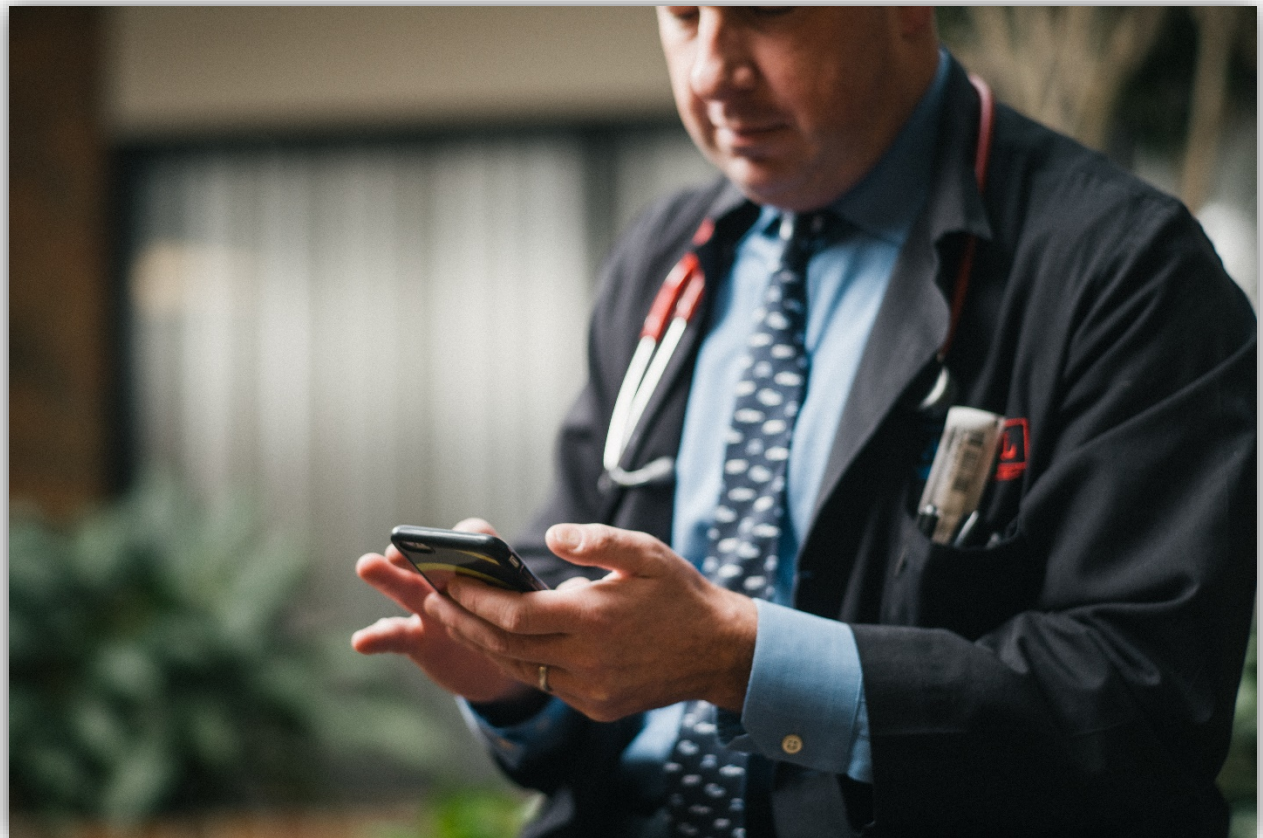




Payer telehealth policy and athenaNet rules guide



Payer telehealth policies are changing constantly;

we're implementing rules to help you follow them.

Get the latest information on both right here



Telehealth payer policies and athenaNet rules

Telehealth is becoming an increasingly critical avenue for providing patient care, and payers are developing their policies in a rapidly changing environment. We're maintaining this document as a convenient reference serving two purposes:

1. Sharing the latest information and resources on payer telehealth requirements, enabling you to find, understand, and implement them in your organization.
2. Sharing the status of the athenaNet rules we're building to guide your workflows so you can focus on your patients.

How to use this guide

The information in the first six columns on the following pages (those with purple headings) comes from payer guidance and is accurate to our knowledge and as of the date at the bottom of the page. We've linked to the most recent guidance available, along with any other relevant documentation. While we've directed to publicly available documents whenever possible, there are a handful of resources you'll need to log into the payer portal to access.

The last two columns (those with aqua headings) refer to the rules we're building as these policies develop. The "Global Rule Status" column will be relevant for most organizations, while the "FQHC-specific Rule Status" column contains information for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). You'll see one of five statuses for each payer in these columns:

- **To Do:** we're planning to build the payer's requirements into our rules engine but haven't started yet.
- **In Progress:** we're actively working on building the payer's requirements into the rules engine.
- **Complete:** we've finished building the payer's requirements into the rules engine, and those rules are now live in athenaNet.
- **Not applicable:** we're not planning to build rules for this payer. You'll mostly see this status in the FQHC-specific column. Since FQHCs and RHCs bill primarily to government payers, other payers usually don't have FQHC-specific requirements.

How we're keeping you updated

We're working to keep pace with payers as they define and refine their telehealth policies. We'll update this document twice weekly (Tuesdays and Fridays); the date of the most recent update is at the top of each page. You can find additional information on our response to COVID-19 on our dedicated [Coronavirus Disease Success Community Page](#).



Disclaimer

This document consists of telehealth-related coding and billing information assembled from payer sources and should not be interpreted as coding advice from athenahealth, nor does athenahealth recommend or propose how you should code claims for services rendered. Please review the identified sources prior to coding, or if you have any questions.

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--|--|-----------------------------|--|-----------------------------|---|--------------------|---------------------------|
| Aetna & Aetna/US Healthcare | Current policy with additional CPT codes permitted. See payer guidance for more detail on CPT codes. | Modifier GT or 95 | POS 02 | June 4, 2020 | Aetna Telehealth FAQ Aetna Behavioral Health Codes | To Do | Not Applicable |
| Aetna Better Health PA | FQHCs and RHCs can use HCPCS code T1015 with appropriate CPT/HCPCS codes. | Modifier GT | POS 02 FQHCs and RHCs: POS 50 or 72 | No date indicated | Aetna Better Health PA COVID-19 Virus Related FAQs (April 7 Update) Aetna Better Health PA Telemedicine FQHC RHC Aetna Better Health PA COVID-19 Virus Related FAQs Additional Document | To Do | Not Applicable |
| Anthem BCBS CA | Specific codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | Until further notice | Anthem BCBS CA COVID-19 (Updated April 10, 2020) Anthem BCBS CA Guidance for telehealth/telephonic care for Behavioral Health services | To Do | Not Applicable |
| Anthem BCBS CO | No known telehealth-specific CPT codes required. | Modifier 95 or GT | POS 02 | June 15, 2020 | Anthem BCBS CO COVID April 14, 2020 COVID-19 Update: Guidance for telehealth/telephonic care for Behavioral Health services | To Do | Not Applicable |
| Anthem BCBS CT | Specific codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | June 15, 2020 | BCBS Anthem CT Telehealth Providers Due to COVID-19 (updated April 7, 2020) Anthem BCBS CT Guidance for telehealth/telephonic care for Behavioral Health services | To Do | Not Applicable |
| Anthem BCBS GA | Specific codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | June 17, 2020 | Anthem BCBS GA Information for Providers about COVID-19 | To Do | Not Applicable |
| Anthem BCBS KY | Specific codes permitted for remote evaluation (e.g. email, including recorded video or images) and patient-provider telephone interaction, including video calls. | Modifier 95 or GT | POS 02 | No date indicated | Anthem BCBS KY Guidance for telehealth/telephonic care for behavioral health services Anthem BCBS KY COVID-19 Guidance | To Do | Not Applicable |
| Anthem BCBS NH | Specific codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | June 17, 2020 | Anthem BCBS NH for Care Providers about COVID-19 (Updated April 16, 2020) Anthem BCBS NH Guidance for telehealth/telephonic care for Behavioral Health services | | |
| Anthem BCBS NV | No known telehealth-specific CPT codes required. | Modifier 95 or GT | POS 02 | June 17, 2020 | Anthem BCBS NV Information for Care Providers about COVID-19 (Updated April 14, 2020) Anthem BCBS NV Guidance for telehealth/telephonic care for Behavioral Health services | To Do | Not Applicable |
| Anthem BCBS OH | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | June 17, 2020 | Anthem BCBS OH for Care Providers about COVID-19 (Updated April 16, 2020) Anthem BCBS OH Guidance for telehealth/telephonic care for Behavioral Health services | To Do | Not Applicable |
| Anthem BCBS VA | No known telehealth-specific CPT codes required. | Modifier 95 or GT | POS 02 | June 17, 2020 | Anthem BCBS VA for Care Providers about COVID-19 (Updated April 14, 2020) Anthem BCBS VA Guidance for telehealth/telephonic care for Behavioral Health services | To Do | Not Applicable |
| AZ Complete Care | Following AHCCCS guidelines | Following AHCCCS guidelines | Following AHCCCS guidelines | Following AHCCCS guidelines | AZ Complete Care | | Not Applicable |
| AZ Health Choice | Following AHCCCS guidelines | Following AHCCCS guidelines | Following AHCCCS guidelines | Following AHCCCS guidelines | Health Choice AZ COVID19 Frequently Asked Questions | | Not Applicable |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|---------------------------|---|---|--|--------------------------------|--|--------------------|---------------------------|
| BCBS AL | Specific telehealth codes permitted; see payer guidance for details. Behavioral health: regular CPT codes permitted, with stipulations for level of service. See payer guidance for details. | Medical: No modifier required Behavioral Health: Modifier 95 or GT | POS 02 | No date indicated | BCBS AL Telehealth Billing Guide for Providers | To Do | Not Applicable |
| | | | | | BCBS AL Expanded Telemedicine Behavioral Health Coverage | | |
| BCBS AR | Designated telehealth codes for telephone interaction , as well as for Physicians (MDs and DOs), Advance Practice Nurse Practitioners, and Physician Assistants assisting patients virtually. See payer guidance for details. | Some CPT codes require GT modifier; see payer guidance for details. | POS 02 Telehealth, 11 Office and 12 Home | May 15, 2020 | BCBS AR Extension for COVID 19 | Complete | Not Applicable |
| | | | | | BCBS AR Telehealth Coverage Policy | | |
| BCBS DE - Highmark | See payer guidance for details | Modifier GT | POS 02 | No date indicated | Highmark DE Telehealth Visits | In Progress | |
| | | | | | Highmark Highmark Reimbursement Policy Bulletin Telehealth/Telemedicine | | |
| BCBS FL | Specific CPT codes designated for General Medicine telehealth. | Modifier 95 or GT | POS 02 | June 17, 2020 | BCBS FL COVID-19 Provider Billing Guidelines | In Progress | Not Applicable |
| BCBS HI | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | No date indicated | BCBS HI Telehealth Coding Guide | To Do | Not Applicable |
| | | | | | BCBS HI Telehealth Services Policy | | |
| | | | | | BCBS HI Telehealth Guidance FQHC | | |
| | | | | | BCBS HI FAQ Telehealth | | |
| BCBS IL | Specific telehealth codes permitted; see payer guidance for details. | Some CPT codes require GT modifier; see payer guidance for details. | None required | No date indicated | BCBS IL Further Expands Telehealth in Response to COVID-19 | To Do | Not Applicable |
| BCBS KS | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | May 31, 2020 | BCBS KS Telehealth Services Temporarily Expanded | | |
| | | | | | BCBS KS Virtual Services Due to COVID-19 (UB-04 Billing) | | |
| | | | | | BCBS KS Telehealth Policy Memo | | |
| BCBS LA | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 11 | Duration of national emergency | BCBS LA Expansion of telehealth for remote care during COVID-19. | To Do | Not Applicable |
| | | | | | BCBS LA TELEMEDICINE/TELEHEALTH Billing Guidelines | | |
| BCBS MA | Specific telehealth CPT codes for Medical and Behavioral Health . See payer guidance for details. Note: stipulations apply when billing for telephone services. See payer guidance for details. | Modifier GT, 95, G0, or GQ | POS 02 | Until further notice | BCBS MA COVID 19 Guidelines | To Do | Not Applicable |
| | | | | | BCBS MA Telehealth (Telemedicine) Payment Policy | | |
| | | | | | BCBS MA Telehealth (Telemedicine) – Behavioral Health Payment Policy | | |
| BCBS MI | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | No date indicated | BCBS MI Telehealth procedure codes for COVID-19 (Medical & Behavioral) | Complete | Not Applicable |
| | | | | | BCBS MI Telemedicine Medical Policy | | |
| | | | | | BCBS MI Telehealth procedure codes for COVID-19 | | |
| | | | | | BCBS MI Telehealth for medical providers | | |
| | | | | | BCBS MI Telehealth for behavioral health providers | | |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--|--|--|---------------------------------------|----------------------------------|--|--------------------|---------------------------|
| BCBS MN | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 | POS 11 | Duration of national emergency | BCBS MN COVID FAQ BCBS MN REIMBURSEMENT POLICY Televideo/Telehealth/Telemedicine | To Do | Not Applicable |
| BCBS MS | Specific telehealth codes permitted; see payer guidance for details. | None required | POS 02 | April 30, 2020 | BCBS MS portal - Requires login | Complete | Not Applicable |
| BCBS MT | Current policy with additional CPT codes permitted. See payer guidance for more detail on CPT codes. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | April 20, 2020 | BCBSMT MODIFIES TELEMEDICINE COVERAGE AND COST SHARING IN RESPONSE TO COVID-19 BCBSMT COVID-19 & TELEMEDICINE QUESTIONS & ANSWERS | To Do | Not Applicable |
| BCBS NC | Specific telehealth codes permitted; see payer guidance for details. | Modifier CR | POS 02 | April 25, 2020 | BCBS NC COVID-19 Additional Details BCBS NC Temporary Expansion of Reimbursement for Telehealth Services | To Do | Not Applicable |
| BCBS ND | Specific telehealth codes permitted; see payer guidance for details. FQHCs and RHCs: Facility-based therapy providers (PT, ST, OT) and those who provide services reimbursed on a per diem, refer to payer guidance for CPT and Condition codes, as well as modifier details. | Modifier 95* *Required for some visit types; see payer guidance for details | POS 02* *Required for CMS 1500 | No date indicated | BCBS ND COVID-19 Telehealth Expansion Update (March 27) BCBS ND COVID-19 Telehealth Expansion Update (March 20) BCBS ND Institutional Billing & Behavioral Health COVID 19 | To Do | Not Applicable |
| BCBS NM | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 | None required | April 30, 2020 | BCBS NM Using Telemedicine and Telehealth in Response to COVID-19 | | |
| BCBS OK | Specific telehealth codes permitted; see payer guidance for details. | Some CPT codes require 95 Modifier; see payer guidance for details. | None required | April 30, 2020 | BCBS OK Using Telemedicine in Response to COVID-19 COVID-19 – Oklahoma Provider Frequently Asked Questions | To Do | Not Applicable |
| BCBS PA - Highmark | Specific telehealth codes permitted; see payer guidance for details. | See payer guidance for details | POS 02 | June 13, 2020 | HIGHMARK (TEMPORARY) TELEMEDICINE CODE LIST Highmark Reimbursement Policy Bulletin Telehealth/Telemedicine | In Progress | Not Applicable |
| BCBS PA - Independence Blue Cross | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 or GT | POS 02 | June 4, 2020 | BCBS PA Independence Telemedicine services | In Progress | Not Applicable |
| BCBS Premera (WA & AK) | Specific telehealth codes permitted; see payer guidance for details. | See payer guidance for details | POS 02 | June 30, 2020 | BCBS Premera Billing Telehealth Services BCBS Premera COVID 19 FAQ | To Do | Not Applicable |
| BCBS Regence (OR & UT) | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 11 | No date indicated | BCBS Regence Temporary expansion Telehealth services BCBS Regence COVID-19 quick links | To Do | Not Applicable |
| BCBS RI | Specific telehealth codes permitted; see payer guidance for details. | Modifier CR | POS 02 | Within 60 days of March 16, 2020 | BCBS RI Payment Policy Telemedicine/Telehealth and Telephone Services – Temporary Policy | In Progress | Not Applicable |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|---------------------------------|--|---|--------------------------------|--------------------------------|--|--------------------|---------------------------|
| BCBS SC | Current policy with additional CPT codes permitted. See payer guidance for more detail on CPT codes. | Modifier 95* *Not required for all CPT codes; see payer guidance for details | None required | Duration of national emergency | BCBS SC Temporary Expansion of Reimbursement for Telehealth Services | To Do | Not Applicable |
| | | | | | BCBS SC Frequently Asked Questions for COVID-19 | | |
| | | | | | BCBS SC Telehealth Medical Policy | | |
| BCBS TN | Specific telehealth codes permitted; see payer guidance for details. | | POS 02 | June 30, 2020 | BCBS TN Telehealth Coverage Expansion | To Do | Not Applicable |
| BCBS TX | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95* *Not required for all CPT codes; see payer guidance for details | POS 02 | No date indicated | BCBS TX Telemedicine and Telehealth Coverage Expansion in Response to COVID-19 | To Do | Not Applicable |
| | | | | | BCBS TX Coding & Medical Policy Telemedicine, Medical Services and Telehealth Services - Additional Information for COVID-19 | | |
| BCBS VT | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 or GR | POS 02 | No date indicated | BCBS VT TEMPORARY/EMERGENCY POLICY: PREVENTIVE MEDICINE BY TELEMEDICINE Corporate Payment Policy | To Do | Not Applicable |
| | | | | | BCBS VT TEMPORARY/EMERGENCY POLICY: TELEPHONE-ONLY SERVICES Corporate Payment Policy | | |
| | | | | | BCBS VT TEMPORARY/EMERGENCY POLICY: TELEPHONE TRIAGE Corporate Payment Policy | | |
| BCBS Wellmark (Iowa, SD) | Specific telehealth codes permitted; see payer guidance for details. | None required* *Using a modifier may cause claim denial | POS 02 | June 16, 2020 | Wellmark COVID-19 Frequently Asked Questions | To Do | Not Applicable |
| | | | | | Wellmark Guidance on coverage and billing for virtual health care visits | | |
| Blue Shield CA | Specific telehealth codes permitted; see payer guidance for details. | None required | POS 02 | Duration of national emergency | Blue Shield of CA Telehealth during the COVID-19 public health emergency | To Do | Not Applicable |
| Boston Medial Center | Specific telehealth codes permitted; see payer guidance for details. | None required | POS 02 | Until further notice | BMC HealthNet Plan COVID-19 Update and FAQs | To Do | Not Applicable |
| Carefirst Health Plan | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT or 95 | POS 02 | April 17, 2020 | Care1st Health Plan AZ COVID-19 Resources | To Do | Not Applicable |
| Carefirst BCBS MD, DC | Specific telehealth CPT codes permitted; see payer guidance for details. | Modifier GT or 95 | POS 02 | April 17, 2020 | BCBS Carefirst Telemedicine for COVID | To Do | Not Applicable |
| | Specific telehealth diagnosis codes required; see payer guidance for details. | | | | CareFirst Procedure Code/Modifier/Place of Service Instructions for Telemedicine Claims During Covid-19 Public Health Emergency | | |
| CareMore | Refer to CMS coding guidelines. | Refer to CMS coding guidelines | Refer to CSM coding guidelines | | Caremore Coronavirus (COVID-19) Update: April 6, 2020 | To Do | Not Applicable |
| | | | | | Caremore Coronavirus (COVID-19) Update: March 30, 2020 | | |
| Caresource OH | Refer to Medicaid OH guidelines | None required | None required | No date indicated | Caresource OH COVID-19: Temporary Telehealth Services | To Do | Not Applicable |
| CCAH | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT, GQ | None required | No date indicated | CCAH Telehealth Expansion During COVID 19 | To Do | Not Applicable |
| | | | | | CCAH Guidance on Telehealth Services | | |
| | | | | | CCAH Provider Manual | | |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--------------------------------------|---|--|--------------------------------|--------------------------------|--|--------------------|---------------------------|
| Cigna | Specific telehealth CPT codes permitted; see payer guidance for details. Specific telehealth diagnosis codes required; see payer guidance for details. | See payer guidance for details | POS 11 | No date indicated | Cigna COVID-19 Interim Billing Guidance for Providers for Commercial Customers | In Progress | Not Applicable |
| | | | Behavioral health: POS 02 | | Cigna COVID 19 Behavioral Health Telehealth Guidelines | | |
| | | | | | Cigna Medicare Line of Business COVID 19 Guidelines | | |
| Clover Health | Specific telehealth codes permitted for telephone, virtual check-in, and e-visits; see payer guidance for details. | | | | Clover Health Telehealth Policy During COVID 19 | To Do | Not Applicable |
| CMS Medicare | Specific telehealth codes permitted for telephone, virtual check-in, and e-visits; see payer guidance for details. | None required | POS 11 | No date indicated | Medicare Fee-for-Service (FFS) Response to COVID 19 | In Progress | In Progress |
| Empire BCBS NY | Specific telehealth codes permitted, which may require modifier; see payer guidance for details. | None required | POS 02 | June 15, 2020 | Empire NY Anthem COVID 19 Billing Guidelines | To Do | Not Applicable |
| Excellus BCBS NY | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | Duration of national emergency | BCBS Excellus Telehealth Visits During the COVID-19 State of Emergency | Complete | Not Applicable |
| | | | | | BCBS Excellus TELEMEDICINE and TELEHEALTH Medical Policy | | |
| | | | | | BCBS Excellus Coronavirus (COVID-19) Update | | |
| Fidelis Care NY | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95, GT, or GQ | POS 02 | No date indicated | Fidelis Care Latest News (Telehealth) | To Do | Not Applicable |
| | | | | | Fidelis Care Provider Manual | | |
| Harvard Pilgrim | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | No date indicated | Harvard Pilgrim Interim Telemedicine/Telehealth Payment Policy | Complete | Not Applicable |
| HealthFirst | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 | POS 02 | No date indicated | Healthfirst Telehealth Services | To Do | Not Applicable |
| Horizon BCBS NJ | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT or 95 | POS 02 | June 30, 2020 | Horizon Blue Providing telephonic care | To Do | Not Applicable |
| | | | | | Horizon Blue Telemedicine Services | | |
| Humana | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 | See payer guidance for details | No date indicated | Humana Telehealth FAQ | To Do | Not Applicable |
| | | | | | Humana COVID-19 Telehealth and Other Virtual Services | | |
| Inland Empire Health Plan | Refer to Medi-Cal and CMS guidelines | Modifier 95* *Medi-Cal only | POS 02 POS 20 (Urgent Care) | No date indicated | IEHP Telehealth Services Due to Limiting Exposure to COVID-19 | To Do | Not Applicable |
| | | | | | Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the COVID 19 | | |
| | | | | | IEHP General Provider Telehealth and Telemedicine Tool Kit | | |
| Kaiser Permanente Northern CA | No known telehealth-specific CPT codes required. | Modifier 95 | POS 02 | No date indicated | Kaiser Permanente Telehealth Services and the COVID-19 Emergency Response | To Do | Not Applicable |
| Medicaid AK | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | None required | Duration of national emergency | Medicaid AK Temporary Expansion of Medicaid Telehealth Coverage | To Do | To Do |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--------------------|---|--|--|--------------------------------|---|--------------------|---------------------------|
| Medicaid AL | Specific telehealth codes permitted; see payer guidance for details. | Modifier CR | POS 02 | April 16, 2020 | Medicaid AL COVID-19 Telemedicine Expansion | In Progress | In Progress |
| | | | | | Medicaid AL ST/OT Telemedicine Expansion | | |
| | | | | | Medicaid AL PT Telemedicine Expansion | | |
| Medicaid AR | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | Duration of national emergency | Medicaid AR Telemedicine Expansion | In Progress | To Do |
| | | | | | Medicaid AR Behavioral Health Telemedicine | | |
| Medicaid AZ | Specific telehealth codes permitted; see payer guidance for details. | Modifier UD | Originating site (where the member is located) | Duration of national emergency | Medicaid AZ Telehealth Webinar | To Do | To Do |
| | | | | | Medicaid AZ Medical Coding Guidance Updated Temporary Code List | | |
| | | | | | Medicaid AZ Telehealth Code Set | | |
| Medicaid CT | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | Until further notice | Medicaid CT Emergency Temporary Telemedicine Coverage | To Do | To Do |
| | | | | | Medicaid CT Expanded Telemedicine and New Audio-Only (Telephonic) Services | | |
| | | | | | Medicaid CT FAQs Response to COVID-19 | | |
| | | | | | Medicaid CT New Coverage of Specified Telemedicine Services | | |
| | | | | | Medicaid CT Telemedicine Coverage for Specified Therapy Services Rendered at Rehabilitation Clinics | | |
| Medicaid CO | Specific telehealth codes permitted; see payer guidance for details. | See payer guidance for details | POS 02 | No date indicated | Medicaid CO Provider News Telehealth Expansion | To Do | To Do |
| | | | | | Medicaid CO Telemedicine | | |
| | | | | | Medicaid CO Telehealth Billing Manual | | |
| Medicaid DC | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | No date indicated | Medicaid DC Telemedicine Provider Guidance | In Progress | To Do |
| | | | | | Medicaid DC Coding for Telemedicine During COVID-19 | | |
| | | | | | Medicaid DC Telemedicine Guide | | |
| Medicaid DE | Specific telehealth codes permitted; see payer guidance for details. FQHCs and RHCs: Refer to payer guidance for billing instructions. | None required | POS 02 | Until further notice. | Medicaid DE Telehealth COVID FAQ | To Do | To Do |
| | | | | | Medicaid DE Changes to Telehealth Policies | | |
| | | | | | Medicaid DE Provider Billing Manual | | |
| Medicaid FL | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | None required | No date indicated | Medicaid FL Telemedicine Guidance for Medical and Behavioral Health | In Progress | In Progress |
| | | | | | AHCA FL Law for Telemedicine | | |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--------------------|---|--|--------------------------------|--------------------------------|---|--------------------|---------------------------|
| Medicaid GA | Current policy with additional CPT codes permitted. See payer guidance for more detail on CPT codes. | Modifier GT | POS 02 | No date indicated | Medicaid GA Telehealth Response to COVID-19 Medicaid GA Telehealth Manual | Complete | In Progress |
| Medicaid HI | See payer guidance for details | Modifier GO or GT | POS 02 | Duration of national emergency | Medicaid HI Telehealth During COVID 19 Medicaid HI Telephonic Services for Non-Physician Health Care Professionals Medicaid HI FQHC Telehealth During COVID 19 Medicaid HI FQHC Payment Guidance | | To Do |
| Medicaid IA | See payer guidance for details | Modifier GT | POS 02 | No date indicated | Medicaid IA Billing Services During COVID 19 Medicaid IA Specific Code Set for COVID 19 Medicaid IA Telehealth FAQ | | To Do |
| Medicaid ID | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | See payer guidance for details | No date indicated | Medicaid ID Provider Information Regarding Telehealth Medicaid ID Telehealth Claims Policy for Place of Service Medicaid ID COVID-19 Guidance for Therapy Services: Occupational, Physical and Speech Language | To Do | In Progress |
| Medicaid IL | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | Duration of national emergency | Medicaid IL Telehealth Services Expansion Prompted by COVID-19 Medicaid IL Telehealth Expansion Billing Instructions IL PART 140 MEDICAL PAYMENT SECTION 140.403 TELEHEALTH SERVICES | To Do | Complete |
| Medicaid IN | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT *Do not use Modifier 95 | Do not use POS 02 | Duration of national emergency | Medicaid IN Telemedicine FAQ Medicaid IN Claifying Telemedicine Billing Medicaid IN Billing Guidance for COVID 19 | In Progress | In Progress |
| Medicaid KS | Specific telehealth codes permitted; see payer guidance for details. | None required | POS 02 | Until further notice | Medicaid KS Telemedicine Updates in Response to COVID-19 Emergency Medicaid KS Additional Codes Added to Telemedicine During COVID-19 Emergency Medicaid KS Additional E&M Codes Telemedicine Medicaid KS PT/OT/ST Telehealth Services Medicaid KS SED Codes via Telemedicine | | To Do |
| Medicaid KY | Specific telehealth codes permitted; see payer guidance for details. FQHCs and RHCs: See payer guidance for information on approved telehealth services. | None required | POS 02 | Duration of national emergency | Medicaid KY COVID 19 FAQ Medicaid KY COVID 19 Homepage | To Do | To Do |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--------------------|--|---|--|---|---|--------------------|---------------------------|
| Medicaid LA | Specific telehealth codes permitted; see payer guidance for details. FQHCs and RHCs: Telehealth-specific POS and modifiers not required; see payer guidance for billing instructions. | Modifier 95 | POS 02 | Duration of national emergency | Medicaid LA Response to COVID-19 | To Do | Complete |
| | | | | | Medicaid LA Telemedicine/Telehealth Facilitation by Licensed Mental Health Practitioners | | |
| | | | | | Medicaid LA COVID Provider Update: 3.17.2020 | | |
| | | | | | Medicaid LA Telemedicine/Telehealth Facilitation of Outpatient Substance Use Disorder (OPSUD) Treatment | | |
| | | | | | Medicaid LA Telemedicine/Telehealth Facilitation of Mental Health Rehabilitation (MHR) Services | | |
| Medicaid MA | Current policy with additional CPT codes permitted. See payer guidance for more detail on CPT codes. | None required | POS 02 | No date indicated | Medicaid MA Telehealth Network Information | In Progress | To Do |
| | | | | | Medicaid MA Policy & Reimbursement During COVID-19 | | |
| | | | | | Medicaid MA Reimbursement During COVID-19 | | |
| Medicaid MD | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS depends on the type of claim; see payer guidance for details | No date indicated | Medicaid MD Expansion of Telehealth | To Do | To Do |
| | | | | | Medicaid MD FAQ Telehealth | | |
| | | | | | Medicaid MD Audio-Only Expansion | | |
| Medicaid ME | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | See payer guidance for details | No date indicated | MaineCare Guidance Relating to Telehealth and Telephone Services | To Do | In Progress |
| | | | | | MaineCare Telehealth and Telephonic Evaluation and Management Codes | | |
| Medicaid MI | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | Later of: 30 days after end of national emergency; or month following end of national emergency | Medicaid MI General Telemedicine Expansion | Complete | In Progress |
| | | | | | Medicaid MI Telemedicine Expansion FQHC/RHC | | |
| Medicaid MN | Specific telehealth codes permitted; see payer guidance for details. | None required | See payer guidance for details | No date indicated | Medicaid MN COVID-19 Billing | | To Do |
| Medicaid MO | Specific procedure code designated for telehealth. See payer guidance for details. | Modifier GT | POS 02 | Duration of national emergency | Medicaid MO COVID-19 Telehealth | To Do | To Do |
| | | | | | Medicaid MO Telehealth for FQHC/RHC | | |
| | | | | | Medicaid MO Telehealth Policy | | |
| Medicaid MS | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for face-to-face telehealth; see payer guidance for details | POS 02 | April 30, 2020 | Medicaid MS Emergency Telehealth Policy | To Do | To Do |
| | | | | | Medicaid MS Fee Schedules | | |
| Medicaid MT | Specific telehealth codes permitted; see payer guidance for details. | None required | POS 02 for CMS 1500 | Duration of national emergency | Medicaid MT Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth | To Do | To Do |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--------------------|---|---|--------------------------------|--|---|--------------------|---------------------------|
| Medicaid NC | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT and CR | See payer guidance for details | Duration of North Carolina state of emergency, or policy is rescinded. | Medicaid NC Telehealth Clinical Policy Modifications | In Progress | In Progress |
| | | | | | Medicaid NC Telehealth Billing Code Summary | | |
| Medicaid ND | See payer guidance for details | Modifier CR *Not required for all services; see payer guidance for details | POS 02 | No date indicated | Medicaid ND COVID-19 Temporary Telehealth Policy | | To Do |
| | | | | | Medicaid ND Provider Manual for non-HIPAA Compliant Platform | | |
| Medicaid NE | Specific telehealth CPT codes permitted; see payer guidance for details. Specific diagnosis codes required for actual and suspected COVID-19 exposure; see payer guidance for details. | Modifier GT | None required | Until further notice | Medicaid NE Expansion of Telehealth Guidelines | To Do | To Do |
| Medicaid NH | No known telehealth-specific CPT codes required. | Modifier GT | POS 02 | Duration of national emergency | Medicaid NH Telehealth Fact Sheet | Complete | To Do |
| Medicaid NJ | No known telehealth-specific CPT codes required. | None required | None required | Duration of national emergency | Medicaid NJ Temporary Telehealth Guidelines | To Do | Complete |
| Medicaid NM | See payer guidance for details | None required | POS 02 | No date indicated | Medicaid NM COVID 19 Guidance | | |
| | | | | | Medicaid NM Telephonic Procedure Codes Rate List | | |
| Medicaid NV | Depending on site enrollment, a telehealth-specific HCPCS code may be required. See payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | Duration of national emergency | Medicaid NV Telehealth Resource Guide | To Do | To Do |
| | | | | | Medicaid NV Telehealth Billing Guidelines | | |
| | | | | | Medicaid NV Expansion PT/OT/ST | | |
| | | | | | Medicaid NV Telehealth Billing Manual | | |
| Medicaid NY | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT or GQ, 95 | POS 02 | No date indicated | Medicaid NY Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 | To Do | In Progress |
| | | | | | Medicaid NY FAQ Regarding Use of Telehealth including Telephonic Services | | |
| | | | | | Medicaid NY Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency | | |
| Medicaid OH | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | Physical location of provider | Duration of state of emergency | Medicaid OH Telehealth Billing Guidelines During COVID 19 | To Do | In Progress |
| | | | | | Medicaid OH Telehealth Rules FAQ | | |
| | | | | | Medicaid OH Telehealth Codes During a State of Emergency | | |
| | | | | | Medicaid OH Covered Telehealth Services for Behavioral Health | | |
| | | | | | Medicaid OH Delivering Behavioral Health via Telehealth | | |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--------------------|--|--------------------------------------|--------------------------------|--|--|--------------------|---------------------------|
| Medicaid OK | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | None required | April 20, 2020 | Medicaid OK Global Messages | To Do | To Do |
| | | | | | Medicaid OK Telemedicine Policy | | |
| | | | | | Medicaid OK Fees & Codes | | |
| Medicaid OR | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | No date indicated | Medicaid OR Telemedicine/Telehealth Billing Guidance for Fee for Service Providers | To Do | To Do |
| | | | | | Medicaid OR Telehealth Coverage | | |
| | | | | | Medicaid OR Expanded telehealth coverage for behavioral health services | | |
| | | | | | Medicaid OR Fee Schedule BH | | |
| Medicaid PA | No known telehealth-specific CPT codes required. | Modifier GT | See payer guidance for details | | Medicaid PA Telemedicine Guidelines Related to COVID 19 | In Progress | To Do |
| | | | | | Medicaid PA Telehealth Guidelines Substance Abuse Related to COVID-19 | | |
| Medicaid RI | See payer guidance for details | See payer guidance for details | POS 02 | No date indicated | Medicaid RI TeleHealth Delivery Policy and Procedure Guidance Medicaid RI COVID-19 TeleHealth Memo FFS Providers UPDATE 3/10/20 | | To Do |
| Medicaid SC | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT (on telehealth services) | None required | Duration of national emergency or at SCDHHS discretion | Medicaid SC Temporary Telephonic and Telehealth Services Updates | To Do | In Progress |
| Medicaid SD | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | No date indicated | Medicaid SD FAQ COVID 19 | In Progress | To Do |
| | | | | | Medicaid SD IHS Contracted Services Telemedicine Claims | | |
| | | | | | Medicaid SD Telemedicine Manual Medicaid SD FQHC/RHC Manual | | |
| Medicaid TX | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 | See payer guidance for details | April 30, 2020 | Medicaid TX Claims for Telephone (Audio Only) Medical | In Progress | To Do |
| | | | | | Medicaid TX Claims for Telephone (Audio Only) Behavioral Health | | |
| | | | | | Texas Medical Association COVID 19 Toolkit | | |
| Medicaid UT | No known telehealth-specific CPT codes required. | Modifier GT | POS 02 | April 30, 2020 | Medicaid UT Telehealth Q&A for COVID-19 Emergency | | Complete |
| Medicaid VA | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT or GQ | POS 02 | Duration of national emergency | Virginia Medicaid Portal - Requires login | In Progress | To Do |
| Medicaid VT | No known telehealth-specific CPT codes required. | See payer guidance for details | POS 02 | No date indicated | Medicaid VT COVID 19 Telehealth FAQ | | To Do |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|------------------------------------|--|---|---|---------------------------------|---|--------------------|---------------------------|
| Medicaid WA | Specific telehealth codes permitted; see payer guidance for details. | CR Modifier | Physical location of member receiving service | No date indicated | Medicaid WA Clinical Policy and Billing for COVID-19 Medicaid WA Behavioral Health Policy & Billing for COVID 19 Medicaid WA Billing Manual | In Progress | In Progress |
| Medicaid WI | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | Duration of Wisconsin emergency | Medicaid WI Telehealth Expansion Including FQHC/RHC Medicaid WI Temporary Changes BH & Targeted Case Management Medicaid WI Additional Services to be Provided via Telehealth | To Do | To Do |
| Medicaid WV | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | See payer guidance for details | Duration of national emergency | Medicaid WV COVID-19 Telehealth Medicaid WV Telehealth Modality for Physical, Occupational or Speech Therapy Medicaid WV FQHC/RHC Telehealth | In Progress | In Progress |
| Medicaid WY | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT, HQ | None required | No date indicated | Medicaid WY Behavioral Health Group Therapy Telehealth Medicaid WY Behavioral Health Providers Telehealth Medicaid WY FQHC/RHC/IHS Telehealth Medicaid WY Billing Manual | To Do | To Do |
| Medi-Cal | No known telehealth-specific CPT codes required. | Modifier 95: Other Virtual/Telephonic Communications Modifier GQ: E-Consults | POS 02 | No date indicated | Medi-Cal COVID-19 Guidance for Telehealth and Virtual/Telephonic Communications Medi-Cal Telehealth Manual Medi-Cal FQHC/RHC Manual | In Progress | In Progress |
| Mercy Care | Refer to AHCCCS guidelines | Refer to AHCCCS guidelines | Refer to AHCCCS guidelines | Refer to AHCCCS guidelines | Mercy Health Care AZ News Home | | Not Applicable |
| MVP Healthcare | Specific telehealth codes permitted; see payer guidance for details. | Modifier 95 or GT | See payer guidance for details | Duration of state of emergency | MVP Telehealth Coding During COVID 19 | | Not Applicable |
| Priority Health | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 (do not use for inpatient) | No date indicated | Priority Health COVID-19 Information for Providers Priority Health Outpatient mental health scope of service | To Do | Not Applicable |
| Regal Med | Refer to Med-Cal guidelines | Refer to Med-Cal guidelines | Refer to Med-Cal guidelines | Refer to Med-Cal guidelines | Regal Med Coronavirus (COVID-19) Information | | Not Applicable |
| Sunflower State Health Plan | Specific telehealth codes permitted; see payer guidance for details. | None required | POS 02, 12 | No date indicated | Medicaid KS Telemedicine Updates Medicaid KS Expand Telemedicine to HCBS Services | To Do | Not Applicable |
| Superior Health Plan | Specific telehealth codes permitted; see payer guidance for details. | Modifier required for some CPT codes; see payer guidance for details | POS 02 | No date indicated | Superior HealthPlan Telemedicine Quick Reference Chart | To Do | Not Applicable |

| Payer | Policy Summary | Modifier(s) | Place of Service | End Date for Policy | Payer Guidance | Global Rule Status | FQHC-Specific Rule Status |
|--|--|----------------------------|----------------------------|----------------------------|---|--------------------|---------------------------|
| Total Health Care of Michigan | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | June 30, 2020 | Total Health Care of MI COVID-19 Virtual Visits | | Not Applicable |
| Tricare East & West | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT | POS 02 | May 31, 2020 | Tricare Humana Telehealth Policy | | Not Applicable |
| | | | | | Tricare West Telemedicine Expansion | | |
| | | | | | Tricare Telemedicine Policy Manual | | |
| United Healthcare/UHC Community Plans | Specific telehealth codes permitted; see payer guidance for details. | Modifier GT or GQ, 95 | None required | June 18, 2020 | UHC Telehealth Services Guidelines | In Progress | Not Applicable |
| | | | | | UHC COVID-19 Telehealth Homepage | | |
| University Family Healthcare | Refer to AHCCCS guidelines | Refer to AHCCCS guidelines | Refer to AHCCCS guidelines | Refer to AHCCCS guidelines | University Family Banner COVID-19 Information | | Not Applicable |
| WellMed | Refer to CMS coding guidelines. | Modifier 95 | POS 11 | No date indicated | WellMed portal - Requires login | To Do | Not Applicable |