

## BCBSWY Telemedicine Services

Effective Feb. 17, 2022, BCBSWY has updated our telemedicine guidance. BCBSWY will permit telephonic and telemedicine visits to occur to the patient's home. Inpatient telemedicine encounters are permitted within the same facility. The below guidance is intended to assist professional providers understand the types of services permitted during this time. Other benefit and cost share rules will continue to apply. It is important to note that only services that can be rendered through telemedicine should occur. Services that cannot be safely or adequately provided through telemedicine should be avoided. These guidelines apply only to BCBSWY members. Providers should seek guidance from other Blues plans for potential changes to their policies.

Type of Service	What is the Service	HCPCS/CPT Codes	Place of Service/Modifiers	Coverage
Telehealth/Telemedicine Visits	A service that can safely and appropriately be rendered at a distance. Services provided should be within the provider's scope of license and meet the standard of care. Services can be rendered to the patient's home. Inpatient telemedicine encounters within the same facility are permitted.	HCPCS or CPT code(s) that can safely and appropriately be rendered at a distance as determined by BCBSWY.	Use standard place of service code. Bill modifier GT or 95.	BCBSWY covers telemedicine services.
Telephone Services	Telephone evaluation and management service by a physician or other qualified health professional for an established patient.	99441 99442 99443	Use standard place of service codes. The GT or 95 modifier is not required.	BCBSWY will benefit these services.
e-Visits	Online digital services for an established patient, through an online patient portal.	99421 G2061 99422 G2062 99423 G2063	Not applicable.	Not a benefit. These codes are not reimbursed by BCBSWY at this time.
Virtual Check-Ins	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.	G2010 G2012	Not applicable.	Not a benefit. These codes are not reimbursed by BCBSWY at this time.