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Disclaimer: The content includes information published in payer policies as of February 20, 2019. Coverage will vary based on the patient's insurance coverage (to include deductible, coinsurance, etc.), payer, CPT code(s), diagnosis code(s), originating site, and provider type.

Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare *see note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *see note 2 below	United *see note 3 below	Cigna *see note 4 below	Aetna *See note 5 below	Tricare *See note 6 below
90785	Interactive Complexity (add-on code), performed with psychotherapy	Covered- rural					Covered		Covered	
90791	Psychiatric Diagnostic Interview Examination, no medical services	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90792	Psychiatric Diagnostic Interview Examination, W/ medical services	Covered- rural	Covered	Covered	Covered	Covered	Covered		Covered	
90832	Individual Psychotherapy, 30 Minutes	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90833	Individual Psychotherapy, 30 Minutes	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90834	Individual Psychotherapy, 45 Minutes	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90836	Individual Psychotherapy, 45 Minutes	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90837	Individual Psychotherapy, 60 Minutes	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90838	Individual Psychotherapy, 60 Minutes	Covered- rural	Covered	Covered		Covered	Covered		Covered	
90839	Psychotherapy for crisis, first 60 minutes	Covered- rural					Covered			
90840	Psychotherapy for crisis, add on code fro each additional 30 minutes	Covered- rural					Covered			
90845	Psychoanalysis	Covered- rural		Covered		Covered	Covered			
90846	Family Psychotherapy w/o patient present	Covered- rural		Covered			Covered		Covered	
90847	Family Psychotherapy with patient present	Covered- rural		Covered		Covered	Covered		Covered	
90853	Group Psychotherapy								Covered	
90863	Pharmacologic Management		Covered	Covered					Covered	
90951	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90952	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90954	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90955	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90957	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90958	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90960	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90961	End Stage Renal Disease Related Services included in the monthly capitation payment	Covered- rural		Covered			Covered		Covered	
90963	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Covered- rural		Covered			Covered		Covered	
90964	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Covered- rural		Covered			Covered		Covered	
90965	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Covered- rural		Covered			Covered		Covered	
90966	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	Covered- rural		Covered			Covered		Covered	
90967	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	Covered- rural		Covered			Covered		Covered	

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98968	Telephone assessment and management services provided by a qualified nonphysician healthcare professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management services or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion									
98969	Online assessment and management services provided by a qualified nonphysician healthcare professional to an established patient, guardian or health care provider not originating from a related E/M service provided within the previous 7 days , using the internet or similar electronic communications network									
99075	Medical Testimony, Special Reports, Educational Services for groups, and Data Analysis									
99078	Medical Testimony, Special Reports, Educational Services for groups, and Data Analysis									
99080	Medical Testimony, Special Reports, Educational Services for groups, and Data Analysis									
99082	Unusual Travel (only when patient must be transported to a medical facility and is accompanied by a physician)									
99090	Medical Testimony, Special Reports, Educational Services for groups, and Data Analysis									
99201	Office or other outpatient visits (Do not use for established patient)	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99202	Office or other outpatient visits (Do not use for established patient)	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99203	Office or other outpatient visits (Do not use for established patient)	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99204	Office or other outpatient visits (Do not use for established patient)	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99205	Office or other outpatient visits (Do not use for established patient)	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99211	Office or other outpatient visits	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99212	Office or other outpatient visits (Established Patient)	Covered- rural	Covered	Covered		Covered	Covered		Covered	
99213	Office or other outpatient visits (Established Patient)	Covered- rural	Covered	Covered	Covered	Covered	Covered		Covered	
99214	Office or other outpatient visits (Established Patient)	Covered- rural	Covered	Covered	Covered	Covered	Covered		Covered	
99215	Office or other outpatient visits	Covered- rural	Covered	Covered	Covered	Covered	Covered		Covered	
99221	Initial and Subsequent Inpatient Hospital Care									
99222	Initial and Subsequent Inpatient Hospital Care									
99223	Initial and Subsequent Inpatient Hospital Care									
99231	Subsequent Hospital Care Services with the limitation of 1 telehealth visit every 30 days	Covered- rural		Covered			Covered		Covered	
99232	Subsequent Hospital Care Services with the limitation of 1 telehealth visit every 30 days	Covered- rural		Covered			Covered		Covered	
99233	Subsequent Hospital Care Services with the limitation of 1 telehealth visit every 30 days	Covered- rural		Covered			Covered		Covered	
99241	Office/Outpatient Consult	See 99201-99205				Covered	Covered		Covered	
99242	Office/Outpatient Consult	See 99201-99205				Covered	Covered		Covered	
99243	Office/Outpatient Consult	See 99201-99205				Covered	Covered		Covered	
99244	Office/Outpatient Consult	See 99201-99205				Covered	Covered		Covered	
99245	Office/Outpatient Consult	See 99201-99205				Covered	Covered		Covered	
99251	Inpatient Consultation	See G0425-27	Covered	See G0425-27		Covered	Covered		Covered	
99252	Inpatient Consultation	See G0425-27	Covered	See G0425-27		Covered	Covered		Covered	
99253	Inpatient Consultation	See G0425-27	Covered	See G0425-27		Covered	Covered		Covered	

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Code	Description	Medicare *see note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *see note 2 below	United *see note 3 below	Cigna *see note 4 below	Aetna *See note 5 below	Tricare *See note 6 below
99444	Online evaluation and management services provided by a physician or other qualified healthcare professional to an established patient, guardian or health care provider not originating from a related E/M service provided within the previous 7 days , using the internet or similar electronic communications network									
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 Mins of medical consultative discussion and review.									
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 Mins of medical consultative discussion and review									
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 Mins of medical consultative discussion and review									
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 Mins or more of medical consultative discussion and review									
99495	Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	Covered- rural		Covered			Covered		Covered	
99496	Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	Covered- rural		Covered			Covered		Covered	
G0108	Individual and Group Diabetes Self-Management Training Services, minimum of 1 hour in-person instruction to be furnished in the initial year training period to ensure effective injection training.	Covered- rural		Covered		Covered	Covered		Covered	
G0109	Individual and Group Diabetes Self-Management Training Services, minimum of 1 hour in-person instruction to be furnished in the initial year training period to ensure effective injection training.	Covered- rural		Covered		Covered	Covered		Covered	
G0270	Individual and group medical nutrition therapy	Covered- rural		Covered			Covered		Covered	
G0308	End Stage Renal Disease Related Services									
G0309	End Stage Renal Disease Related Services									
G0311	End Stage Renal Disease Related Services									
G0312	End Stage Renal Disease Related Services									
G0314	End Stage Renal Disease Related Services									
G0315	End Stage Renal Disease Related Services									
G0317	End Stage Renal Disease Related Services									
G0318	End Stage Renal Disease Related Services									
G0396	Alcohol and/or Substance (other than tobacco) Abuse Structured Assessment and Intervention Services	Covered- rural		Covered			Covered		Covered	
G0397	Alcohol and/or Substance (other than tobacco) Abuse Structured Assessment and Intervention Services	Covered- rural		Covered			Covered		Covered	
G0406	Follow-up Inpatient Telehealth Consultations Furnished to Beneficiaries in Hospitals or SNFs	Covered- rural		Covered		Covered	Covered		Covered	

Telehealth CPT Code Coverage Per Payer

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T1015	Consulting Site Code		Covered	Covered	Covered					
Q3014	Telehealth originating site facility fee	Covered- rural	Covered	Covered	Covered	Covered				
G9481	Remote in-home visit for E/M of new patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99201						Covered			
G9482	Remote in-home visit for E/M of new patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99202						Covered			
G9483	Remote in-home visit for E/M of new patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99203						Covered			
G9484	Remote in-home visit for E/M of new patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99204						Covered			
G9485	Remote in-home visit for E/M of new patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99205						Covered			
G9486	Remote in-home visit for E/M of estab patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99212						Covered			
G9487	Remote in-home visit for E/M of estab patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99213						Covered			
G9488	Remote in-home visit for E/M of estab patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99214						Covered			
G9489	Remote in-home visit for E/M of estab patient for use only with medicare-approved comprehensive care for joint replacement model, equal to 99215						Covered			
G9490	Comprehensive care for joint replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound									
G0296	Counseling visit to discuss need for lunch cancer screening using low dose CT scan (LDCT), service is for eligibility determination and shared decision making	Covered- rural					Covered			
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	Covered- rural					Covered			
96161	Adminsitration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Covered- rural					Covered			
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management	Covered- rural								
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom related memory loop with remote download capability up to 30 days, 24 hour monitoring; transmission download and analysis								Covered	

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Code	Description	Medicare *see note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *see note 2 below	United *see note 3 below	Cigna *see note 4 below	Aetna *See note 5 below	Tricare *See note 6 below
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom related memory loop with remote download capability up to 30 days, 24 hour monitoring; review and interpretation by a physician or other qualified health care professional								Covered	
G0513	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (listed separately in addition to code for preventive service)	Covered- rural					Covered			
G0514	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (listed separately in addition to code for preventive service)	Covered- rural					Covered			
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes					Covered				
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes					Covered				
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			

Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare *see note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *see note 2 below	United *see note 3 below	Cigna *see note 4 below	Aetna *See note 5 below	Tricare *See note 6 below
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			

Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare *see note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *see note 2 below	United *see note 3 below	Cigna *see note 4 below	Aetna *See note 5 below	Tricare *See note 6 below
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			

Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare *see note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *see note 2 below	United *see note 3 below	Cigna *see note 4 below	Aetna *See note 5 below	Tricare *See note 6 below
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology						Covered			

NOTE 1 *No application of originating site type or geographic requirements for telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke; no application of originating site geographic requirements for hospital-based or critical access hospital-based renal dialysis centers, renal dialysis facilities, and beneficiary homes, for purposes of furnishing the home dialysis monthly ESRD-related clinical assessments.

*BCBS beneficiaries are eligible for telemedicine services only if the member/beneficiary access to appropriate specialty care is difficult, inaccessible or unavailable by the member or in an urgent situation such that access to the specialty care is needed immediately without requiring the patient to travel; CPT coverage is based on specific policy and may require the 95 modifier vs. the GT modifier.

NOTE 2 *Psychiatric services that are out of network are non-covered by United.
NOTE 3 **Medical telehealth is only covered in network for providers contracted directly with American Well and MD live; behavioral telehealth is covered for participating providers in the CBH network.

NOTE 4 *Only Consumer Business (Aetna Leap plan) members are eligible for payment for services provided via telehealth.

NOTE 5 *For care provided on or after July 26, 2017: The use of interactive telecommunications systems may be used to provide diagnostic and treatment services for otherwise covered TRICARE benefits when such services are medically or psychologically necessary and appropriate medical care.
NOTE 6

Virtual Codes (Non-tele)

These codes fall under the realm of virtual care but are not considered Telehealth services by the payer. Instead, they are paid under the same conditions as in person services with no additional requirements regarding permissible originating sites, or the use of the telehealth place of service (POS) 02 code or GT/95 modifier.

Code	Description	Medicare	SC Medicaid	BCBS	United	Cigna	Aetna	Tricare
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	Covered			Covered	Covered	Covered	Covered
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Covered			Covered			
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording or programmed alert(s) transmission, each 30 days	Covered			Covered			
99457	Remote physiological monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	Covered			Covered			
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Covered			Covered			
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Covered			Covered			
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Covered			Covered			
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Covered			Covered			
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time	Covered			Covered			
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes	Covered			Covered			
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	Covered			Covered			

Virtual Codes (Non-tele)

Code	Description	Medicare	SC Medicaid	BCBS	United	Cigna	Aetna	Tricare
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	Covered			Covered			

Telehealth Covered Distant Site Providers Per Payer

Provider Type	Medicare	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 1 below	United	Cigna *See note 2 below	Aetna *See note 3 below	Tricare *See note 4 below
Physician	X	X	X	X	X	X	X	X	X
Nurse Practitioner	X	X	X	X	X	X			
Physician Assistant	X	X	X		X	X			
Nurse-midwife	X				X	X			
Clinical Nurse Specialist	X				X	X			
Certified Registered Nurse Anesthetist	X				X	X			
Clinical Psychologist	X				X	X			
Clinical Social Worker	X				X	X			
Registered dietitian or nutrition professional	X				X	X			

* 1. BCBS will only cover services provided by physicians for telemedicine (physician to physician consult) but will cover all eligible providers for telehealth (patient to clinician). See policies for specifics.

*2. Medical telehealth is only covered in network for providers contracted directly with American Well and MD live; behavioral telehealth is covered for participating providers in the CBH network.

*3. Aetna's policy states "physicians and health care professionals" are eligible. Policy applies to all participating and non-participating physicians, facilities and other qualified health care professionals.

*4. Providers rendering telemedicine are required to be practicing within the scope and jurisdiction of their license and certifications.

Telehealth Covered Originating Sites Per Payer

Site	Medicare *See note 1 below	SC Medicaid	Select Health (Medicaid)	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 2 below	United *See note 3 below	Cigna	Aetna	Tricare
Office of physician or practitioner	X	X	X	X	X	X	*See note 4 below	*See note 5 below	*See note 6 below
Hospital (Inpatient or outpatient department)	X	X	X	X	X	X			
Critical access hospital	X					X			
Rural health clinic	X	X	X	X	X	X			
Federally qualified health centers	X	X	X	X	X	X			
Hospital-based or critical access hospital-based renal dialysis center (including satellites)	X					X			
Skilled nursing facility (SNF)	X			X		X			
Community Mental Health Center (CMHC)	X	X	X	X	X	X			
Home	X			X	X				
Public School	X	X	X	X	X				
Act 301 Behavioral Health Centers		X	X	X					
Mobile Stroke Unit	X					X			
Independent Renal Dialysis Facilities	X								

*1. Renal dialysis facilities and the homes of ESRD beneficiaries receiving home dialysis qualify as originating sites with no application of originating site geographic requirements for hospital-based or critical access hospital-based renal dialysis centers, renal dialysis facilities, and beneficiary homes, for purposes of furnishing the home dialysis monthly ESRD-related clinical assessments.

*2. Home & Public Schools are covered under BCBS' policy CAM 176, Telehealth.

*3. Patient home is a covered originating site only for monthly end stage renal, ESRD-related clinical assessments

*4. Medical telehealth is only covered in network for providers contracted directly with American Well and MD live; behavioral telehealth is covered for participating providers in the CBH network.

*5. Aetna does not list specific covered originating sites in their policy.
*6. Payment is made only when the originating site is an otherwise authorized TRICARE provider normally offers professional medical or psychological services. No payment shall be made when the originating site does not satisfy the requirement (e.g., no payment will be made when the originating site is the beneficiary's home)