AMA

Future of Health

Commercial Payer Coverage for Digital Medicine Codes

Research collaboration led by

manatt

About the AMA

The American Medical Association is the powerful ally of and unifying voice for America's physicians, the patients they serve, and the promise of a healthier nation. The AMA attacks the dysfunction in health care by removing obstacles and burdens that interfere with patient care. It reimagines medical education, training, and lifelong learning for the digital age to help physicians grow at every stage of their careers, and it improves the health of the nation by confronting the increasing chronic disease burden.

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Executive summary

We have entered an era of digitally enabled care—fully integrated in-person and virtual care models that hybridize care delivery based on clinical appropriateness and other factors, such as convenience and cost. As explored within the American Medical Association's (AMA) Future of Health report, despite this decade of progress, digital health has not lived up to its fullest potential. The chasm between the transformative potential of digital health and the reality of its impact today is the "digital health disconnect." Bridging the digital health disconnect will take time, resources, policy redesign, and a commitment by all stakeholders to build care models and companies differently than in the past.

FIGURE 1. Blueprint for optimizing digitally enabled care

BLUEPRINT FOR OPTIMIZING DIGITALLY ENABLED CARE

FOUNDATIONAL PILLARS	Build for **patients, physicians** and **clinicians**	Design with an **equity lens**	Recenter care around the patient-physician **relationship**	Improve and adopt payment models that incentivize **high-value care**	Create technologies and policies that **reduce fragmentation**	Scale **evidence-based** models quickly
STAKEHOLDER OPPORTUNITIES						
Physicians	Simplify administrative requirements; participate in technology design and implementation; connect with peers; optimize EHRs; partner to extend capabilities					
Health plans	Evaluate effectiveness of new models; offer equitable payment; better design value-based payment (VBP); enable equitable cost sharing to in-person services; require information sharing with members' primary care physicians (PCPs); simplify administrative burden					
Employers	Incentivize employee relationships with PCPs; require information sharing with employees' PCPs and adherence to quality metrics; develop multicondition platforms; create on-site virtual care environments					
Policy makers	Permanently extend telehealth flexibilities; increase broadband access and effectiveness research funding; strengthen interoperability; support equitable coverage and payment of telehealth services					
Health tech companies	Seek patient and provider input; center designs in health equity; simplify provider workflows; incorporate "privacy by design"; improve coordination with other providers					
Venture capital and private equity funds	Direct investments to companies that work with incumbents to help ensure coordination of care and reduced fragmentation, address needs of vulnerable populations and perform efficacy research of their products					

As highlighted in Figure 1 from the Future of Health report, one of the foundational pillars for optimizing digitally enabled care is to *improve and develop new payment models that incentivize high-value care*. The AMA is committed to realizing the full potential of digitally enabled care, and one area of focus for the organization has been to support the development of appropriate Current Procedural Terminology (CPT®) codes by the AMA-convened CPT Editorial Panel, which can provide a payment pathway for digitally enabled care services. This issue brief, prepared by the AMA and Manatt Health, summarizes commercial payer coverage of digital medicine codes that support and enable the development of digitally enabled care models across the United States today.

This research was completed with analysis of publicly available information, interviews and correspondence with several health plans, and discussions with select AMA leaders and the Digital Medicine Payment Advisory Group (DMPAG). Based on this research, the brief outlines a summary of the current state and opportunities to drive both utilization and coverage of virtual care delivery. This research surfaced the following findings, related to commercial coverage of digital medicine CPT codes:

1. There is a lack of alignment across commercial, Medicare and Medicaid plans regarding coverage of digital medicine CPT codes. This lack of alignment makes it difficult for physicians to reliably provide digital services and for the consumer to know what services are accessible to them.
2. Within the commercial market, there is inconsistent adoption of new digital medicine CPT codes.
3. The level of transparency regarding coverage of digital medicine services is highly variable across commercial health plans.
4. There are varying processes and timelines for adopting new CPT codes across health plans.
5. There is limited widespread utilization of most new digital health CPT codes, and health plans are eager for research on the impact and quality of digital medicine services.
6. Health plans often partner with health tech companies directly to provide digital health services to members, but these directly-contracted services are often disconnected from a patient's medical home.

This issue brief specifically covers CPT codes that were developed to support delivery of digitally-enabled care. We acknowledge there is a broader set of services (including telehealth and audio only visits) that also continue to drive digitally enabled care forward, which is beyond the scope of this issue brief.

Introduction

In 2016, the AMA first explored the motivations, requirements, and uses of digital health technology among physicians. Since then, there has been a significant increase in digital health utilization, and physicians increasingly observe the advantages of digital health solutions. One of the critical enablers of continued adoption and utilization is predictable and reliable payment.

The CPT code set is a uniform way to describe medical services and procedures to streamline reporting, increase accuracy and efficiency, support the billing process, and generate data that supports analysis of health interventions and outcomes. To support these overarching goals and advance the path to payment, it became critical to develop new CPT codes, or adjust existing codes, to appropriately describe and value digital medicine services.

CPT codes are developed and approved by the CPT Editorial Panel, through an AMA-convened process. Once codes are approved, the AMA/Specialty Society Relative Value Scale Update Committee (RUC) submits recommendations on valuations to the Centers for Medicare & Medicaid Services (CMS) for consideration in an annual rulemaking process. CMS then publishes the codes, relative values, and payment policies for use by government (Medicare and Medicaid) health plans, which are then often adopted by commercial payers.

In response to the growth in digital medicine and the need for new or updated CPT codes that accurately described new virtual services, the AMA formed the DMPAG in 2016. This group of experts across the digital medicine landscape is responsible for identifying current gaps in the code set and spearheaded the development of a new set of codes related to new digital medicine activities, including remote physiologic monitoring (RPM), remote therapeutic monitoring (RTM), asynchronous interprofessional consults (eConsults), and asynchronous online evaluation and management communication (eVisits). These new codes became effective between 2019 and 2022 and are described in further detail below:

FIGURE 2

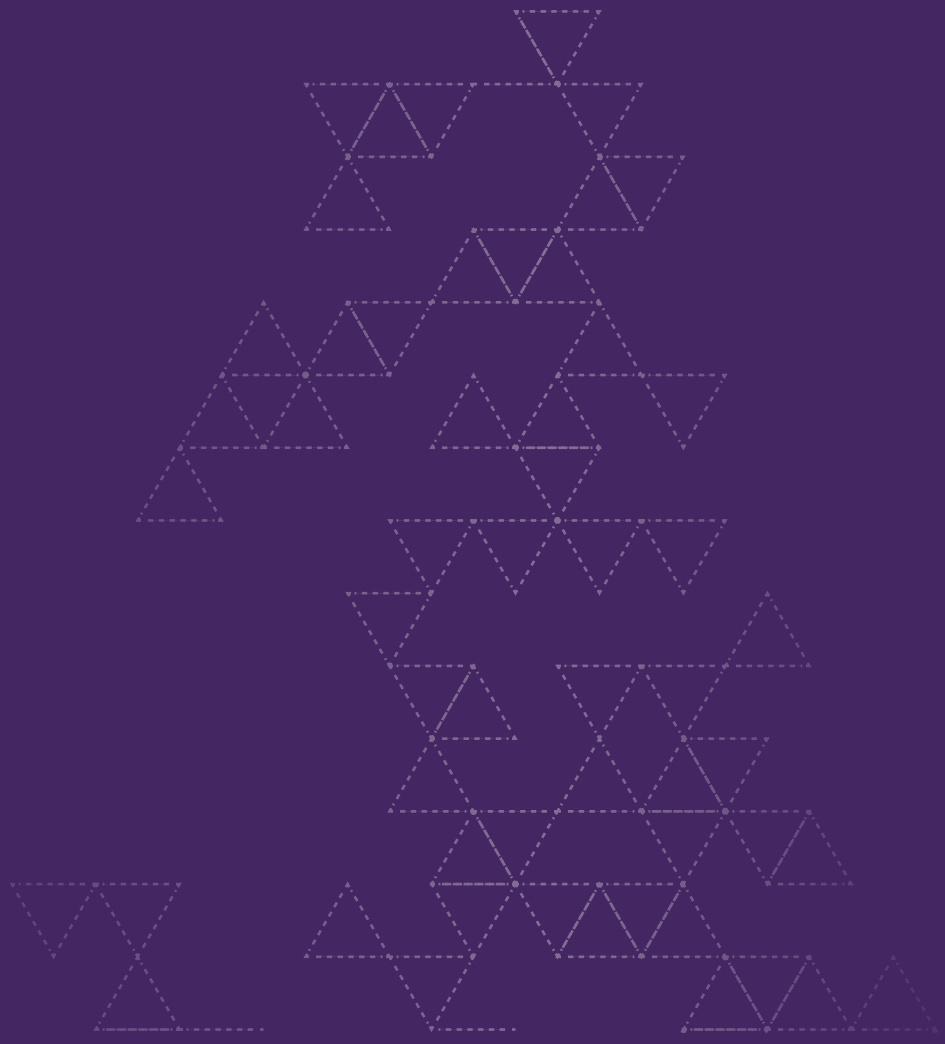
CPT CODE TYPE	DESCRIPTION	CPT CODE NUMBERS
Remote patient monitoring and self-monitored blood pressure	Asynchronous monitoring and analysis of physiologic data, including physiologic monitoring, initial device set-up, patient education, device supply and treatment management services	99453, 99454, 99457, 99458, 99473, 99474
Interprofessional telephone/internet/ EHR consultation (eConsult)	Interprofessional consult provided by a qualified health professional to assist the treating qualified health professional in diagnosis or management of the patient	99446, 99447, 99448, 99449, 99451, 99452
Online digital evaluation and management (eVisit)	An evaluation or management service provided using electronic-based communication	99421, 99422, 99423
Remote therapeutic monitoring	Asynchronous monitoring and analysis using non- physiologic data, including therapeutic monitoring, initial set-up, patient education, device supply, and treatment management services	98975, 98976, 98977, 98978, 98980, 98981

Today, traditional Medicare and Medicare Advantage plans provide coverage for all of the above CPT codes. Coverage by Medicaid, a joint federal and state program, is determined at the state level. The Center for Connected Health Policy reports that 34 states cover RPM codes based on research between January and March 2023. Coverage for RTM, eConsults, and eVisits is more limited in Medicaid, though it has been expanding over time.

Coverage by commercial payers

Commercial payers often follow Medicare coverage and payment decisions. However, services adopted for coverage and payment in Medicare are not always uniformly adopted by commercial payers. This analysis highlights that coverage for digital services differs by payer, and utilization data are limited. Plans shared that typically, to determine whether new codes should be covered, they will have a committee assigned to review the new codes, understand what Medicare is covering, review available clinical evidence, make a decision, and then update the clinical coverage policy accordingly. The clinical coverage policy is typically the baseline coverage, but there are certain states that require specific coverage in state-regulated commercial plans. In those cases, the state requirements would prevail over the payer's clinical coverage policy.

To understand the status of commercial coverage, the AMA and Manatt Health researched and summarized publicly available coverage policies for a range of national and local commercial health plans. We provided an opportunity for each health plan to review our understanding and provide any changes or clarifications and have noted whether a payer confirmed the accuracy or did not respond to outreach. This research is summarized in Figure 3. This chart identifies which plans did not respond by August 15, 2023. Appendix B includes a summary of the publicly available resources that contributed to this research, between April and July 2023.



AMA

FIGURE 3: Commercial reimbursement of digital medicine CPT codes (professional)

LAST UPDATED: AUGUST 2023

COMMERCIAL COVERAGE REVIEW BY HEALTH PLAN (PROFESSIONAL SERVICES)

Payer	RPM						RTM						eConsults						eVisits			Validated by plan (Yes/No)
CPT code	99453	99454	99457	99458	99473	99474	98975	98976	98977	98978	98980	98981	99446	99447	99448	99449	99451	99452	99421	99422	99423	
Reference: Medicare coverage of codes	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*Yes*	*N/A*
Aetna**	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blue Cross Blue Shield of Illinois	No	No	No	No	Yes	Yes	No	No	No	N/A	No	No	No	No	No	No	No	No	N/A	N/A	N/A	**No**
Blue Cross Blue Shield of Massachusetts	Yes*	Yes*	Yes*	Yes*	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	No	No	No	Yes
Blue Cross Blue Shield of Michigan	Yes	Yes	Yes	Yes	Yes**	Yes**	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blue Cross Blue Shield of North Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No*	No*	No*	No*	No*	No*	Yes	Yes	Yes	Yes
Blue Cross Blue Shield of Texas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	**No**
Blue Shield of California	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CareFirst Blue Cross Blue Shield	Yes*	Yes*	Yes*	Yes*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	No	No	No	N/A	N/A	No	No	No	Yes
Cigna	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	**No**
Elevance Health	Yes	Yes	Yes	Yes	Yes	Yes	UR	UR	UR	UR	UR	UR	No	No	No	No	No	No	Yes***	Yes***	Yes***	Yes
Florida Blue	No	No	No	No	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**No**
Highmark Blue Shield	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	No	No	No	No	No	**No**
Horizon Blue Cross Blue Shield of New Jersey	Yes*	Yes*	Yes*	Yes*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No	No	No	No	N/A	N/A	Temp	Temp	Temp	Yes
Regence	No	No	No	No	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tufts Health Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
UnitedHealth Group	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	**No**

KEY

Yes	CPT code is covered.
Yes*	Reimbursable in most cases.
Yes*	Covered, for specific conditions only: • Blue Cross Blue Shield of Massachusetts eConsults: Payable for mental health services only • CareFirst RPM: Congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), high blood pressure (HBP), COVID-19 • Horizon Blue Cross Blue Shield of New Jersey RPM: Available through a vendor, COPD only • Cigna RPM: COPD, diabetes mellitus (DM), heart failure (HF)
Yes**	Covered, with frequency limits.
Yes***	These codes are not payable today but will be beginning fall 2023 (expected).
Temp	Temporary coverage through 12/31/2023.
No	CPT code is not covered.
No*	The service itself is allowed via telehealth, but payer instructs providers to use different codes.
N/A	No public information on coverage status or no coverage decision has been made.
UR	Payer indicated codes are currently under review but there is no coverage determination at this time.
****	Aetna's current policy has not been adjusted for the end of the COVID Public Health Emergency. An updated policy is expected with an effective date of December 2023.

Note: The above chart should not be used to confirm coverage and payment for an individual. Final payment determination is always subject to a member's individual plan benefits, code edits, and billing requirements, and the individual's plan document should be referenced. Moreover, in some cases, there may be differences in coverage and/or reimbursement between hospitals and professional physicians and other health care professionals at the code level; the chart above summarizes coverage for professional services only.

The last column on the above chart identifies which plans validated their coverage by August 15, 2023. Appendix B includes a summary of the publicly available resources that contributed to this research, between April and July 2023.

Findings on the adoption of digital medicine CPT codes

Lack of coverage alignment across commercial, Medicare, and Medicaid

There is lack of alignment among Medicare, Medicaid, and the commercial market on these codes, with commercial lagging behind Medicare. Moreover, some plans are adding restrictions beyond what CPT and Medicare require. For example, some payers cover codes for only specific indications (e.g., heart failure, chronic obstructive pulmonary disease, COVID-19, or high blood pressure), or may decide to not reimburse for a specific category (e.g., asynchronous communications).

Inconsistent adoption of digital medicine CPT codes within the commercial market

There is inconsistent adoption of digital medicine CPT codes in the commercial market. Some plans have explicit clinical coverage policies. Others may not have explicit coverage policies, but may still pay claims for the codes if they are billed by physicians and other health care professionals. Health plans that do not have explicit coverage policies will often default to state rules, where there may be specific coverage requirements in state-regulated commercial plans.

Most payers cover remote patient monitoring, while several payers are still considering coverage of the newer remote therapeutic monitoring codes. Coverage of eConsults and eVisits is less consistent.

Inconsistent levels of transparency related to coverage of digital medicine codes

Based on our research, commercial payer transparency of coverage for digital medicine services is highly variable across plans. While some plans have publicly available clinical coverage policies related to digital medicine services, many have no publicly available information or the information that is available is difficult to access or dated. As part of this process, the AMA conducted outreach to each payer included in the analysis. Nearly all who responded to the outreach had clarifications or updates to the clinical coverage information that was available publicly. A lack of transparency makes it challenging for physicians to know whether services are covered (which for most physicians would require tracking coverage across dozens of insurance plans) and for consumers to know which services they are entitled to access.

Time lag for adoption of digital medicine codes

Payers shared that there isn't a specific timeline for reviewing and making decisions about their coverage of new CPT codes. After new codes are created through the CPT process, it can be several years before the codes are covered by commercial plans. This makes it difficult for physicians and other health care professionals to invest in and thoughtfully incorporate digital programs into their clinical models, as coverage is inconsistent among payers.

Limited widespread utilization of most new digital medicine codes

Payers shared that they are seeing a limited number of physicians and other health care professionals leverage digital medicine services. While there are data highlighting rapid adoption of RPM, the overall level of utilization remains low and concentrated among a small number of physicians and other health care professionals. Anecdotally, utilization of other digital medicine services is lower than for RPM.

Even when codes are covered, interviewees noted that there are stringent requirements that may limit uptake. For example, in order to be paid for RPM and RTM, physicians and other health care professionals must obtain or evaluate the equipment that will be supplied to the patient to ensure accurate and reliable data and have the necessary operational infrastructure and care pathways to effectively utilize remote monitoring. Inconsistent coverage and payment across payers and a nascent evidence base make it difficult for providers to develop, invest in, and implement digital programs, thereby limiting potential improvements in patient outcomes and access.

Payers are partnering with health tech companies directly

It is common for payers to partner with health tech companies directly to provide members digital services for specific disease areas. Common areas of focus include hypertension, behavioral health, and physical therapy. These vendors often offer a comprehensive disease-specific program, which is paid on a per-member per-month basis rather than through claims.

As an example, one payer launched a digital platform to help members with type 2 diabetes, available for members in select commercial plans. Participant members use continuous glucose monitors to better understand the connection between daily lifestyle decisions and their blood glucose levels, including how movement, food choices, and sleep patterns may influence the management of their condition. Through this program, 78 percent of participants with a starting A1C above 7.0 had an improvement in this reading.

While these programs offer access to innovative digital health solutions, they are often disconnected from a patient's medical home or primary care physician, which can further fragment care. It is important for payers to offer the same coverage across their contracts with brick-and-mortar health systems, physician practices, and digital health companies, and for payors to require, or at least encourage, the digital health companies they are partnered with to coordinate care with the patient's medical home or existing primary care physician.

Looking forward

Achieving the promise of digitally enabled care requires more consistent and broad adoption of CPT codes that support digitally enabled care. To thoughtfully expand and scale digitally enabled care models, it will be critical that stakeholders continue the following:

- Expand coverage of digital medicine codes and increase transparency around coverage and payment for stakeholders, including physicians and patients;
- Continue to create new and update existing digital medicine codes as new technologies, care models, and evidence emerge;
- Continue to expand and disseminate the evidence base and best practices for digitally enabled care;
- Promote state policies that require health plans to cover digitally enabled care services when clinically appropriate; and
- Encourage more industry engagement around digitally enabled care coverage and payment, which may include provider, patient, and payer education around the value of digital care services and availability of payment.

As a key stakeholder, the AMA is committed to advancing digitally enabled care and bridging the disconnect that exists today. The AMA recognizes that the utilization of digital health will continue to grow and is committed in its role to make fair and equitable payment available to physicians and impactful care models accessible to patients. The AMA will continue its work with the DMPAG and industry leaders to develop appropriate codes and engage with health plans and physicians in understanding challenges and opportunities related to the real-world application and utilization of CPT codes for digitally enabled care. In addition, the AMA plans to continue and expand its tracking of commercial coverage for digitally enabled care services as a resource to physicians and other stakeholders.

Appendix A

FIGURE 4

SERVICE	CPT CODE	CODE DESCRIPTION
RPM—Service initiation	99453	A one-time practice expense reimbursing for the setup and patient education on RPM equipment. This code covers the initial setup of devices, training and education on the use of monitoring equipment, and any services needed to enroll the patient on-site.
RPM—Device supply and data transmission	99454	The supply and provisioning of devices used for RPM programs. The code is billable only once in a 30-day billing period. Specifically, this code covers the costs associated with the leasing of a home-use medical device or devices to and for the patient.
RPM—Treatment management services	99457	A direct monthly expense for the remote monitoring of physiologic data as part of the patient's treatment management services. To receive reimbursement, the physician, qualified health professional, or other clinical staff must provide RPM treatment management services for at least 20 minutes per month, which includes "interactive communication" with the patient, as well as time engaged in non-face-to-face care management services.
RPM—Treatment management services (additional)	99458	An add-on code for CPT Code 99457 and cannot be billed as a stand-alone code. This code can be utilized for each additional 20 minutes of remote monitoring and treatment management services provided.
RPM—Self-measured blood pressure	99473	Can be used when a patient receives education and training (facilitated by clinical staff) on the set-up and use of a self-measured blood pressure (SMBP) measurement device validated for clinical accuracy, including device calibration. This can only be reported once per device.
RPM—Self-measured blood pressure	99474	Can be used for SMBP data collection and interpretation when patients use a BP measurement device validated for clinical accuracy to measure their BP twice daily (two measurements, one minute apart in the morning and evening), with a minimum of 12 readings required each billing period. The SMBP measurements must be communicated back to the practice and can be manually recorded (e.g., by phone, by fax, or in person) or electronically captured and transmitted (e.g., by secure e-mail, by patient portal, or directly from the device).

SERVICE	CPT CODE	CODE DESCRIPTION
RTM—Service initiation	98975	This covers initial set-up and patient education on the use of remote therapeutic monitoring equipment. RTM includes monitoring of respiratory system status, musculoskeletal system status, therapy adherence, or therapy response.
RTM—Device supply and data transmission	98976	Remote therapeutic monitoring (e.g., therapy adherence and therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days.
RTM—Device supply and data transmission	98977	Remote therapeutic monitoring (e.g., therapy adherence and therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days.
RTM—Device supply and data transmission	98978	Remote therapeutic monitoring (e.g., therapy adherence and therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days
RTM—Treatment management services	98980	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes.
RTM—Treatment management services (additional)	98981	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (listed separately in addition to the code for the primary procedure).
Interprofessional telephone/ internet/electronic health record consultations	99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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.
Interprofessional telephone/ internet/electronic health record consultations	99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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.

SERVICE	CPT CODE	CODE DESCRIPTION
Interprofessional telephone/ internet/electronic health record consultations	99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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.
Interprofessional telephone/ internet/electronic health record consultations	99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31+ minutes of medical consultative discussion and review.
Interprofessional telephone/ internet/electronic health record consultations	99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.
Interprofessional telephone/ internet/electronic health record consultations	99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.
Online digital evaluation and management service	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes.
Online digital evaluation and management service	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11– 20 minutes.
Online digital evaluation and management service	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Source: AMA CPT® Professional (2023)

Appendix B

FIGURE 5

The chart below includes links to publicly available sources used as part of the payer analysis. Note, this includes sources as of July 2023. During the validation process, several payers referenced updated or unavailable policies. All payers were given an opportunity to review and update the analysis, and the chart highlights which payers validated the coverage summary in Figure 3.

PAYER	RESOURCES
Aetna	• *Payer validation* • Aetna Telemedicine and Direct Patient Contact Payment Policy (note: most recent update not publicly available)
Blue Cross Blue Shield of Illinois	• Recommended Clinical Review (Predetermination), Post-Service Review and Non-Covered, 2023 Benefit Procedure Code List • Blue Cross Blue Shield of Illinois Preventive Services Policy, Policy Number CPCP006
Blue Cross Blue Shield of Massachusetts	• *Payer validation* • Interprofessional Telehealth Assessment and Management Services • Updated payment policies now available (June 30, 2022)
Blue Cross Blue Shield of Michigan	• *Payer validation* • BCBSM Telemedicine Policy Effective 07-01-23 (most recent update not publicly available)
Blue Cross Blue Shield of North Carolina	• *Payer validation* • Commercial Reimbursement Policy: Telehealth (07/2023)
Blue Cross Blue Shield of Texas	• Texas Telemedicine Code List Effective 1/1/2022
Blue Shield of California	• *Payer validation* • BSC2.11 Diabetes Prevention Program Medical Policy
CareFirst Blue Cross Blue Shield	• *Payer validation* • Medical Provider Manual Chapter 9—Policies and Procedures

PAYER	RESOURCES
Cigna	• Medical Coverage Policy Number 0563, Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)
Elevance Health	• *Payer validation* • Allowed Virtual Services in Addition to CPT Appendix P
Florida Blue	• *Payer validation* • Subject: Non-Covered Services (Revised 07/01/23)
Highmark Blue Shield	• UPDATE: Reimbursement for Codes 99446, 99447, 99448, and 99449 Provided Via Telehealth • Highmark Reimbursement Policy Bulletin Number RP-046, Telemedicine and Telehealth Services
Horizon Blue Cross Blue Shield of New Jersey	• *Payer validation* • Medical Policy Revision: Prescription Digital Therapeutics for Substance Use Disorder
Regence	• *Payer validation* • Virtual Care Policy No: 132 (Effective 05/01/23)
Tufts Health Plan	• *Payer validation* • Nonreimbursable Code List for Physicians • Evaluation and Management Professional Payment Policy • Telehealth/Telemedicine Payment Policy
UnitedHealth Group	• CTBS-and-Remote-Physiologic-Monitoring-Eligible-Code-List