

## Telehealth Services by Payer

<u>Payer</u>	<u>Telemedicine</u> E/M Visits, etc. <b>*For full list see CMS or payer specifics</b>	<u>Telemedicine</u> <u>Modifier</u> <u>Requirement</u> 95, GT, G0, GQ, CS	<u>Virtual</u> <u>Check-In</u> G2012 G2010	<u>Online</u> <u>E-Visits</u> 99421- 99423 G2061- G2063	<u>Telephone</u> <u>Evaluations</u> 99441-99443 <b>*Modifier requirements vary by payer</b>	<u>Cost-Share</u> Waived for Primary Care & Specialists <b>Telehealth</b>	<u>Coverage &amp; Place of Service (POS) Notes</u>
Aetna Commercial	✓	<u>95</u> or GT	✓	✓	✓	Ended 6/4/20	Covered 3/6/2020- until further notice <b>POS 02</b>
Aetna Medicare	✓	<u>95</u> or GT	✓	✓	✓	✓ Primary Care Only Ended 1/31/21 for Specialists	Covered 3/6/2020-until further notice <b>POS is where service would typically be rendered if face to face or POS 02</b>
Amerigroup TennCare	✓	<u>95</u> or GT			✓	Thru 6/17/20 unless COVID Related	Covering 3/19/2020 – until further notice <b>POS 02</b>
Amerivantage	✓	<u>95</u> or GT			✓	✓	Covering 3/19/2020 thru the Public Health Emergency (PHE) Period <b>POS 02</b>
BCBS of TN Commercial & Medicare Advantage Plan	✓	<u>95</u> with regular POS or use POS 02 and no modifier			<u>95</u> with regular POS or use POS 02 and no modifier	✓ COVID-19 Related Testing Only	Covered 3/16/2020 – until further notice <b>POS is where service would typically be rendered if face to face with modifier 95 or POS 02</b>
BlueCare, TennCare Select & Cover Kids	99201-99215 Only	<u>95</u> with regular POS or use POS 02 and no modifier	✓	✓	<u>95</u> with regular POS or use POS 02 and no modifier	✓ COVID-19 Related	Covered 3/16/2020 until further notice. <b>POS is where service would typically be rendered if face to face with modifier 95 or POS 02</b>
Bright Health	✓	<u>95</u> or GT	✓	G2061- G2063	✓	✓ COVID-19 Related	Covered 3/1/2020 until further notice <b>POS 02</b>
Cigna	✓	<u>95</u> , GT, GQ, G0 for non-COVID19 CS for COVID19	✓		Use Office Visit E/M & Modifier 95 for commercial plans	✓ G2012 & COVID-19 Dx with CS modifier thru 10/17/21	<b>New Cigna Virtual Care Policy Effective 1/1/2021</b> Covered under Interim Guidelines from 3/2/2020-until 12/31/20 <b>POS is where service would typically be rendered if face to face</b>
CMS Medicare	✓	<u>95</u> , CS, G0	✓	✓	✓	✓ COVID-19 Related	Covered 3/6/2020 through the Public Health Emergency (PHE) Period <b>CS Modifier waives cost share for all COVID-19 related services POS is where service would typically be rendered if face to face</b>
Humana Commercial	✓	<u>95</u> or GT	✓	✓	✓ or Office E/M & Modifier 95	Ended 12/31/2020	Covered 3/1/2020 until further notice <b>POS is where service would typically be rendered if face to face</b>
Humana Medicare	✓	<u>95</u> or GT	✓	✓	✓ or Office E/M & Modifier 95	✓ 2021-Primary Care & Urgent Care Only	Covered 3/1/2020 until further notice <b>POS is where service would typically be rendered if face to face</b>
Tricare East	✓	GT modifier			Use Office Visit E/M & Modifier GT		Covered 3/31/2020 until further notice <b>POS 02</b>
TriWest or Optum VA Community Care Network	✓	<u>95</u> modifier					Covered 3/16/2020 until further notice- <i>AUTHORIZATION IS REQUIRED</i> <b>POS is where service would typically be rendered if face to face</b>
UHC Commercial (Self-Funded Plans may or may not follow Commercial guidelines)	✓	<u>95</u> or GT  *Modifiers are optional for 2021 under telehealth policy	✓	✓	✓	✓ Ended 12/31/20 unless for COVID-19 Testing	<b>Permanent Telehealth Policy Effective 1/1/2021</b> Covered under temporary guidance 3/18/2020- through 12/31/2020 <b>***POS 02 Effective 1/1/2021***</b> <b>Cost Share waived only for COVID related testing services through the Public Health Emergency (PHE) Period</b>
UHC Community Plan (Medicaid)	✓	<u>95</u> or GT	✓	✓	✓	✓	Covered 3/18/2020 until further notice <b>POS is where service would typically be rendered if face to face</b>
UHC Medicare Advantage	✓	<u>95</u> or GT	✓	✓	✓ or Office E/M & Modifier 95	Ended 1/31/21 unless policy specific	Covered 3/18/2020- through the Public Health Emergency Period <b>POS is where service would typically be rendered if face to face</b>
WellCare	✓	<u>95</u> or GT	✓	✓	✓	✓	Covered 3/6/2020 through the Public Health Emergency Period <b>POS 02</b>

Note: This information is a general guide based on published payor policies available at the time of publication and is subject to change. Coverage, deductible, coinsurance, and copay is based upon payor/plan specifics and/or payor contracts. This guide is not meant to be a guarantee of reimbursement.

Last updated: 9/1/2021