

Telehealth Billing Codes and Health Plan Information

Virtual Visit: Real-time (synchronous) audio-video communication between a provider and patient substituting for an in-person visit for evaluation and management (Various CPT codes including E/M codes 99201-99205 and 99211-99215)

- Service must be within the providers scope of practice
- Documentation within the medical record must support the level of service for the CPT code.
- If using time-based coding, evidence of time must be documented and can only include the face-to-face time spend during the visit.
- Place of service is 02-Telehealth and a GT or 95 modifiers may be required.
- The requirement that the patient must be established has been waived by CMS for the current COVID-19 emergency.

E-Visits/Online Digital Evaluation and Management Services and Online Assessment (99421-99423, 98970-98972 and G2061-G2063)

- These services are patient initiated, are for established patients and require consent.
- Communications are billed cumulatively over a 7 day period.
- Communication exchange must be stored permanently.
- Communication cannot be via traditional telephone.
- Continuous time includes review of the initial request, review of pertinent medical records related to the problem, interaction with other clinical staff related to this problem, developing a management plan including ordering tests and prescriptions, and communication with the patient.
- Not to be reported on a day when an E/M service is claimed.
- Not to be reported when billing remote monitoring, CCM, TCM, care plan oversight, or codes for remote supervision of a patient at home

E-Visits/Online Digital Evaluation and Management Services by Providers with an NPI (99421-99423)

- Clinical staff time cannot be included in the related to codes 99421-99423.

E-Visits/Online Digital Evaluation and Management Services by Other Qualified Nonphysician Health Care Professionals with an NPI (98970-98972)

- Other qualified nonphysician health care professionals include pharmacists, medical assistants, nurses, physical therapists, speech pathologists, and clinical psychologists (code specific).

Online Assessment (G2061-G2063) – Qualified non-physician online assessment via technology based communication such as a patient portal.

Telephone Evaluation and Management Services (99441-99443 and 98966-98968)

- Patient initiated and requires consent.
- Evaluate and Manage a patient by phone for low acuity conditions
- Cannot be related to another E/M service in the previous 7 days or the next 24 hours/soonest available visits.
- 99441-99443 are for providers with an NPI
- 98966-98968 are for other qualified health care professionals

Medicare Virtual Check-In (G2012 and G2010)

- Patient initiated technology based communication with a provider with an NPI.
- Verbal consent is required regarding billing and documentation and must be documented.
- Cannot be related to a medical visit within the previous 7 days or lead to a visit in the next 24 hours (or next available appointment). In these situations the check in would be bundled into the E/M service.
- Essentially a quick visit (5-10 minutes) with an established chronic patient to determine if an office visit is warranted. The intent is to avoid unnecessary trips to the doctor.
- G2012 can occur via real-time telephone call or 2-way audio interactions that are enhanced with video or other types of data transmission.
- G2010 is used when images or video is sent to the provider to be reviewed later. The provider must follow up within 24 business hours.

Remote physiologic monitoring treatment management services (99453, 99454, and 99457) and eConsult/Interprofessional Consultations (99446-99449): More to come.

INSURANCE COVERAGE

Aetna Coverage

- **Virtual Visit**
 - Covered service for members.
 - Member cost sharing waived for Commercial plan members performed by in-network providers.
 - Zero co-pay telemedicine visits for all Medicare Advantage (individual and group) members performed by in-network providers.
 - Cost share waivers are through June 4, 2020
 - Both audio and visual components are required for general medicine and behavioral health visits.
 - Minor acute evaluation and management services can be rendered via telephone for the next 90 days.
 - Use Telehealth Place of Service 02 and a GT or 95 modifier
- **Additional Tele Services**
 - Aetna will cover 99421-99423, 98970-98972, 99441-99443, 98966-98968, G2010, G2012, G2061-G2063 for established patients by in-network providers with waived cost sharing until June 2, 2020.
 - 99421-99423, 98970-98972, and G2061-G2063 require an audiovisual connection.
 - G2010, G2012, 99441-99443, and 98966-98968 require an audiovisual connection or telephone.
 - Medicare Advantage brief virtual check-in has been extended to all Commercial members with waived co-pays.

BCBSM/BCN Coverage

A list of all covered codes can be found below

Waived Cost-sharing will be in place through at least June 30, 2020 and includes behavioral health therapy.

- **Virtual Visit**
 - Covered for all lines of business.
 - Cost-sharing is waived.
 - Provider needs to be in-network with the member's plan.
 - Will accept non-secure telemedicine technology so long as you are working toward using a secure process and you take responsibility for the shortcomings of the non-secure process and patients accept these shortcomings. Public-facing options are not acceptable.
 - Though an audio/visual platform is recommended, given the COVID-19 crisis audio-only communication is acceptable.
 - Telehealth Place of Service 02 and a GT or 95 modifier is required to waive the cost share.

- Provider must be participating for commercial products
- **Additional Tele Services**
 - 99421-99423 and G2061-2063
 - Covered for all lines of business with no cost sharing.
 - POS 02 and modifiers are not required.
 - VBR now applies to codes 99421-99423.
 - 98966 – 98968 and 99441-99443
 - Covered for all lines of business with no cost sharing.
 - POS 02 and modifiers are not required
 - VBR now applies to codes 99441-99443.
 - G2010 and G2012
 - Covered for Medicare Plus Blue PPO and BCN Advantage with no cost sharing.
 - POS 02 and modifiers are not required
 - 98970-98972
 - Covered for Blue Cross (commercial) PPO and BCN HMO (commercial)/Excludes Medicare Advantage with no cost sharing.
 - POS 02 and modifiers are not required.

HAP Coverage

- **Virtual Visits – for Medicare Advantage and Commercial Plans**
 - Coverage will follow Medicare guidelines.
 - Provider must be HAP contracted.
 - Though an audio/visual platform is recommended, during the COVID-19 crisis audio only communication is acceptable.
 - Behavioral health, physical therapy, occupational therapy and speech pathology services are also covered as telehealth services.
- **Additional Tele Services**
 - Coverage for 99421-99423, G2010, G2012, G2061-G2063 for MA and Commercial Plan Members.
 - Coverage for 99441-99443, 98966-98969, 98970-98972 for Commercial Plan Members.
 - E-visits (99421-99423, 98970-98972 and G2061-G2063) can occur via an online patient portal or secure email
 - Virtual Check-in visits can occur by phone

Humana Coverage

- **Virtual Visit**
 - Covered for services provided by participating/in-network providers.
 - Must meet medical necessity.
 - Paid at the same rate as in office visits.
 - Member cost sharing is waived.
 - Though an audio/visual platform is recommended, during the COVID-19 crisis audio only communication is acceptable.

- Telehealth visits expanded to specialty providers.

Medicare Coverage

Medicare has waived originating site requirements and indicated that providers can lower or waive cost-sharing.

- **Virtual Visit** - Medicare labels these services telehealth services
 - Currently considered the same as in-person visits and paid by Medicare at the same rate.
 - Place of service 02 is required but a modifier is not.
 - Though an audio/visual platform is recommended, given the COVID-19 crisis audio-only communication is acceptable.
 - Telehealth visits for new patients are currently allowed given the COVID-19 crisis.
 - A list of accepted CPT codes that can be provided as Medicare Telehealth Services can be found below.

- **Additional Tele Services**

CMS does not consider the following services “Telehealth” and consider them communication technology-based services.

Medicare requires that the patient must initiate the service and provide verbal consent with acknowledgement that the service will be billing and cost-sharing will apply.

Annual consent may be obtained at the time of service.

E-Visits/Online Digital Evaluation and Management Services by Providers with an NPI and Online Assessment

- Can occur via patient portals, secure emails, audio/video platform, or other digital applications that allow digital applications.
- Does not require POS 02 or telehealth modifier.

Telephone Evaluation and Management and Medicare Virtual Check In

- Does not require POS 02 or telehealth modifier.
- Medicare currently will cover telephone evaluation and management codes.

Michigan Medicaid Coverage

- **Virtual Visits**
 - Covered service
 - Place of Service 02 and GT modifier are required.
 - The health care professional must be able to examine the beneficiary via real-time, interactive telecommunication system and the patient must also be able to interact with the health care professional at the time of service.

- Consent is required and must be documented.
- Though an audio/visual platform is recommended, during the COVID-19 crisis audio only communication is acceptable. If the service is provided via telephone, “services provided via telephone” needs to be included in the remarks section.
- Accepted codes can be found below.

United Health Care

United Health Care has waived cost sharing for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST, with an opt-in available for self-funded employers (applies to MA, Medicaid, and Fully Insured Individual and Group Market plans. This is in effect until June 18, 2020. Out-of-network providers also can provide telehealth but member benefit and cost sharing apply.

Telehealth can be performed using audio-video or audio-only platforms except for cases that are explicitly indicated as needing interactive audio/video such as PT/OT/ST.

- **Virtual Visits**

- Telehealth can be performed using audio-video or audio-only platforms except for cases that are explicitly indicated as needing interactive audio/video such as PT/OT/ST.
- Use place of service that would have been reported had the service been in person (11,20,22,23) and 95 modifier for commercial and MA.
- For new and established patients.

- **Additional Tele Services**

- 99421-99423, G2061-G2063, 99441-99443, 98966-98968, G2012, G2010
 - 99441-99443, 98966-98968, G2012, G2010 - new and established patients
 - 99421-99423, G2061-G2063 – established patients and patient generated
 - Cannot be related to a medical visit within the previous 7 days and not lead to a visit within the next 24hrs (or soonest appointment).
 - Patients must verbally consent.
 - Use place of service that would have been reported had the service been in person (11,20,22,23) and modifiers are not required
 - 99421-99423, G2061-G2063 – Online Portal
 - G2012 – Phone Call

Well-care/Meridian

- Zero member liability for telehealth
- Any services that can be delivered virtually are eligible for coverage
- Prior authorization requirements are lifted through June 30, 2020
- Use appropriate POS and modifier

Appendix A – Telehealth billing codes

Code	Description	CMS non-facility fee
Multiple E/M codes and other services eligible	Virtual Visits/Medicare Telehealth	
G2010	Remote evaluation of recorded video and/or images submitted by an established patient including interpretation with follow-up within 24 business hours and 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	12.27
G2012	Brief communication technology-based service, e.g. virtual check-in, by a provider who can report E&M 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.	14.80
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 Provided by providers with an NPI	15.52
99422	Same as 99421 for 11-20 minutes	31.04
99423	Same as 99421 for 21-30 minutes	50.16
98970	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days; 5-10 minutes	
98971	Same as 98970 for 11 to 20 minutes	
98972	Same as 98970 for 221 to 30 minutes	
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days; 5-10 minutes	
G2062	Same as G2061 for 11-20 minutes	
G2063	Same as G2061 for 21-30 minutes	
99441	Telephone E/M service provided by a provider with an NPI 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 hrs or soonest available appointment, 5-10 medical discussion	14.44
99442	Same as 99441 for 11-20 minutes	28.15
99443	Same as 99441 for 21-30 minutes	41.14
98966	Telephone E/M service provided by a qualified nonphysician health care professional 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 medical discussion	
98967	Same as 98966 for 11-20 minutes	
98968	Same as 98966 for 21-30 minutes	

This document shows the codes associated with telehealth procedures covered with no cost sharing for members during the COVID-19 pandemic for Blue Cross (commercial) PPO, Medicare Plus Blue PPO, BCN HMO (commercial) and BCN Advantage members for dates of service on and after March 16, 2020, through June 30, 2020.

Telehealth services that are covered under the Blue Cross and BCN Telemedicine Services Medical Policy that are not listed in the codes below, are still covered but will require standard member cost sharing.

Key for codes:

Telehealth Place of Service 02 and modifier of GT or 95 required to waive cost share for participating or nonparticipating providers, per CMS Waiver 1135. Must be participating for commercial products. All lines of business covered
Telehealth POS or modifier not required – All lines of business covered
Telehealth POS or modifier not required – Medicare Plus Blue PPO and BCN Advantage only
Telehealth POS or modifier not required – Blue Cross (commercial) PPO and BCN HMO (commercial) only (excludes Medicare Advantage)
Telehealth POS 02 and modifier of GT or 95 required to waive cost share for par or nonpar, per CMS Waiver 1135 – Medicare Plus Blue PPO and BCN Advantage only (excludes commercial)

Telehealth procedure codes									
*90785	*90791	*90792 ^X	*90832	*90833	*90834 ^X	*90836	*90837	*90838	*90839
*90840	*90845	*90846	*90847	*90951	*90952	*90954	*90955	*90957	*90958
*90960	*90961	*90963	*90964	*90965	*90966	*90967	*90968	*90969	*90970
*96116	*96160	*96161	*97802	*97803	*99201	*99202	*99203	*99204	*99205
*99211	*99212	*99213 ^X	*99214	*99215	*99231	*99232	*99233	*99307	*99308
*99309	*99310	*99354	*99355	*99356	*99357	*99406	*99407	*99495	*99496
*99497	*99498	G0108	G0109	G0296	G0420	G0421	G0506	G0513	G0514
G0406	G0407	G0408	G0425	G0426	G0427	G0459	G0508	G0509	G2061
G2062	G2063	*98966	*98967	*98968	*99421	*99422 ^X	*99423	*99441	*99442
*99443									
G2010	G2012								
*98970	*98971	*98972							
*97804	G0270	G0396	G0397	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G2086	G2087	G2088					

^X Also covered by Blue Cross Online VisitsSM.

Telehealth Services Covered by Medicare and Included in CPT Code Set

This table reflects the currently available CPT and HCPCS codes that can be used to report telehealth services through Medicare and/or private payors. Each year, CMS publishes a comprehensive list of telehealth services which are covered under the Medicare program. Effective March 1, 2020, CMS published additional services that will be covered as telehealth for the duration of the Public Health Crisis (PHC) caused by COVID-19. Within the CPT code set, *Appendix P—CPT Codes That May Be Used For Synchronous Telemedicine Services* is used to denote CPT codes that may also be provided via telehealth.

CPT	Long Descriptor	Source
77427	Radiation treatment management, 5 treatments	CMS*
90785	Interactive complexity (List separately in addition to the code for primary procedure)	CMS
90791	Psychiatric diagnostic evaluation	CPT/CMS
90792	Psychiatric diagnostic evaluation with medical services	CPT/CMS
90832	Psychotherapy, 30 minutes with patient	CPT/CMS
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90834	Psychotherapy, 45 minutes with patient	CPT/CMS
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90837	Psychotherapy, 60 minutes with patient	CPT/CMS
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	CPT/CMS
90839	Psychotherapy for crisis; first 60 minutes	CMS
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	CMS
90845	Psychoanalysis	CPT/CMS
90846	Family psychotherapy (without the patient present), 50 minutes	CPT/CMS
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	CPT/CMS
90853	Group psychotherapy (other than of a multiple-family group)	CMS*
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	CPT

*CMS Temporary Addition for the COVID-19 Pandemic | CMS = Covered Telehealth Services | CPT = Appendix P in the CPT Code Set

Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
90951	End-stage renal disease (ESRD) related services monthly, 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; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90952	End-stage renal disease (ESRD) related services monthly, 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; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90953	End-stage renal disease (ESRD) related services monthly, 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; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT/CMS
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	CMS*
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	CMS

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
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	CMS
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	CMS
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	CMS
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	CMS
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	CMS
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	CMS
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	CMS
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	CPT
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	CPT
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	CMS*
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	CMS*
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	CMS*
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	CMS*
92524	Behavioral and qualitative analysis of voice and resonance	CMS*
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	CPT
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	CPT

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CPT	Long Descriptor	Source
93268	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 attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	CPT
93270	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 attended monitoring; recording (includes connection, recording, and disconnection)	CPT
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 attended monitoring; transmission and analysis	CPT
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 attended monitoring; review and interpretation by a physician or other qualified health care professional	CPT
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	CPT
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	CPT/CMS
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	CMS*
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	CMS*
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	CMS*
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	CMS*
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	CMS*

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	CMS*
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	CMS*
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	CMS*
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	CMS
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	CMS
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	CMS*
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	CMS*
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	CMS*
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	CMS*
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	CMS*
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	CMS*

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	CMS*
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	CMS*
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	CMS*
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	CMS*
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	CMS*

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	CMS*
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	CMS*
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	CMS*
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	CMS*
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	CMS*
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	CPT/CMS
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	CPT/CMS
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	CPT/CMS
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	CPT
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	CPT
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	CPT
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	CPT/CMS

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CPT	Long Descriptor	Source
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	CMS
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	CPT/CMS

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CPT	Long Descriptor	Source
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	CPT/CMS
99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]	CMS*
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*

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99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT/CMS
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT/CMS
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT/CMS
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*

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99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	CMS*
99238	Hospital discharge day management; 30 minutes or less	CMS*
99239	Hospital discharge day management; more than 30 minutes	CMS*
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	CPT
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	CPT
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	CPT
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	CPT

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99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	CPT
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	CPT
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	CMS*

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CPT	Long Descriptor	Source
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	CMS*
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	CMS*
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	CMS*
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	CMS*
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	CMS*
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	CMS*
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	CMS*

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99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	CMS*
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	CMS*
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	CPT/CMS
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	CPT/CMS
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	CPT/CMS
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	CPT/CMS
99315	Nursing facility discharge day management; 30 minutes or less	CMS*

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99316	Nursing facility discharge day management; more than 30 minutes	CMS*
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	CMS*
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	CMS*
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	CMS*
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	CMS*
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	CMS*

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CPT	Long Descriptor	Source
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	CMS*
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	CMS*
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	CMS*
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	CMS*
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	CMS*
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	CMS*

*CMS Temporary Addition for the COVID-19 Pandemic | CMS = Covered Telehealth Services | CPT = Appendix P in the CPT Code Set

Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	CMS*
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	CMS*
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	CMS*
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or 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 patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	CMS*
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	CPT/CMS
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	CPT/CMS
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	CMS
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	CMS

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	CPT/CMS
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	CPT/CMS
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	CPT
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	CPT
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	CMS*
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	CMS*
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	CMS*
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	CMS*
99473	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	CMS*
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	CMS*
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	CMS*
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	CMS*
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	CMS*
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	CMS*
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	CMS*

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	CMS*
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	CPT/CMS
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	CPT/CMS
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	CMS
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	CMS
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	CMS
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	CMS
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	CMS
G0296	Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)	CMS
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	CMS

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	CMS
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	CMS
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	CMS
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	CMS
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	CMS
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	CMS
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	CMS
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	CMS
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	CMS
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	CMS
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	CMS
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	CMS
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	CMS
G0442	Annual alcohol misuse screening, 15 minutes	CMS
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	CMS
G0444	Annual depression screening, 15 minutes	CMS
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	CMS
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	CMS
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	CMS
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	CMS
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	CMS

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Telehealth Services Covered by Medicare and Included in CPT Code Set

CPT	Long Descriptor	Source
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth	CMS
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	CMS
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	CMS
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code g0513 for additional 30 minutes of preventive service)	CMS
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	CMS
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	CMS
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	CMS

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MDHHS
Telemedicine Services Database
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Revenue Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine	\$0.00	\$0.00	
HCPSC Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
90785	GT	Psytx Complex Interactive	\$8.52	\$7.73	Note: Rate varies by program see specific fee schedule.
90791	GT	Psych Diagnostic Evaluation	\$79.83	\$70.13	Note: Rate varies by program see specific fee schedule.
90792	GT	Psych Diag Eval W/Med Srvcs	\$88.35	\$78.45	Note: Rate varies by program see specific fee schedule.
90832	GT	Psytx W Pt 30 Minutes	\$39.03	\$35.06	Note: Rate varies by program see specific fee schedule.
90833	GT	Psytx W Pt W E/M 30 Min	\$40.02	\$36.45	Note: Rate varies by program see specific fee schedule.
90834	GT	Psytx W Pt 45 Minutes	\$51.90	\$46.75	Note: Rate varies by program see specific fee schedule.
90836	GT	Psytx W Pt W E/M 45 Min	\$50.71	\$46.16	Note: Rate varies by program see specific fee schedule.
90837	GT	Psytx W Pt 60 Minutes	\$77.66	\$69.93	Note: Rate varies by program see specific fee schedule.
90838	GT	Psytx W Pt W E/M 60 Min	\$66.56	\$60.62	Note: Rate varies by program see specific fee schedule.
90839	GT	Psytx Crisis Initial 60 Min	\$81.02	\$73.10	Note: Rate varies by program see specific fee schedule.
90840	GT	Psytx Crisis Ea Addl 30 Min	\$38.83	\$35.06	Note: Rate varies by program see specific fee schedule.
90846	GT	Family Psytx W/O Pt 50 Min	\$65.88	NA	Note: Rate varies by program see specific fee schedule.
90847	GT	Family Psytx W/Pt 50 Min	\$58.84	\$58.64	Note: Rate varies by program see specific fee schedule.
90951	GT	Esrd Serv 4 Visits P Mo <2yr	\$526.95	\$526.95	
90952	GT	Esrd Serv 2-3 Vsts P Mo <2yr	\$526.95	\$526.95	
90954	GT	Esrd Serv 4 Vsts P Mo 2-11	\$457.02	\$457.02	
90955	GT	Esrd Srv 2-3 Vsts P Mo 2-11	\$257.53	\$257.53	
90957	GT	Esrd Srv 4 Vsts P Mo 12-19	\$362.52	\$362.52	
90958	GT	Esrd Srv 2-3 Vsts P Mo 12-19	\$246.24	\$246.24	
90960	GT	Esrd Srv 4 Visits P Mo 20+	\$159.87	\$159.87	
90961	GT	Esrd Srv 2-3 Vsts P Mo 20+	\$134.31	\$134.31	
90963	GT	Esrd Home Pt Serv P Mo <2yrs	\$306.26	\$306.26	
90964	GT	Esrd Home Pt Serv P Mo 2-11	\$267.83	\$267.83	
90965	GT	Esrd Home Pt Serv P Mo 12-19	\$255.95	\$255.95	
90966	GT	Esrd Home Pt Serv P Mo 20+	\$134.11	\$134.11	
90967	GT	Esrd Svc Pr Day Pt <2	\$10.10	\$10.10	
90968	GT	Esrd Svc Pr Day Pt 2-11	\$8.91	\$8.91	
90969	GT	Esrd Svc Pr Day Pt 12-19	\$8.52	\$8.52	
90970	GT	Esrd Svc Pr Day Pt 20+	\$4.56	\$4.56	
92227	GT	Remote Dx Retinal Imaging	\$7.53	NA	
92228	GT	Remote Retinal Imaging Mgmt	\$19.02	NA	

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HCPCS Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
96116	GT	Nubhvl Xm Phys/Qhp 1st Hr	\$54.68	\$47.54	Note: Rate varies by program see specific fee schedule.
96156	GT	Hlth Bhv Assmt/Reassessment	\$54.87	\$49.72	Note: Rate varies by program see specific fee schedule.
96158	GT	Hlth Bhv Ivntj Indiv 1st 30	\$37.44	\$33.88	Note: Rate varies by program see specific fee schedule.
96159	GT	Hlth Bhv Ivntj Indiv Ea Addl	\$13.07	\$11.69	Note: Rate varies by program see specific fee schedule.
96160	GT	Pt-Focused Hlth Risk Assmt	\$1.39	NA	
96161	GT	Caregiver Health Risk Assmt	\$1.39	NA	
96164	GT	Hlth Bhv Ivntj Grp 1st 30	\$4.16	\$3.72	Note: Rate varies by program see specific fee schedule.
96165	GT	Hlth Bhv Ivntj Grp Ea Addl	\$1.93	\$1.63	Note: Rate varies by program see specific fee schedule.
96167	GT	Hlth Bhv Ivntj Fam 1st 30	\$30.17	\$27.19	Note: Rate varies by program see specific fee schedule.
96168	GT	Hlth Bhv Ivntj Fam Ea Addl	\$10.70	\$9.66	Note: Rate varies by program see specific fee schedule.
99201	GT	Office/Outpatient Visit New	\$25.55	\$14.86	Note: Rate varies by program see specific fee schedule.
99202	GT	Office/Outpatient Visit New	\$42.39	\$28.33	Note: Rate varies by program see specific fee schedule.
99203	GT	Office/Outpatient Visit New	\$60.02	\$42.39	Note: Rate varies by program see specific fee schedule.
99204	GT	Office/Outpatient Visit New	\$91.72	\$72.50	Note: Rate varies by program see specific fee schedule.
99205	GT	Office/Outpatient Visit New	\$115.89	\$94.69	Note: Rate varies by program see specific fee schedule.
99211	GT	Office/Outpatient Visit Est	\$12.88	\$5.15	Note: Rate varies by program see specific fee schedule.
99212	GT	Office/Outpatient Visit Est	\$25.36	\$14.46	Note: Rate varies by program see specific fee schedule.
99213	GT	Office/Outpatient Visit Est	\$41.80	\$28.72	Note: Rate varies by program see specific fee schedule.
99214	GT	Office/Outpatient Visit Est	\$60.62	\$44.18	Note: Rate varies by program see specific fee schedule.
99215	GT	Office/Outpatient Visit Est	\$81.42	\$62.40	Note: Rate varies by program see specific fee schedule.
99231	GT	Subsequent Hospital Care	NA	\$21.99	
99232	GT	Subsequent Hospital Care	NA	\$40.41	
99233	GT	Subsequent Hospital Care	NA	\$58.24	
99241	GT	Office Consultation	\$26.74	\$18.42	
99242	GT	Office Consultation	\$50.52	\$38.83	
99243	GT	Office Consultation	\$69.14	\$54.28	
99244	GT	Office Consultation	\$103.61	\$87.36	
99245	GT	Office Consultation	\$126.19	\$107.96	
99251	GT	Inpatient Consultation	NA	\$27.93	
99252	GT	Inpatient Consultation	NA	\$42.20	

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HCPCS Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
99253	GT	Inpatient Consultation	NA	\$65.17	
99254	GT	Inpatient Consultation	NA	\$94.89	
99255	GT	Inpatient Consultation	NA	\$114.11	
99307	GT	Nursing Fac Care Subseq	\$24.56	\$24.56	Note: Rate varies by program see specific fee schedule.
99308	GT	Nursing Fac Care Subseq	\$38.63	\$38.63	Note: Rate varies by program see specific fee schedule.
99309	GT	Nursing Fac Care Subseq	\$50.91	\$50.91	Note: Rate varies by program see specific fee schedule.
99310	GT	Nursing Fac Care Subseq	\$75.08	\$75.08	Note: Rate varies by program see specific fee schedule.
99354	GT	Prolong E&M/Psych Serv O/P	\$72.50	\$68.15	
99355	GT	Prolong E&M/Psych Serv O/P	\$55.07	\$51.31	
99356	GT	Prolonged Service Inpatient	NA	\$51.70	
99357	GT	Prolonged Service Inpatient	NA	\$52.10	
99406	GT	Behav Chng Smoking 3-10 Min	\$8.52	\$6.93	
99407	GT	Behav Chng Smoking > 10 Min	\$15.85	\$14.46	
99408	GT	Audit/Dast 15-30 Min	\$20.21	\$18.82	Note: Rate varies by program see specific fee schedule.
99409	GT	Audit/Dast Over 30 Min	\$39.22	\$37.84	Note: Rate varies by program see specific fee schedule.
99495	GT	Trans Care Mgmt 14 Day Disch	\$103.01	\$68.94	
99496	GT	Trans Care Mgmt 7 Day Disch	\$136.09	\$90.93	
99497	GT	Advncd Care Plan 30 Min	\$47.74	\$44.18	
99498	GT	Advncd Care Plan Addl 30 Min	\$41.80	\$41.60	
G0108	GT	Diab Manage Trn Per Indiv	\$31.30	NA	
G0109	GT	Diab Manage Trn Ind/Group	\$8.72	NA	
G0406	GT	Inpt/Tele Follow Up 15	NA	\$21.79	Service denied without modifier
G0407	GT	Inpt/Tele Follow Up 25	NA	\$40.41	Service denied without modifier
G0408	GT	Inpt/Tele Follow Up 35	NA	\$57.85	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	\$62.80	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	\$14.66	NA	
G0425	GT	Inpt/Ed Teleconsult30	NA	\$55.86	Service denied without modifier
G0426	GT	Inpt/Ed Teleconsult50	NA	\$75.87	Service denied without modifier
G0427	GT	Inpt/Ed Teleconsult70	NA	\$112.52	Service denied without modifier
G0459	GT	Telehealth Inpt Pharm Mgmt	NA	\$23.38	Service denied without modifier
G0508	GT	Crit Care Telehea Consult 60	NA	\$117.67	Service denied without modifier
G0509	GT	Crit Care Telehea Consult 50	NA	\$108.56	Service denied without modifier
G2086	GT	Off Base Opioid Tx 70min	\$226.82	\$165.41	
G2087	GT	Off Base Opioid Tx, 60 M	\$202.26	\$161.25	
G2088	GT	Off Base Opioid Tx, Add30	\$38.43	\$19.22	
Q3014	GT	Telehealth Facility Fee	\$24.52	\$24.52	Service denied without modifier

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