

Last Updated: 04/30/20 Contact: advocacy@apta.org

## COMMERCIAL PAYER TELEHEALTH OR E-VISITS COVERAGE

As things rapidly develop regarding the COVID-19 pandemic, payer policies around telehealth are continuously evolving. Below is a summary of the status of commercial payers that are covering some form of telehealth or e-visits, based on information they have released. The information is current as of the "Date Updated" for each payer, and APTA will continue to make weekly updates when new information is confirmed. This a summary only; refer to your payer policies for the most accurate and current information and for additional contractual, coding, and billing quidance.

Payer	Details	Reference	Date Updated
Aetna	Aetna will allow PTs to bill e-visits only (not telehealth) using either G2061-G2063 or 98970-98972. Providers must comply with all of the requirements associated with billing e-visits.  4/1/2020: Aetna will cover the telehealth-based delivery of the services and procedures by PTs for CPT codes 97161, 97162, 97163, 97164, 97110, 97112, 97116, 97535, 97755, 97760, and 97761. The telehealth care must be provided as a two-way synchronous (real-time) audiovisual service. Providers are required to append the GT modifier to the codes.  4/3/2020: Aetna advised that telehealth services delivered by physical therapists may be billed on a UB04 using the modifier GT or 95.  4/22/2020: Aetna would require no copay on telemedicine visits for any reason for 90 days—and would allow PTs to bill for e-visits consistent with the recent e-visit waiver policy announced by CMS, retroactive to March 9. The Aetna e-visit approach is slightly different from the CMS system, allowing PTs to bill for either CPT codes associated with evaluation and management (98970, 98971, 98972) or HCPC codes for assessment and management (98970, 98971, 98972) or HCPC codes for assessment and management (G2061, G062, and G2063). CMS only allows PTs to bill for the G codes. Providers should check with Aetna's provider page for updates and changes.	https://www.aetna.com/health-care-professionals.html	4/22/2020

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American Specialty Health	American Specialty Health released a telehealth policy that applies to its Cigna business in varied regions of the country. This impacts ASH-contracted providers in CA, TX, NV, AZ, FL, southeast, northeast, and mid-Atlantic. Effective dates March 2 through May 31, 2020.	Following CIGNA guidelines	4/6/2020
AmeriHealth (PA, NJ, and NH)	In addition to the existing telemedicine services coverage, telemedicine services are eligible for reimbursement consideration by the company when all criteria are met: The service is medically necessary, is capable of being delivered through an interactive telecommunications system, and, as specifically outlined in the policy, is provided through the company's network of eligible providers in the following disciplines:  Physical therapy  Occupational therapy  Speech therapy  Home care  Skilled nursing for remote patient monitoring which must include capabilities that include monitoring vital signs and weight  Physical therapy  Occupational therapy  Speech therapy  Medical nutrition therapy  Speech therapy  Medical nutrition therapy  Social services  BILLING REQUIREMENTS: Eligible professional providers performing telemedicine and telehealth services must report the appropriate modifier (modifiers GT, GQ, or 95) and POS code 02 (Telehealth) to ensure payment of eligible telemedicine and telehealth services. Telemedicine and telehealth services performed through a telephone or online digital communication must report the appropriate POS 02 to ensure payment. Use of modifiers GT, GQ, or 95 will not be required. Telemedicine evaluation and management reported by facilities billing on a UB-04 claim form, or the equivalent form 837i, should report revenue code 0780 along with an appropriate evaluation and management procedure code appended by the GT, GQ or 95 modifier, as needed.	http://medpolicy.amerihealth.com/policies/mpi.nsf/589af45da2d92902852 575080056bc3a/205877c3594eadaf 8525853b00700fb9!OpenDocument http://medpolicy.amerihealth.com/policies/mpi.nsf/589af45da2d92902852 575080056bc3a/7982e451391e36b0 852585490077c218!OpenDocument	4/29/2020

Anthem Blue Cross - CA	Chiropractic services and PT, OT, and SLP require face-to-face interaction and therefore are not appropriate for telephone-only consultations. All Anthem contracted providers can provide telehealth services if clinically appropriate. For telehealth services, providers should bill the same CPT codes that they would normally bill for in-person visits, with modifier GT and POS code 02.	https://providernews.anthem.com/cal ifornia/article/information-from- anthem-for-care-providers-about- covid-19-5	4/1/2020
Anthem BCBS - Colorado  Anthem BCBS	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for the following PT, OT, and SLP for visits coded with POS "02" and modifier 95 or GT:  PT evaluation codes 97161, 97162, 97163, 97164  PT/OT treatment codes 97110, 97112, 97530, 97535 For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.  For 90 days effective March 17, 2020,	https://providernews.anthem.com/colorado/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-20-2020	4/8/2020
- Connecticut	Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	nnecticut/article/information-from-anthem-for-care-providers-about-covid-19-3	4,22,20
Anthem BCBS- Georgia	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for the following physical, occupational and speech therapies for visits coded with POS "02" and modifier 95 or GT:	https://anthempc-attachments- prod.s3.us-west- 2.amazonaws.com/pdf/articles/Infor mation%20from%20Anthem%20for %20Ca%20-%20ga4382.pdf	4/1/2020

	Physical therapy evaluation codes 97161, 97162, 97163, and 97164 Occupational therapy evaluation codes 97165, 97166, 97167, and 97168 PT/OT treatment codes 97110, 97112, 97530, and 97535 Speech therapy evaluation codes 92521, 92522, 92523, and 92524 ST treatment codes 92507, 92526, 92606, and 92609 PT/OT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 9711397124, 97139 - 97150, 97533, and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.		
Anthem BCBS - Indiana	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	https://providernews.anthem.com/indiana/article/information-from-anthem-for-care-providers-about-covid-19-6	4/22/2020
Anthem BCBS - Kentucky	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore	https://providernews.anthem.com/ke ntucky/article/information-from- anthem-for-care-providers-about- covid-19-7	4/22/2020

	are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.		
Anthem BCBS - Maine	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	https://providernews.anthem.com/ma ine/article/information-from-anthem- for-care-providers-about-covid-19- updated-march-19-2020-1	4/22/2020
Anthem BCBS - Missouri	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	https://anthempc-attachments-prod.s3.us-west-2.amazonaws.com/pdf/articles/lnformation%20from%20Anthem%20for%20Ca%20-%20mo4425.pdf	4/22/2020

Anthem BCBS  - New Hampshire	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	https://providernews.anthem.com/ne w-hampshire/article/information- from-anthem-for-care-providers- about-covid-19-updated-march-19- 2020-2	4/22/2020
Anthem BCBS - Nevada	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	https://providernews.anthem.com/ne vada/article/information-from- anthem-for-care-providers-about- covid-19-updated-march-19-2020	4/22/2020

BCBS - Toyon	Effective March 10: Providers of	https://www.hohety.com/provider/adf/	A/22/2020·
BCBS – Texas	Effective March 10: Providers of telemedicine/telehealth may include, but are not necessarily limited to: physical, occupational and speech therapists; 2-way, live interactive telephone communication and digital video consultations. BCBSTX will reimburse providers for medically necessary services delivered via telemedicine and billed on claims with appropriate modifiers (95, GT, GQ) and Place of Service 02 in accordance with the member's benefits for covered services.  Other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness. Providers can find the latest guidance on acceptable Health Insurance Portability and Accountability Act (HIPAA) compliant remote technologies issued by the U.S. Department of Health and Human Services' Office for Civil Rights in Action. Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier. Reimbursement: Effective March 10, 2020, telemedicine/telehealth claims for eligible fully-insured and employee plan participants submitted with appropriate coding and modifiers, for in-network medically necessary health care services, will be covered without cost-share and will be reimbursed at same rate as in-person office visits during the COVID-19 public health emergency.	https://www.bcbstx.com/provider/pdf/tx using telemed telehealth covid19.pdf	4/22/2020; 4/29/2020
Anthem BCBS - Ohio	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039,	https://providernews.anthem.com/ohio/article/information-from-anthem-for-care-providers-about-covid-19-9	4/22/2020

	97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.		
Anthem BCBS - Virginia	For 90 days effective March 17, 2020, Anthem will waive member cost shares for telehealth visits for physical therapy for visits coded with Place of Service (POS) "02" and modifier 95 or GT: Physical therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. PT treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.	https://providernews.anthem.com/vir ginia/article/information-from- anthem-for-care-providers-about- covid-19-2	4/22/2020
Anthem BCBS - WI	Coverage of telehealth therapy evaluation only; does not include treatment. Claims should be billed with POS code 02, Modifier 95 or GT, and the appropriate CPT code.  Anthem will cover the initial evaluation, which should be provided through a certified telehealth platform including video and audio.  4/1/2020: added PT/OT treatment codes 97110, 97112, 97530, and 97535	https://providernews.anthem.com/wisconsin/article/information-from-anthem-for-care-providers-about-covid-19-10	4/15/2020
	4/15/2020: For 90 days effective March 17, 2020, Anthem will waive member cost sharing (copays, coinsurance, deductibles) for telehealth visits for the following for visits coded with POS "02" and modifier 95 or GT: PT evaluation codes 97161, 97162, 97163, and 97164 and PT treatment codes 97110, 97112, 97530, and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039,		

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Arise Health Plans (WPS	97113-97124, 97139-97150, 97533, and 97537-97546. Payment parity at contracted rates. For telehealth services rendered by a facility provider, report the CPT/HCPCS code with the applicable revenue code as would normally be done for an in-person visit, and also append either modifier 95 or GT.  Eligible provider includes PT. Telehealth services must be	https://secure.wecareforwisconsin.com/documents/Providers/Coverage%	3/23/2020
Solutions)	submitted with POS 02 and appropriate corresponding modifier.	20Policy%20Bulletins/Telehealth%2 0Telemedicine%20COVID- 19%20Temporary.pdf (see pages 2- 3)	
Avera Health Plans	Expanded telehealth codes, includes PT/OT/SLP, will be permitted during the period March 17-June 30.  Expansion period will be evaluated in early June for potential extension, and code list may be subject to additional updates.	https://www.averahealthplans.com/insurance/providers/covid-resources/. For list of expanded codes go to https://www.averahealthplans.com/app/files/public/1607/COVID-TeleHealth-Codes.pdf	3/17/2020
BCBS- Alabama	As of April 3: BCBSAL added the following treatment codes: 97110, 97112, 97530, 97535 for Blue Advantage and commercial BCBS plans. PT/OT/SLP must be performed with audio AND visual technology. All Alabama Blue, new or established patients. BCBSAL-preferred physical therapy, occupational, and speech providers. Information on billing and documentation coming soon. Max therapy limits apply to telehealth services as they would in person.	https://providers.bcbsal.org/portal/do cuments/10226/306297/Telehealth+ Billing+Guide/b92b12c5-585f-471c- 5921-72465c49b16f	3/25/2020; Updated 4/3/2020
BCBS – Arkansas	PT telehealth covered; temporary changes apply exclusively to members of Arkansas Blue Cross and Health Advantage fully insured health plans. The changes are retroactive to April 1 and will be in effect through at least May 15, 2020, and could be extended after that, if circumstances warrant.  Only the following codes will be reimbursed for telemedicine.  Telephonic codes do not apply: PT—97161, 97162, 97163, 97164, 97110, 97112, 97116, 97535	https://www.arkansasbluecross.com/ providers/medical- providers/providers-news	4/15/2020
BCBS – Kansas	Due to the public health emergency, BCBSKS is temporarily permitting hospital-based PT providers to bill for services provided virtually. To be eligible for coverage, it must be medically reasonable for such services to be provided using real-	https://www.bcbsks.com/CustomerS ervice/Providers/news/2020/2020- 03-20 telehealth-services- temporarily-expanded.shtml	4/14/2020

	time, two-way audio and/or audio/visual communications. These services should be billed to BCBSKS with Revenue Code 0780. Therapists should report the CPT or HCPCS code for services as if the patient presented at the hospital. No member cost share will be applied when services are billed with Revenue Code 0780. This expansion is effective April 13-May 31, 2020. At that time, BCBSKS will reevaluate the situation for a possible extension.		
BCBS-	Any credentialed network physical,	https://files.constantcontact.com/de2	3/20/2020
Louisiana	occupational, or speech therapist can provide limited telehealth encounters to replace office visits. Therapy providers must adhere to telehealth guidelines. Therapy providers filing claims for telehealth should use standard office billing practices and CPT codes along with POS code 11 and Modifier GT or 95. Telehealth therapy services are limited to the following CPT codes: 97161, 97162, 97164, 97110, 97112, 97116, 97530, 97535, 97165, 97166, 97168, 92507, 92521, 92523, 92524, 92610, 96105, 92522, 92526. Claims will be paid using standard member cost shares.	417c8101/b9f6ab6c-436f-43bd-98af- 55c581b03f6d.pdf	
BCBS-	Reimburses contracted health care	https://provider.bluecrossma.com/Pr	3/19/2020
Massachusetts	providers for covered, medically necessary telehealth (telemedicine) services. When you provide any telephonic services, do not bill the specific telephonic CPT codes. Bill all covered services that you render either by telehealth/video 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 listed (GT, 95, G0, and GQ) and POS 02.	oviderHome/portal/home/news/news/office-support  (Click on COVID19 latest news)	
BCBS- Michigan	Will cover CPT code: 97110, 97112, 97116, 97530, 97535 through June 30. MPTA has received confirmation from BCBSM that PT is included as an eligible telehealth provider under the following policy, and that this policy is in effect now due to the COVID-19 crisis. It is important to note that it only applies to those subscribers with telehealth listed as a benefit in their policy and that normal patient cost sharing applies. will cover	https://www.bcbsm.com/content/dam/public/shared/documents/coronavirus/provider/telehealth-medical-providers.pdf	4/29/2020

	CPT code: 97110, 97112, 97116, 97530, 97535 through June 30.		
BCBS- Minnesota	Due to COVID 19 pandemic certain codes are temporarily added to the policy with a start date of 2/4/2020 for the duration of the national public health emergency. See the policy for list of codes.	https://www.bluecrossmn.com/health y/public/portalcomponents/PublicCo ntentServlet?contentId=P11GA 123 32836	2/4/2020
BCBS – Montana	Licensed therapy providers may perform covered medically necessary therapy services via telemedicine.	https://www.bcbsmt.com/provider/ed ucation-and- reference/news?lid=k8cxumar	4/7/2020
BCBS- Nebraska	A provider may bill therapy codes or telehealth codes and must use the modifier 95 and POS 02 for reimbursement. All codes will be covered at 100% of the provider's existing fee schedule.	https://www.nebraskablue.com/Providers/Alerts-and-Updates/Happening-Now	3/27/2020
BCBS – New Mexico	Providers submitting claims for telemedicine services using these codes must append with modifier 95. For now, ABA, physical therapy and other therapy services are not eligible for zero cost share.  Covering communications-based technology services (e-visits, virtual check-ins, remote assessment of video/images, telephone assessment and management services). None of the 97000 series codes are on their list. Providers submitting claims for telemedicine services using these codes must append with modifier 95. For now, ABA, physical therapy and other therapy services are not eligible for zero cost share.	https://www.bcbsnm.com/provider/news/2020 03 30.html	4/29/2020
BCBS-North Carolina	Eligible providers: Providers performing and billing telehealth services must be eligible to independently perform and bill the equivalent face-to-face service.	https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/telehealth.pdf	3/18/2020

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BCBS-Rhode Island	Temporary/Emergency Order: Allows PTs to file for clinically appropriate and medically necessary services using telemedicine/telehealth or telephonic services. Payment for telemedicine/telehealth or telephone-only encounters at 100% of the inoffice allowable amount for any clinically appropriate services. Will temporarily waive the requirement, referenced in the Telemedicine/ Telehealth Services policy, that virtual encounter be performed on a HIPAA-compliant secure electronic communication platform. Services may be provided via the following non-HIPAA-compliant secure electronic communication applications that allow for video chats: Apple FaceTime/Facebook Messenger video chat/Google Hangouts video/Skype. The Modifier CR: Catastrophe/ Disaster Related is required in combination with services rendered. The following POS indicator is required for all telemedicine/ telehealth or telephone services: POS 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology. 4/24/2020: It is expected this policy will be in effect until Friday, May 8, 2020, unless Executive Order 20-06 is renewed, modified or terminated by a subsequent Executive Order resulting in a longer or shorter full	https://www.bcbsri.com/providers/sites/providers/files/policies/2020/03/20 20%20Telemedicine%20Telehealth %20and%20Telephone%20Services %20-%20Temporary%20Policy%20- %20Effective%203.18.20%20- %20Update%203.27.pdf	4/29/2020
BCBS-South Carolina	force and effective period.  In conjunction with the temporary expansion, PT/OT/SLP visits may be filed with certain criteria and modifier - 95. The following codes may be filed to reflect the services provided: 92507, 92521-92526, 97110, 97112, 97129, 97130, 97161-97168 and 97530. Providers will also need to submit an application for telehealth coverage.  4/1/2020: BCBS South Carolina updates Telehealth: Interim review related to expanded services during the COVID-19 pandemic to add codes 97168, 97110, 97112, and 97530.  In response to the recent coronavirus (COVID-19) outbreak, BCBS reimbursement for all services	https://web.southcarolinablues.com/ UserFiles/scblues/Documents/Provid ers/Medical%20Policies/Medical%20 Policy%20Updates March%202020. pdf  https://web.southcarolinablues.com/ UserFiles/scblues/Documents/Provid ers/Medical%20Policies/Medical%20 Policy%20Updates March%202020. pdf  https://web.southcarolinablues.com/ UserFiles/scblues/Documents/Provid ers/Medical%20Policies/Medical%20 Policy%20Updates March%202020. pdf	4/15/2020

delivered through telehealth that meet the coverage criteria in the policy. The expansion supports the diagnosis and treatment of COVID-19 as well as minimizes unnecessary exposure to individuals needing medical care for other conditions. Reimbursement for the expanded set of services delivered through telehealth will be in place for 30 days, starting March 16, 2020, and then will be reevaluated for possible extension. Effective 04/09/2020, the expansion of telehealth services has been extended to 05/16/2020, with reevaluation for possible extension on or before 05/16/2020. 4/22/2020: Home health services and hospice services: Effective immediately 04-16-2020 a temporary expansion of home health services and hospice services will allow these services to be provided via telehealth when filed with a 95 modifier subject to the member's benefits and limitations during the COVID¬19 pandemic: 99341-99350, G0151-G0155, G0159 G0162, S9127¬S9131, G0299, G0300, Q5001, S9123, S9124, T1030, T1031, 92507, 92521¬92526, 97110, 97112, 97129, 97130, 97161¬97168 and 97530. Provider will also need to submit an application for telehealth coverage. Interim review to add expanded telehealth coverage for pediatric preventive medicine services during the pandemic 4/22/2020: Preventive Pediatric: interim review to remove U9 modifier requirement for preventive pediatric visit telehealth expansion for the pandemic; replaced it with a requirement to file modifier 95 with those services. In conjunction with the temporary expansion, speech, physical and occupational therapy visits may be filed with the above criteria and modifier ¬95. The following codes may be filed to reflect the services provided: 92507, 92521-92526, 97110, 97112, 97129, 97130. 97161¬97168 and 97530. Providers will also need to submit an application for telehealth coverage."

BCBS-Vermont	Temporary/Emergency Order: The list	http://www.bcbsvt.com/wps/wcm/con	3/27/2020
PODO VEIIIION	of eligible services includes physical	nect/464cc2a8-c8df-46db-8934-	5/21/2020
	and occupational therapy service.	e67d9c7fe39e/cpp-27-temporary-pt-	
	Go to link provided for list of eligible	ot-st-telemedicine-policy-	
	codes.	03.20.20.pdf?MOD=AJPERES	
Blue Shield-	Providers who are contracted with	https://www.blueshieldca.com/bsca/b	4/29/2020
California	Blue Shield should use the same	sc/wcm/connect/provider/provider_c	4/23/2020
- Cam on na	billing codes for all professional and	ontent en/quidelines resources/tele	
	ancillary services for non-hands-on	health-virtual-care	
	services, using the correct CPT		
	codes, clearly documenting the	https://www.blueshieldca.com/bsca/b	
	services provided, and indicating an	sc/public/common/PortalComponent	
	"02" for POS.	s/provider/StreamDocumentServlet?f	
	Examples of common CPT codes that	ileName=PRV Cost-	
	fall into this category:	sharing coding and billing.pdf	
	PT – 97110 OT – 97530		
	SP – 92507		
	Guidelines for ancillary services that		
	can be offered remotely are also		
	available from the CPT 2020		
	Professional Edition, AMA, Chicago		
	2020, page 40.		
	4-15-2020. Billing for physical therapy		
	and occupational therapy provided via		
	telehealth that is not hands-on		
	therapy. Practitioners who are		
	contracted with Blue Shield should		
	use the same billing codes for all		
	professional and ancillary services described above for non-hands-on		
	services, using the correct CPT		
	codes, clearly documenting the		
	services provided, and indicating an		
	"02" for place of service. Physical		
	therapy (PT) can all be provided via		
	telehealth, limited to services that are		
	not "hands-on" and can be provide		
	remotely. Examples of common CPT		
	codes that fall into this category: PT –		
CareFirst	97110.	https://individual.com/sameir	4/29/2020
Caleriisi	If your practice has its own telemedicine capability (audio/video),	https://individual.carefirst.com/carefirst-resources/pdf/carefirst-	4/ Z3/ ZUZU
	proceed with visits and bill CareFirst	telemedicine-code-modifier.pdf	
	as normal with a place of service "02"	telemedionie oode modiner.par	
	and refer to this guidance for		
	accepted telemedicine procedure		
	codes and modifiers. Services for		
	diagnosis, consultation or treatment		
	provided through telemedicine must		
	meet all the requirements of a face-		
	to-face consultation or contact		
	between a licensed health care		
	provider and a patient consistent with		
	the provider's scope of practice for services appropriately provided		
	through telemedicine services.		
	Utilization review may be performed.		
	Samzadon Istiow may be performed.		

CareSource (OH, GA, KY,	Documentation in the medical record must support the services rendered. CPT codes included for billing: 97161, 62, 64, 97, 97530, 33, 35, 97110, 97112.  All participating providers are eligible to render services to members	https://www.caresource.com/docume nts/oh-multi-p-83132-covid-19-	3/6/2020
WV, IN)	following the fact sheet published by CMS in an effort to expand the telehealth benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act	temporary-telehealth-services-all-mp-oh-ma-oh-d-snp/	
CIGNA	<ul> <li>PT providers can deliver virtual care for any service that is on their current fee schedule. The previous guidance that CMS also had to cover the service virtually was removed. PT providers will be reimbursed at their face-to-face rates when they submit claims for virtual services with a GQ, GT, or 95 modifier and a face-to-face place of service code (e.g. POS 11).</li> <li>Covered codes are now:97161-97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507</li> <li>For providers billing services on a UB-04 claim form can provide those services virtually. The provider should bill as normal on the UB-04 claim with the appropriate revenue and procedure code, and also append the GQ, GT, or 95 modifier.</li> <li>No specific software program is required at this time.</li> <li>Maintain current medical necessity review criteria for virtual care. State and federal mandates, and customer benefit plan designs may supersede any guidelines.</li> </ul>	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html  To keep up to date with rapidly changing information, please visit CignaforHCP.com often for the latest COVID-19 billing guidelines, FAQs, and important information. Click the COVID-19 banner across the top of the page.	4/9/2020

Community Health Options (Health Options): Maine	Health Options will allow and reimburse clinically appropriate services when performed by telehealth. All codes are subject to regular claim editing policies, Member benefits or certificate of coverage, eligibility, and prior authorization requirements. The inclusion of any code below does not guarantee coverage. Health Options does not reimburse for separately billed services considered incidental to services included in this policy. Telemedicine/telehealth services are reported with place of service 02 (telehealth). Modifiers: use appropriate modifiers for the services being billed and include the applicable telemedicine/telehealth modifier. Telemedicine/telehealth modifiers include: •GT: via interactive audio and video telecommunications system•95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system•G0: telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stoke.  List of codes allowed for telehealth services 4-3-2020. Page 11 - Temporary Payment Policy: Supplemental Telehealth Guidelines Physical therapy. For commercial and Medicare PT/OT/SLP provider visits,	https://www.healthoptions.org/mediapath/providerguides/interimtelemedicinebillingguidelines/  https://protect-us.mimecast.com/s/tXxlClYXQNc29WD5sGL-ER?domain=emblemhealth.com	4/29/2020
	interactive real-time audio/video technology must be used. Append modifier GT or 95 to claims using the normal place of service where services are usually rendered.		
Empire BCBS	Commercial health plans. Medicare and Medicaid plans are included unless otherwise required under State and/or Federal mandates. Please review the Medicare and Medicaid specific sites noted above for details about these plans. What codes would be appropriate to consider for telemedicine (live video + audio via app) and telehealth (telephonic with video capability) for physical therapy. During the emergency period, Empire will waive member cost shares for telemedicine and telehealth visits for physical therapy for visits coded with Place of Service (POS) code 02 and modifier "95" or "GT": Physical	https://providernews.empireblue.com/article/information-from-empire-for-care-providers-about-covid-19-updated-april-22-2020	4/22/2020

	therapy (PT) evaluation codes 97161, 97162, 97163 and 97164. Treatment codes 97110, 97112, 97530 and 97535. PT codes that require equipment and/or direct physical hands-on interaction and therefore are not appropriate via telehealth include: 97010-97028, 97032-97039, 97113-97124, 97139-97150, 97533 and 97537-97546.		
Excellus BCBS	Physical therapists: Teletherapy must meet the criteria set forth in our corporate medical policy. You can bill a non-MD phone only or non-MD video visit if you have a secure HIPAA-compliant portal.	https://provider.excellusbcbs.com/	3/17/2020
Geisinger Health Plan	Coverage of e-visit policy that includes PT.	https://www.geisinger.org/patient- care/for-professionals/telemedicine	3/20/2020
Hawaii Medical Service Association	On April 1 HMSA's telehealth services were expanded to include therapy services, retroactive to dates of service beginning March 1 through the duration of the public health emergency. HMSA will temporarily allow physical therapists to bill for these services:  • All levels (CPT 97161-97168; 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507).  • Clinicians can also provide virtual check-in services (HCPCS G2010, G2012) to new and established patients. Virtual check-in services were previously limited to established patients.  • Licensed clinical physical therapists can provide e-visits (HCPCS G2061-G2063).  • Telephone assessment and management service provided by a qualified nonphysician health care professional (CPT 98966-98968).	https://prc.hmsa.com/s/article/Coron avirus-Disease-2019-COVID-19	4/8/2020
Health Alliance Plan of Michigan (HAP)	Expanded telehealth services to PT/OT/SLP services are covered. Applies to all Medicare Advantage, HAP/AHL commercial and individual product members. HAP Empowered/Medicaid members continue to follow MDHHS directives.	https://portal.hap.org/bam/viewPolicy .do?id=22837	4/15/2020
HealthPartners	Physical Therapy, Occupational Therapy, and Speech Therapy services have been added as coverage of telephone and video visits and updated reimbursement.  Bill using physical therapy CPT codes (97010-97763) with the POS Code 2.	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry 222832.pdf (see pages 3-4)	4/6/2020

	4/22/2020: As of 4/8/2020 901 COVID-19 Update The service is rendered by one of the following provider types: •01: Inpatient Facility – ONLY for Specialty Code 183 (Hospital Based Medical Clinic) •17: Therapist – ONLY for Specialty Codes 176 (Physical Therapy/Early Intervention). Guidance issued by the Office of Child Development and Early Learning applies to these provider specialty types and may include requirements in addition to those included in this Ops Memo.	https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/entry 223042.pdf	
Highmark BCBS (PA, WV, OH)	Expanded coverage for telemedicine medical and reimbursement policies for a limited time to permit and pay for more telehealth providers, services and modalities 3/31/2020: added 3 additional treatment codes: 97110, 97112. 97116	Main link: https://hbcbs.highmarkprc.com/COVI D-19/Telemedicine-and-Virtual-Visits Link to coding: (Scroll to physical medicine/therapy) https://content.hig hmarkprc.com/Files/NewsletterNotic es/SpecialBulletins/hmk-temp- telemed-code-list.pdf	3/31/2020
Highmark Medicare Advantage	In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), Highmark considers the certain procedure codes eligible for reimbursement for dates of services from March 13 through June 13, 2020	https://content.highmarkprc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-code-list.pdf	3/31/2020
Horizon BCBS Medicare Advantage	Expanded list of telehealth CPT codes to include PMR codes.	https://www.horizonblue.com/sites/default/files/2020-04/MA Code List.pdf (see page 3)	4/1/2020
Humana	PT/OT/SLP are eligible for other virtual services, such as virtual checkins (G2010 and G2012), e-visits (G2061-G2063), and telephone evaluation and management (E/M) services (98966-98968). For further information, refer to Humana policy, state regulations, and applicable state-specific rules.	https://www.humana.com/provider/c oronavirus/telemedicine	4/13/2020
Independence Blue Cross	Expanding telemedicine to include: Physical therapy, occupational therapy, and speech therapy visits (via video)	https://news.ibx.com/independence- expands-telemedicine-coverage- during-covid-19-outbreak/	3/20/2020
Independence Blue Cross Medicare Advantage	Physical / Occupational Therapy 97110, 97112, 97116, 97129, 97130, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97750, 97755, 97760, 97761	http://medpolicy.ibx.com/policies/Me dAdvMPI.nsf/f945eb8b38bc56ac852 5695e0068df6b/cec37902e3afc8368 5258549006f9d6f!OpenDocument	4/14/2020
	MODIFIERS: 95, GT Revenue Code: 0420 PT - General		

Kaiser Permanente- Mid Atlantic States	Allows telephone and video visits provided by PTs.		3/20/2020
Kaiser Permanente- Southern California	Allows telephone and video visits provided by PTs.		3/20/2020
Medica	List includes 92507, 92521-92523, 97161, 97164, 97165-97168. *Prior authorization not required.* Double check individual client/patient insurance plans for coverage guidelines. At this time all insurers must adhere with Governor's mandate. Interactive telephonic and audio-video.	https://www.medica.com/- /media/documents/provider/provider- alerts/2020/provider-alert- 03262020.pdf?la=en&hash=547970 CE0306F1A6E80B692BDDAE1580  List of codes: https://www.medica.com/~/media/Documents/Provider/Emergency- Telemedicine-Services-Code-List	4/22/2020
Medical Mutual	During the current state of emergency in Ohio, Medical Mutual will allow PT/OT/SLP visits to be conducted via telehealth (telemedicine) when an audio and visual encounter are included. Telephonic-only visits will NOT be covered.	https://www.medmutual.com/- /media/MedMutual/Files/Providers/C OVID19-PROVIDER-FAQ32020- FINAL.ashx (See Appendix A)	4/15/2020
Moda Health	Expanded services to add PM&R service that uses telecommunication systems between a provider and a patient. Codes 97110, 97112, 97116, 97161-97168, 97535, 97750, 97755, 97760, 97761.	https://www.modahealth.com/pdfs/reimburse/RPM073 COVID- 19TelehealthExpansion.pdf (see page 11)	4/3/2020
Neighborhood Health Plan of Rhode Island	Updates Temporary Telemedicine/Telephone-only Services for COVID-19 Pandemic 4- 13-2020 Update: remove 'effective until' date of 4/17 per Executive Order 20-18. Temporary COVID-19 Telemedicine/Telephone-only. Telephone only services are permitted for telehealth. Physical therapists are eligible providers. Place of Service (POS) 02 must be on the claim to indicate that the service was delivered via telemedicine/telephone-only. Claims must include modifier "CR", defined as: Catastrophe/Disaster Related. This policy applies to all lines of business, Medicaid, Commercial, and INTEGRITY. This policy applies to Neighborhood participating providers only. This policy is effective for dates of service on or after March 18, 2020. For dates of service prior to March 18, 2020, please refer to the	https://www.nhpri.org/wp- content/uploads/2020/04/Temporary- COVID-19-Telemedicine. Telephone- only-Services-4.13.20.pdf	4/29/2020

Network Health	Neighborhood policies that were in effect for prior dates of service.  All telehealth services for CMS-	https://networkhealth.com/coronaviru	4/15/2020
Plans	approved providers and covered services are covered at a \$0 copayment, including MDLIVE. NHP will not cover Medicare telehealth visits for providers who are not allowed to bill for telehealth services for Medicare members; e-visits coverage only.	s-medicare.html	
Paramount: Commercial and Medicare Advantage	*Check payer policy as Paramount spans two states and offers multiple lines of business that possess slight variations in allowable services* Effective March 10, 2020: Paramount is expanding telehealth coverage for specific medical services when billed with location 02, a modifier of GT, and one the three COVID-19 specific ICD-10codes: B97.29, U07.1, and Z20.828. Member cost share will be waived for these services. Applicable to all fully funded and exchange groups in Ohio and Michigan. Provider types eligible to provide telehealth services include: Physical Therapists and Physical Therapist Assistants.	https://www.paramounthealthcare.com/assets/documents/provider/rm016-covid-19-emergency-reimbursement_elite-and-comm.pdf	4/29/2020
Peoples Health	Will reimburse PT/OT/SLP telehealth services provided by qualified health care professionals when rendered using interactive audio/video technology. State laws and regulations apply. Benefits will be processed in accordance with the patient's plan.	https://www.peopleshealth.com/providers/covid-19-updates-for-providers/	
Premera BC - Alaska and Washington	Allowing telehealth for physical therapy CPT 97000 series at the contracted rates along with the appropriate modifiers GT; modifier 95, with POS 02.	https://www.premera.com/wa/provider/coronavirus-faq/andwww.evicore.com	4/22/2020

Providence Health Plan	For dates of service on or after March 6, 2020, through June 30, 2020, or until further notice, these additional codes for PT/OT/SLP will be covered as telehealth services: CPT codes 92507, 92526, 92609, 97110, 97112, 97129, 97130, 97161, 97162, 97163, 97530, 97535 may be used to report two-way video services performed by PT/OT/SLP for services within that practitioner's scope of license.	https://healthplans.providence.org/~/media/Files/Providence%20HP/pdfs/providers/Documents/670%20Telehealth%20Services%20DURING%20COVID19%20CRISIS.pdf	3/6/2020
Quartz Health - Badgercare	*Check payer policy: Quartz is a third- party administrator managing multiple lines of business that possess slight variations in allowable services* Quartz Health posts PROVIDER TELEHEALTH GUIDELINES. Specific to Badger Care Physical Therapists are eligible telehealth providers.	https://www.forwardhealth.wi.gov/WI Portal/content/html/news/covid19 re sources.html.spage https://www.forwardhealth.wi.gov/kw/ pdf/2020-15.pdf (Go to alert 013)	4/29/2020
Regence Blue Shield of OR, UT, ID, WA - select counties	The health plan included PTs in telehealth coverage. Use 97000 codes for billing.	https://www.regence.com/provider/lib rary/whats-new/covid-19#temporary- updates-to-telehealth	4/3/2020
Sanford Health Plan	Covered Telehealth Services: Telehealth coverage extends to the following services at no cost to member: PT evaluation Excluded Telehealth Services: Telehealth coverage does not cover Physical therapy (PT).	https://www.sanfordhealthplan.org/-/media/files/documents/providers/newsletters/svhp-2860-flyer-fast-facts-newsletter-march-2020-8 5x11.pdf	4/15/2020
United Healthcare/ Optum	4/6/2020: UnitedHealthcare will reimburse eligible codes on a CMS 1500 form, using POS code that would have been reported had the services been furnished in person, along with a 95 modifier; or on a UB04 form with revenue code 780. UnitedHealthcare will reimburse physical, occupational, and speech therapy telehealth services provided by qualified health care professionals when rendered using interactive audio/video technology. State laws and regulations apply. Benefits will be processed in accordance with the member's plan.	https://www.uhcprovider.com/en/res ource-library/news/Novel- Coronavirus-COVID-19/covid19- telehealth-services/covid19- telehealth-pt-ot-st.html	4/13/2020
	This change is effective immediately for dates of service March 18 through June 18, 2020.  PTs can use their typical billing codes when submitted with a POS code 02 and modifier 95. Codes listed below.  • 97161 Physical therapy evaluation - low complexity  • 97162 Physical therapy evaluation - moderate complexity		

	<ul> <li>97163 Physical therapy evaluation</li> <li>high complexity</li> <li>97164 Physical therapy re-</li> </ul>		
	<ul> <li>evaluation</li> <li>97110 Therapeutic procedure, one or more areas, each 15 minutes</li> <li>97116 Gait training</li> <li>97530 Therapeutic activities, one-to-one patient contact, each 15 minutes</li> <li>97112 Therapeutic procedure, one or more areas, each 15 minutes</li> <li>97535 Self-care/home management training, each 15 minutes.</li> <li>4/15/2020: Cost sharing will be waived for in-network telehealth services for PT/OT/SLP services for Medicare Advantage, Medicaid, individual and fully insured Group Market health plan members, with opt-in available for self-funded employers.</li> </ul>		
University Health Alliance (UHA) Hawail	Allowing for CPT 97110 only. They will only cover therapeutic exercise back dated to March 1, 2020.	https://uhahealth.com/page/coronavirus-covid-19-information-for-providers	4/29/2020
UPMC	Virtual telehealth services for PT/OT/SLP: E-Visits are currently allowed using the following codes G2061, G2062, G2063 for a very limited number of medical conditions.	https://embed.widencdn.net/pdf/plus/ upmc/22cs5qhtzm/Appendix-A- Covid-Benefits-and-Cost-Sharing.pdf	3/20/2020
Vantage Health Plan	PT, OT, and SLP visits performed through telemedicine must be in lieu of a face-to-face visit for an established patient with an existing plan of care. PT and OT: Bill these telemedicine visits with CPT 97110 (therapeutic exercise) with the appropriate modifier GP or GO. We will allow up to three PT and three OT units per week per patient. These claims must be billed with a POS code of 02 instead of POS 11. Vantage will pay these telemedicine claims at the current allowables with NO patient cost share. The telemedicine guidelines 1(d) through 1(g) listed in Vantage Provider Notice #1 dated 3/13/20 also apply to PT/OT/SLP providers.	https://www.vantagehealthplan.com/documents/Physicians/VantageProvidersCOVID19Update.pdf?q=637207591001817595	3/30/2020

ViVa Health	This policy applies to all diagnoses	https://www.vivahealth.com/Downloa	4/29/2020
VIVa Healtii	and is not restricted to a COVID-19	d.aspx?ID=35463	4/29/2020
	diagnosis: • compensation at 100%	<u>a.aopx.1b=00100</u>	
	of the in-office rate as specified in		
	their provider agreements. •		
	Contracted providers can provide		
	telemedicine services to our		
	members (medical). This can also		
	include telephone consultation. •Will		
	waive member cost sharing for many		
	primary care, specialist, and		
	behavioral health services for		
	telehealth for both Medicare and		
	many Commercial members through		
	May 31. UAB health plans will cover		
	100% for all diagnoses with a service date through April 13 and after April		
	13 will cover at 100% for COVID-		
	related visits and will cover other		
	diagnoses with applicable plan cost-		
	sharing. Documentation		
	requirements for a telehealth service		
	are the same as those required for		
	any face-to-face encounter, with the		
	addition of the following: a statement		
	that the service was provided using		
	telemedicine or telephone consult:		
	location of the patient and provider.		
	See policy for approved codes and billing guidelines.		
Wellmark	Providers should bill the appropriate	https://www.wellmark.com/Provider/	4/22/2020
BCBS (IA and	CPT codes for the services provided	CommunicationAndResources/COVI	1, 22, 2020
SD)	(see the link for codes). Telehealth	D-19/Telehealth.aspx	
,	allowed, use POS 2 and 1500 form	<del></del>	
	POS 02 (do not include a modifier or		
	claim will be denied); on a UB04 use		
	GT modifier and include a comment		
	in the free form section of the claim		
	(in the electronic 837 facility, the		
	required comment should be placed		
	in a claim level note Loop 2300 NTE NTE01 = ADD, & NTE02 =		
	telehealth).		
	4/22/2020. Other cost shares; include		
	coinsurance and deductibles.		
	Therefore, Wellmark will be waiving		
	copays, coinsurance and deductibles		
	for virtual visits with dates of service		
	from March 16 to June 16, 2020.		
	Wellmark will pay the allowed amount		
	for telehealth services in full. Services		
	that are not a covered benefit, not		
	medically necessary, experimental or		
	investigational are excluded from the member's copay or other cost-shares		
	that are being waived. This is only		
	applicable to in-network providers.		
1	The interest of the interest o		