## **Telehealth Services by Payer**

<u>Payer</u>	Telemedicine E/M Visits, etc. *For full list see CMS or payer specifics	Online E-Visits 99421- 99423	Audio-Video Evaluations 98000 – 98007	Audio Only Evaluations 98008 – 98015	Virtual Check- In 98016	Coverage & Place of Service (POS) Notes
Aetna Commercial	<b>~</b>		X Report E/M			POS 10 or POS 02 with modifier 95
Aetna Medicare	<b>✓</b>		X Report E/M			POS 10 or POS 02 with modifier 95
Wellpoint TennCare	<b>✓</b>		-			POS 10 or POS 02 with <u>No Modifier 95</u> or POS where service would typically be rendered if face to face with modifier 95
Wellpoint Medicare	<b>~</b>					POS 10 or POS 02 with No Modifier 95
BCBS of TN Commercial & Medicare Advantage Plan	~					POS 10 or POS 02 with <u>No Modifier 95</u> or POS where service would typically be rendered if face to face with modifier 95
BlueCare, TennCare Select & Cover Kids	<b>~</b>		~	~	<b>~</b>	POS 10 or POS 02 with <u>No Modifier 95</u> or POS where service would typically be rendered if face to face with modifier 95
Cigna Commercial	<b>~</b>	X	<b>✓</b>	<b>~</b>	×	POS 02 ONLY with modifier 93, 95, GQ or GT
Cigna Medicare (Ending)	<b>✓</b>					Effective 1/1/2024 POS 10 or POS 02 with No Modifier 95
CMS Traditional Medicare	~	<b>~</b>	X Report E/M	Report E/M with mod. 93	~	Effective 1/1/2024 POS 10 or POS 02 with <u>No Modifier 95</u> PHE Telehealth Flexibilities <u>extended until September 30, 2025</u> CMS does NOT cover 2025 Telemedicine Codes – Report appropriate E/M equivalent through September 30, 2025
Humana Medicare	<b>~</b>	~	X Report E/M	Report E/M with mod. 93		POS 10 or POS 02 with <u>No Modifier 95</u> or POS where service would typically be rendered if face to face with modifier 95
Tricare East	~					POS 10 or POS 02 with <u>GT Modifier</u>
TriWest or Optum VA Community Care Network	<b>✓</b>					AUTHORIZATION IS REQUIRED Effective 1/1/2024 POS 10 or POS 02 with No Modifier 95
UHC Commercial (Self-Funded Plans may not follow Commercial)	~	~	X Report E/M	X Report E/M		POS 10 or POS 02 with <u>No Modifier 95</u> UHC does NOT cover 2025 Telemedicine Codes – Report appropriate E/M equivalent
UHC Community Plan (Tenncare Medicaid)	<b>~</b>	~	X Report E/M	X Report E/M		POS 10 or POS 02 with <u>No Modifier 95</u> UHC does NOT cover 2025 Telemedicine Codes – Report appropriate E/M equivalent
UHC Medicare Advantage	~	<b>~</b>	X Report E/M	X Report E/M		POS 10 or POS 02 with <u>No Modifier 95</u> UHC does NOT cover 2025 Telemedicine Codes – Report appropriate E/M equivalent
WellCare	<b>✓</b>					POS 10 or POS 02 with No Modifier 95

\*\*\*Items in RED text indicate no 2025 Payer Updates – Follow 2024 Telehealth Guidelines\*\*\*

Place of Service (POS) 02: Telehealth Provided Other than in Patient's Home

Place of Service (POS) 10: Telehealth Provided in Patient's Home

Modifier 93 - Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive <u>Audio-Only</u> Telecommunications System Modifier 95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive <u>Audio and Video</u> Telecommunications System