

Telemedicine Payment Policy (CPP_03) and January 1, 2025, Changes

Evaluation and Management Services:

As we previously notified as of January 1, 2025, there are new, telemedicine specific Evaluation and Management (E/M) codes, they **MUST** be billed. The code range is 98000-98007. Office-based E/M services (99202-99205 or 99212-99215) are no longer allowed.

The new telemedicine E/M codes (98000-98007) are a one-to-one match with the office-based E/M services (99202-99205 or 99212-99215). The new telemedicine E/M codes do not need a modifier reported as part of their description includes that the services are rendered by telemedicine. The new telemedicine codes are accepted with a place of service 02 (provided when the member is not home) or 10 (provided in members home).

Full details are available in our Telemedicine (CPP_03) Payment Policy located here:

<https://www.bluecrossvt.org/providers/provider-policies> under the Provider Payment Policies link.

As many practices continued to bill the office-based E/M during 2025 for telemedicine services, to eliminate member confusion and disruption of benefits, we have updated our logic to allow with the office based **or** telemedicine E/M **until** June 1, 2025. Dates of service June 1, 2025, or after that contain an office-based E/M will deny as a provider liability. Members cannot be billed for these services.

Claims from January 1, 2025 – March 31, 2025, for office-based E/M services through telemedicine have been identified and will be adjusted, no action is required on your part.

Please make sure you update your billing system accordingly.

Telemedicine Modifiers:

The only modifiers that potentially should be reported on a services line for telemedicine service is either a -95 or -GQ.

Attachment 1 of the Telemedicine Payment Policy (CPP_03) provide the instruction by code of which modifier (if applicable) needs to be billed.

Remember, the new telemedicine E/M's do not report with any modifier.

Full details are available in our Telemedicine (CPP_03) Payment Policy located here:

<https://www.bluecrossvt.org/providers/provider-policies> under the Provider Payment Policies link.

As of June 1, 2025, any telemedicine service submitted that with a modifier that does not meet the requirements of the telemedicine payment policy, will be denied as a provider liability. The member cannot be billed.

Please make sure you update your billing system accordingly.