaining to originating site requirements

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g.,**

**Teladoc, MDLive:** Yes - plan-based. MDLive and Doctors on Demand Optional

**Billing guidance:** Place of Service (POS) code that would have been reported had the service been furnished in person. Report a telehealth or other virtual service with modifier 95 to identify that the service was furnished via telecommunications-based technology.

**Distance Sites:** Yes - If the distant site practitioner requirements are satisfied, the home health service must also be one that is approved for telehealth.

**Additional Information:**

- Humana Florida Medicaid plans allow telehealth and other virtual services according to the applicable Agency for Health Care Administration (AHCA) guidance. Refer to the AHCA for the latest guidance on billing and reimbursement for telehealth and other virtual services during the PHE. See the relevant AHCA guidance in the References section of this policy.
- Humana Illinois Medicaid plans allow telehealth and other virtual services according to the applicable Illinois Department of Healthcare and Family Services (IHFS) guidance. Refer to the IHFS for the latest guidance on billing and reimbursement for telehealth and other virtual services during the PHE. See the relevant IHFS guidance in the References section of this policy.
- Humana Kentucky Medicaid plans allow telehealth and other virtual services according to the applicable Kentucky Department for Medicaid Services (DMS) guidance. Refer to the DMS for the latest guidance on billing and reimbursement for telehealth and other virtual services during the PHE. See the relevant DMS guidance in the References section of this policy.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	90791, 90832, 90834, 90837, 90845
<b>Group Psychotherapy (90853, 90849)</b>	90853
<b>Family Psychotherapy (90846, 90847)</b>	90846, 90847
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	90839, 90840, 90785
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	96156, 96158, 96159, 96164, 96165, 96167
<b>Psychological Evaluation (96130, 96131)</b>	96130, 96131
<b>Neuropsychological Evaluation (96132, 96133)</b>	96132, 96133
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	96136, 96137, 96138, 96139
<b>Neurobehavioral Status Exam (96116, 96121)</b>	96116, 96121
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	97151, 97152, 0362
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	97153, 97154, 97155, 97156, 97157, 97158, 0373
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	98966, 98967, 98968
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Magellan

**Region:** National - BH Carve out company

**Type of Plan:** Commercial, Medicare, Managed Medicaid

**Coverage Dates:** 3/18/2020 - end of federal emergency

Coverage details

### References:

- [Telehealth: Get mental health treatment wherever you are](#) (PDF)
- [COVID-19 crisis: Behavioral health network provider Q&A](#) (PDF)
- [Billing Instructions for Magellan Telehealth Providers](#) (PDF)
- [Telehealth Payable Services - 2021](#)
- [ABA Modifiers and Codes during COVID-19](#)

**Audio-only Phone Services:** Yes - if telehealth platform not accessible, no for testing

**Reimbursement: parity, etc.:** Yes - telephone sessions billable

**Waiver of copays, etc.:** Attestation. Some states or plans may be waiving member cost-sharing during the crisis. To check member eligibility and benefits, sign into Magellan Provider.com and select the Check Member Eligibility application from the menu, or call us at the number on the back of the member's benefits card. Also, be sure to stay up to date with any mandates your particular state has implemented.

**Originating/receiving sites:** Not specified

**Telehealth Services Approved for New Patients:** Yes

**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Yes

**Billing guidance:** place of service 02 and modifier GT or 95. If you provide outpatient sessions using the telephone or a non-HIPAA compliant telehealth platform, bill with the GQ modifier.

**Distance Sites:** Not specified

**Additional Information:** Coverage plan-based. You may use telephone or a non-public method such as Skype or FaceTime for sessions. Note: Public-facing sites such as Facebook Live and Twitch should NEVER be used for telehealth. Pre-authorization as normally required

SERVICES (CPT codes)	COVERAGE
Psychotherapy (90791, 90832, 90834, 90837, 90845)	90791, 90832, 90834, 90837
Group Psychotherapy (90853, 90849)	N/A
Family Psychotherapy (90846, 90847)	90846, 90847
Crisis Intervention and Interactive (90839, 90840, 90785)	90839, 90840, 90785
Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)	N/A
Psychological Evaluation (96130, 96131)	N/A
Neuropsychological Evaluation (96132, 96133)	N/A
Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)	N/A
Neurobehavioral Status Exam (96116, 96121)	N/A

<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	N/A
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A

## Optum/United Health Care

**Type of Plan:** Commercial, Medicare Advantage, Managed Medicaid. Application to self-insured plans not yet clear. Waiver of patient responsibility (see ‘Developmental / Behavioral Screening and Testing Services’ below) clearly excludes self-insured plans but not yet clear for other policies.)

**Coverage Dates:** Effective 3/19/2020.

**Commercial Membership:** This policy change is effective through September 30, 2021 for in-network providers. For out-of-network providers, this policy change was applicable through July 24, 2020, unless otherwise mandated by the state.

**Medicare Advantage Membership:** This change in policy is effective as follows:

For in-network providers and out-of-network providers through the national public health emergency period, currently in effect through October 17, 2021.

**Medicaid Membership:** State Medicaid guidance/mandates apply. If no mandate was issued, the expanded policy was applicable through June 17, 2020.

After the COVID-19 emergency period ends, Optum will continue to allow members to receive certain covered services via the telehealth modality.

### References:

- [Become an Optum virtual visit telemental health provider](#)
- [Updates to Telehealth Policies for Assessment Services](#)
- [COVID-19 Outpatient Telehealth Policy Updates](#)
- [Optum: Waived Cost-Sharing for Members for in-network non-COVID telehealth](#) (PDF)
- [COVID-19 Reimbursement Guidelines](#)
- [FAQ for Optum providers: COVID-19 and temporary virtual visit policies](#) (PDF)

**Audio-only Phone Services:** Providers who do not have access to HIPAA-approved technology or certain video chat platforms can provide phone services. But any provider can use phone only for assessment services.

**Reimbursement: parity, etc.:** No indication that TH reimbursement is at a lower rate

**Waiver of copays, etc.:** Temporary cost share policy updated 5.24.21

Medicare Advantage: Extended cost-share waiver ended 9/30/2020. Medicaid: State regulations apply. If no state guidance was provided, waiver ended 6.18.20. Commercial: For in-network providers, extended cost share waiver for telehealth services ended 9/30/2020. For out-of-network providers, the cost share waiver for telehealth services does not apply. Implementation of these temporary changes for self-funded customers may vary. Depending on a member’s health plan, providers may need to adjust their administrative processes and systems when collecting member cost share (copays, coinsurance and deductibles) to determine if a member has a self-funded.

Note: The following 5 states continued to waive the cost-share waiver beyond September 30, 2020:

- Illinois – currently extended through 7/24/2021
- North Dakota – extended through 4/30/2021. Ended 5/1/2021.
- New Jersey – currently extended – no expiration date announced
- New York – currently extended through 6/4/2021. Ended 6/5/2021
- Rhode Island – currently extended through 7/9/2021 (no update listed)

**Originating/receiving sites:** For all UnitedHealthcare Individual and fully insured Group Market health plans, any originating site or audio-video requirements under UnitedHealthcare reimbursement policies are temporarily waived. UnitedHealthcare is waiving the Centers for Medicare & Medicaid Services (CMS) originating site restriction through the national public health emergency period.

**Telehealth Services Approved for New Patients:** There appear to be no limitations to existing patients  
**Telehealth policy applies to Out of Network? Services limited to Telehealth carve out company, e.g., Teladoc, MDLive:** Appears to apply broadly but Optum reimburses out-of-network providers at the same out-of-network rate as it applies per the benefit plan. Only providers in the Optum network can register to use the Optum virtual visits platform. Optum has its own TH platform available to in-network providers, but does not have a separate TH carve out network.

**Billing guidance:**

- Commercial: Use standard CPT codes and a GT, GQ, and 95 modifier and a Place of Service of 02 for both video-enabled virtual visits and telephonic sessions to indicate the visit was conducted remotely. Non-contracted providers should use the Place of Service code they would have used had the service been furnished in person (for example, Place of Service code 11). In accordance with CMS guidance, providers should not bill using CPT code(s) for “telephonic therapy.
- Medicaid: For UnitedHealthcare Community Plan use standard procedure codes such as CPT/HCPCS codes and Place of Service 02, or state Medicaid telehealth billing requirements if different than using 02 for both video-enabled virtual visits and telephonic sessions.
- Medicare Advantage: use standard CPT codes and Place of Service 02 and/or GQ or 95 modifier for both video-enabled virtual visits and telephonic sessions.
- Note: billing modifiers may be different for neuropsychologists, health psychologists and others credentialed/billing through the parent company, UnitedHealthcare.

**Distance Sites:** N/A

**Additional Information:** For assessment services, Optum expects providers to adhere to the [American Psychological Association \(APA\) guideline for the practice of telepsychology](#) particularly Guideline 7: Testing and Assessment.

SERVICES (CPT codes)	COVERAGE
<b>Psychotherapy (90791, 90832, 90834, 90837, 90845)</b>	Optum appears to have a pre-crisis policy that all BH services it covers can be offered via normal video-telehealth. This was expanded during the
<b>Group Psychotherapy (90853, 90849)</b>	

<b>Family Psychotherapy (90846, 90847)</b>	crisis to allow providers without certain video capacity to do-phone only - See Column U.
<b>Crisis Intervention and Interactive (90839, 90840, 90785)</b>	
<b>Health and Behavior Assessment/Intervention (HBAI) (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)</b>	
<b>Psychological Evaluation (96130, 96131)</b>	Optum appears to have a pre-crisis policy that all BH services it covers can be offered via normal video-telehealth. This was expanded during the crisis to allow assessment services to also include phone only.
<b>Neuropsychological Evaluation (96132, 96133)</b>	
<b>Psych and Neuropsych Test Administration and Scoring (96136, 96137, 96138, 96139)</b>	
<b>Neurobehavioral Status Exam (96116, 96121)</b>	N/A
<b>Developmental/Behavioral Screening and Testing (96110, 96112, 96113, 96127)</b>	N/A
<b>Cognitive Performance and Intervention (96125, 97129, 97130)</b>	N/A
<b>Adaptive Behavior Assessment (97151, 97152, 0362)</b>	N/A
<b>Adaptive Behavior Treatment (97153, 97154, 97155, 97156, 97157, 97158, 0373)</b>	N/A
<b>E-visit Services (G2061, G2062, G2063)</b>	N/A
<b>Telephone Assessment and Evaluation (98966, 98967, 98968)</b>	N/A
<b>Interdisciplinary Health Care Consultation Services Covered (99446, 99447, 99448, 99449)</b>	N/A
<b>Screening, Brief Intervention and Referral to Treatment (SBIRT) (G2011, G0396, G0397)</b>	N/A