

Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend you check with your biller for appropriate direction on claim submissions.	Rhua Cros			O Commercial	Blue Cross	Medicare Advai		e PPO/BCN		HAP Comme	reial		P Medicare Ad	ventere	Dr	riority Hea	lth Com	moreiol**		Dri	ority Health	Madicaro**			Emar	tHealth			Total Hea	the Care	
you check with your biner for appropriate direction on claim submissions.	Blue Cros	SS PPU/BU		Commercial		Advar	itage			HAP Comme	rcial	HA	P Wedicare Ad	Standard	Pr		inth Com	mercial**		Pri	Patient Cost	Wedicare**	Standard			Patient Cost	Standard		1	ent Cost	Standard
	Modifier/ Place of	Not	Patient Cost Sharing Waived	Copays, g Coinsurance &	Modifier/	Not	Patient Cost Sharing Waived-	Standard Copays, Coinsurance & Deductibles		Patie Cos Not Shari	Coinsurance		Patier Cost Not Sharir	Copays, nt Coinsurance	Modifier/ Place of Service	SI W CO	haring /aived- IVID-19	Patient Standard Cost Copays, Sharing Coinsuran Waived- & Deductib			Sharing Waived- COVID-19 related DX	Patient Cost Sharing Waived- All Dx- Primary	Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of		Sharing	Copays, Coinsurance & Deductibles Apply- ALL	Modifier/ Place of Service	Sh Wa CO'	aived- C	Copays, Coinsurance & Deductibles Apply- All
Code/ Description	Service Code	e Covered	All Dx	Apply-All Dx	Service Code	Covered	All Dx	Apply- All Dx	Code	Covered Waiv		Code	Covered Waive	d Apply	Code Co	overed	Only	All Dx Apply- All	Code	Covered	Only	Care Only	Specialist	Service Code Co	overed	ONLY	other Dx	Code Co	vered		Other Dx
G0071- Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fighc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner,																															
occurring in lieu of an office visit; rhc or fqhc only		х				х			GT/02	х			x			х				х					х				х		
G0108- Diab Manage Trn Per Indiv G0109- Diab Manage Trn Ind/Group	GT or 95 /** GT or 95 /**		X		GT or 95 /*** GT or 95 /***		X X		GT/02 GT/02	x		GT/02 GT/02			95/ *** 95/ ***		X X	x x	95/ *** 95/ ***		x	x	X	GT OR 95/11 GT OR 95/11		x		GT/02 GT/02		X X	x x
	0101337		^		0101337		^		01/02	^		01/02	^		33/		^	^	5.51		~	~	~	010033/11		^	^	01/02		^	
G0270- Medical Nutrition Therapy; Reassessment And Subsequent Intervention(S)		x			95/***		x		GT/02	×		GT/02	x		95/ ***		x	x	95/ ***		X	x	х	GT OR 95/11		x	x		x		
G0296- Counseling visit to discuss need for lung cancer screening (ldct) using low dose ct scan (service is for eligibility determination and shared decision making)	GT or 95 /**	* X	x		GT or 95 /***		x		GT/02	x		GT/02	x			x				x				GT OR 95/11		x	x		x		
G0396- Alcohol/subs interv 15-30mn G0397- Alcohol/subs interv >30 min		X			GT or 95 /*** GT or 95 /***		X		GT/02 GT/02	X		GT/02 GT/02				x				X				GT OR 95/11 GT OR 95/11		x	x		x		
G0406- Telhealth inpt consult 15min	None/02		х		None/02		х		GT/02	х		GT/02	Х		95/ ***		х	х	95/ ***		Х	Х	х	GT OR 95/11		Х	х	GT/02		х	Х
G0407- Telheath inpt consult 25min	None/02		x		None/02		х		GT/02	x		GT/02			95/ ***		x	X			X	X	X	GT OR 95/11		X		GT/02		X	X
G0408- Telhealth inpt consult 35min G0410- Group psychotherapy other than of a multiple-family group, in a partial	None/02		х	-	None/02		х	_	GT/02	X	-	GT/02	X		95/ ***		х	X	95/ ***		X	X	Х	GT OR 95/11		х	х	GT/02		х	х
hospitalization setting, approximately 45 to 50 minutes.		x			95/***		x			х			x			x				x					x				x		
G0420- Ed svc CKD ind per session	GT or 95 /**		Х		GT or 95 /***		x		GT/02	X		GT/02			95/ ***		х	х	95/ ***		х	х	х	GT OR 95/11		х	х	GT/02		х	х
G0421- Ed svc CKD grp per session	GT or 95 /**		X		GT or 95 /***		x		GT/02	X		GT/02			95/***		X	x	95/***		X	x	X	GT OR 95/11		x	X	GT/02		x	X
G0425- Inpt telehealth consult 30m G0426- Inpt telehealth consult 50m	None/02 None/02		X		None/02 None/02		X X		GT/02 GT/02	X		GT/02 GT/02			95/ *** 95/ ***		X	x	95/ *** 95/ ***		X	x	X	GT OR 95/11 GT OR 95/11		x	Х	GT/02 GT/02		X X	x x
G0427- Inpt telehealth con 70/>m	None/02		X		None/02		x		GT/02	x		GT/02			95/ ***		x	x	95/ ***		x	x	x	GT OR 95/11		x		GT/02		x	x
G0438- Annual wellness Visit, including a personalized prevention plan of service (PPPS),																															
first visit G0439- Annual Wellness visit, including a personalized prevention plan of service (PPPS), who executed the		X			95/***		x		GT/02 GT/02	x		GT/02 GT/02	x			x				x					x				x		
subsequent visit G0442- ANNUAL ALCOHOL SCREEN 15 MIN		X			95/***		x		GT/02	X		GT/02 GT/02				x				X					X				X		<u> </u>
G0443- BRIEF ALCOHOL MISUSE COUNSEL		х			95/***		Х		GT/02	х		GT/02	Х			х				х				GT OR 95/11		Х	х		х		
G0444- DEPRESSION SCREEN ANNUAL		х			95/***		Х		GT/02	х		GT/02				х				Х				GT OR 95/11		Х	х		Х		
G0445- HIGH INTEN BEH COUNS STD 30M G0446- INTENS BEHAVE THER CARDIO DX		x			95/*** 95/***		X X		GT/02 GT/02	X		GT/02 GT/02				X X				x				GT OR 95/11 GT OR 95/11		x	x		x		
G0440- INTENS BEHAVE THER CARDIO DA G0447- BEHAVIOR CONSEL OBESITY 15M		X			95/***		x		GT/02	X		GT/02				x				X				GT OR 95/11		X	x		x		
G0459- TELEHEALTH INP PHARM MGMT	None/02		х		None/02		х		GT/02	x		GT/02				х				х				GT OR 95/11		Х	х	GT/02		х	х
G0506- Comprehensive assessment of and care planning for patients requiring chronic																															
care management services (list separately in addition to primary monthly care management service) (G0508-Telehealth consultation, critical care, initial, physicians typically spend 60 minutes	GT or 95 /**	•	x		GT or 95 /***		x		GT/02	x		GT/02	x			x			95/ ***		x	x	x	GT OR 95/11		x	x		x		
communicating with the patient and providers via telehealth	None/02		x		None/02		x		GT/02	x		GT/02	x		95/ ***		x	x	95/ ***		x	x	x	GT OR 95/11		x	x	GT/02		x	x
G0509- Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient																															
and providers via telehealth	None/02	x	х		None/02	×	х		GT/02	x		GT/02	x		95/***		X X	x	95/ *** 95/ ***		x	X	X	GT OR 95/11	x	х	х	GT/02	x	х	X
G0511- Chronic Care Management for FQHCs.		~								~			^		95/ ***				95/ ***		×	×									
CG512-Rural health clinic or federally qualified health center (rhc/[rhc] only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an rhc or falte practitioner (physician, np, pa, or cmm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month		x				x				x			x		95/ ***		x	x	95/ ***		x	x	x		x				x		
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																									1						
preventive service)	GT or 95 /**	*	Х		GT or 95 /***		х		GT/02	х		GT/02	x	_	<b>├</b> ──	х				х				GT OR 95/11		х	х		х		
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) G2010- Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient	GT or 95 /**		x		GT or 95 /***		x		GT/02	x		GT/02	x			x				X				GT OR 95/11		x	x		x		
within 24 business hours, 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		x			None/02		x		None/02	x		None/02	x			x				x				GT OR 95/11		x	x		x		
G2012- Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related GM 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 events of events.		x			None/02		x		None/02	x		None/02	x			x				x				GT OR 95/11		x	x		x		
medical discussion	<u> </u>	^	1		None/02		~		None/02		-	None/02	*			^	ł			^				31 01 33/11	<u> </u>	^	^		*		
G2061- Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes G2062- Qualified nonphysician healthcare professional online assessment service, for an	None/02		x		None/02		x		GT/02	x		GT/02	x		95/ ***		x	x		x				GT OR 95/11		x	x		x		
established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes C2062_Oublind papabusician gualified boothcare professional accessment control for	None/02		x		None/02		x		GT/02	x		GT/02	x		95/ ***		x	x		x				GT OR 95/11		x	x		x		
G2063- Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes C2086- Office based treatment for onioid use disorder, including development of the	None/02		x		None/02		x		GT/02	x	_	GT/02	x		95/ ***		x	x		x				GT OR 95/11		x	x		x		
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		×			95/***		x		GT/02	x		GT/02	x			x				x				GT OR 95/11		x	x	GT/02		x	x



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you check with your biller for appropriate direction on claim submissions.	Blue Cross I	PPO/BC	N HMO Co	ommercial		Adva	ntage	1		HAP C	ommerc	ial	HA	P Medica	are Advan			Priority	Health Comr	nercial*	*		Pric	ority Health I	Medicare**	1		Sm	artHealth			1	Health Care	
	Modifier/ Place of	Not		Standard Copays, Coinsurance 8 Deductibles	& Modifier/ Place of	Not	Patient Cost Sharing Waived-	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Not	Patient Cost Sharing	Standard Copays, Coinsurance 8 Deductibles	Modifier/ Place of Service	Not	Cost	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Not	Waived- COVID-19		Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related DX	Patient Cost Sharing Waived- All Dx- Primary	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of	Not	Patient Cost Sharing Waived- COVID-19 related Dx	Standard Copays, Coinsurance & Deductibles Apply- ALL	Modifier/ Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related Dx	Standard Copays, Coinsurance & Deductibles Apply- All
Code/ Description	Service Code	Covered	All Dx	Apply-All Dx	Service Code	Covered	All Dx	Apply- All Dx	Code	Covered	Waived	Apply		Covered	Waived	Apply		Covered	Only	All Dx	Apply- All Dx	Code	Covered	Only	Care Only	Specialist	Service Code		ONLY	other Dx		Covered	only	Other Dx
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		x			95/***		x		GT/02		x		GT/02		х			x					x				GT OR 95/11		x	x	GT/02		x	X
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)		х			95/***		X		GT/02		Х		GT/02		x		95/***	х	x				х			x	GT OR 95/11	×	х	х	GT/02		Х	X
G9001- Coordinated care fee, initial rate G9002- Coordinated care fee, maintenance rate	GT or 95 /02 GT or 95 /02			x	GT or 95 /02 GT or 95 /02		X			x				x			95/***		x			95/ *** 95/ ***		x	X	X		x				X		
G9007- Coordinated care fee, scheduled team conference	010133702	x		~	010133702	x	^			x				x			95/***		x		x	95/***		X	X	x		x				x		
G9008- Coordinated care fee, physician coordinated care oversight services		х				х				х				х			95/***		х		Х	95/ ***		х	Х	х		х				х		
G9678- Oncology care model (ocm) monthly enhanced oncology services (meos) payment for ocm enhanced services.		x				x				x				x			95/ ***		x		x	95/ ***		x	x	x		x				x		
G9685- Physician service or other qualified health care professional for the evaluation and																																		
management of a beneficiary's acute change in condition in a nursing facility.		X			95/***	v	X			x				X				X					X					X			CT/02	X		
H0002- Alcohol And/Or Drug Screenin H0004- Alcohol And/Or Drug Services		X				X			-	x	1			X		_		x					X					x			GT/02 GT/02		x	x
H0015- Alcohol and/or drug services H0015- Alcohol and/or drug services; intensive outpatient (treatment program that		^				^					1			^				^					^					^			31/02		^	
operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity																																		
therapies or education		x				x				x	1			x				x					x				GT OR 95/11	.	х	х		x		
H0031- Mh Health Assess By Non-Md		x				X				X				X				x					X					х			GT/02		Х	Х
H0035- Mental health partial hospitalization, treatment, less than 24 hours		х		-		х				х				х				х					х				GT OR 95/11		х	х		х		
H0036- Community psychiatric supportive treatment, face-to-face, per 15 minutes	T	x	[			х				x	+	<u> </u>		х				x					х				GT OR 95/11		х	х	0.0	х		
H1000- Prenatal Care Atrisk Assessm		х	├			х				х	+	l		х				х					х					х			GT/02		х	Х
77427- Radiation treatment management, 5 treatments- The professional services																																		
furnished during treatment management typically consist of review of port films; review of dosimetry, dose delivery and treatment parameters; review of patient treatment set-																																		
up; and examination of patient for medical evaluation and management		x			95/***		x		95/***		x		95/***		x			x					x					x				x		
90785- Psychotherapy Interactive complexity-(Physician)	GT or 95 /***		х		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		х		х	95/ ***		х	х	х		X			GT/02		х	х
90785- Psychotherapy Interactive complexity-(Licensed Psychologist)	GT or 95 /***		х		GT or 95 /***	1	х		GT/02		х		GT/02		Х		95/ ***		х		Х	95/ ***		х	Х	х		х			GT/02		Х	х
90785- Psychotherapy Interactive complexity-(LMSW/LLP/LPC/BA)		х				х				Х				Х			95/ ***		х		Х	95/ ***		х	Х	х		Х				Х		
90791- Psychiatric Diagnostic Evaluation- (Physician)	GT or 95 /***		X		GT or 95 /***		х		GT/02		X		GT/02		x		95/ *** 95/ ***		X		X	95/ *** 95/ ***		X	X	x	GT OR 95/11		x	X	GT/02		X	X
90791- Psychiatric Diagnostic Evaluation- (Licensed Psychologist) 90791- Psychiatric Diagnostic Evaluation- (LMSW/LLP/LPC/BA)	GT or 95 /***	v	х		GT or 95 /***	v			GT/02	v			GT/02	v			95/***		x		x	95/***		X	X	X	GT OR 95/11	X	X	х	GT/02	x	X	
90792- Psychiatric Diagnostic Evaluation With Medical Services- (Physician)	GT or 95 /***	~	х		GT or 95 /***		х		GT/02	~	х		GT/02	~	х		95/ ***		x		x	95/ ***		x	X	x	GT OR 95/11	~	x	x		X		
90792- Psychiatric Diagnostic Evaluation With Medical Services- (Licensed Psychologist)	GT or 95 /***		x		GT or 95 /***		x		GT/02		x		GT/02		x			x					x				GT OR 95/11		x	x		x		
90792- Psychiatric Diagnostic Evaluation With Medical Services- (LMSW/LLP/LPC/BA)		x				x				x				x				x					x					x				x		
90832- Psychotherapy, 30 Minutes With Patient And/Or Family Member-(Physician)	GT or 95 /***		x		GT or 95 /***		×		GT/02		x		GT/02		x		95/ ***		×		x	95/***		x	×	×	GT OR 95/11		x	x	GT/02		x	×
90832- Psychotherapy, 30 Minutes With Patient And/Or Family Member-(Frysteilan)	0101337		~		0101337		^		01/02		~		01/02				55/		~		~	55/		^	~	Â	01 01 35/11		^	^	01/02			
Psychologist)	GT or 95 /***		х		GT or 95 /***		х		GT/02		х		GT/02		х		95/ ***		х		х	95/ ***		х	х	х	GT OR 95/11		х	х	GT/02		х	х
90832- Psychotherapy, 30 Minutes With Patient And/Or Family Member- (LMSW/LLP/LPC/BA)		x				x				x				x			95/ ***		x		x	95/ ***		x	x	x		x				x		
90833- Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed With An Evaluation And																																		
Management Service- (Physician) 90833- Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed	GT or 95 /***		х		GT or 95 /***		х		GT/02		х		GT/02		X		95/ ***		x		х	95/ ***		x	x	X	GT OR 95/11		x	x		х		
With An Evaluation And										1	1																							
Management Service-(Licensed Psychologist)	GT or 95 /***		х		GT or 95 /***		х		GT/02	-	х	l	GT/02		х			х					Х				GT OR 95/11		х	х		х		
90833- Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed With An Evaluation And											1																							
Management Service- (LMSW/LLP/LPC/BA)		x				х				х				х				x					х					x				х		
90834- Psychotherapy, 45 Minutes With Patient And/Or Family Member- (Physician) 90834- Psychotherapy, 45 Minutes With Patient And/Or Family Member- (Licensed	GT or 95 /***		x		GT or 95 /***		x		GT/02		x		GT/02		x		95/ ***		x		х	95/ ***		x	x	x	GT OR 95/11		x	x	GT/02		x	x
Psychologist)	GT or 95 /***		x		GT or 95 /***		x		GT/02	-	x		GT/02		x		95/ ***		x		x	95/ ***		x	х	x	GT OR 95/11		x	x	GT/02		x	x
90834- Psychotherapy, 45 Minutes With Patient And/Or Family Member- (LMSW/LLP/LPC/BA)		x				х				x				х			95/ ***		x		x	95/ ***		x	x	х		x				x		
90836- Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed With An Evaluation And																																		
Management Service- (Physician)	GT or 95 /***		х		GT or 95 /***		х		GT/02		х		GT/02		х	_	95/ ***		х		х	95/ ***		Х	Х	Х	GT OR 95/11		х	х		х		
90836- Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed With An Evaluation And																																		
Management Service- (Licensed Psychologist) 90836- Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed	GT or 95 /***		x		GT or 95 /***		х		GT/02		х		GT/02		Х			х					х				GT OR 95/11		х	х		х		
With An Evaluation And																																		
Management Service- (LMSW/LLP/LPC/BA)		х				х				x	1			х		_		х					х				-	х				х		
90837- Psychotherapy, 60 Minutes With Patient And/Or Family Member- (Physician)	GT or 95 /***		x		GT or 95 /***		x		GT/02	1	×		GT/02		x		95/ ***		×		x	95/ ***		x	x	x		x			GT/02		x	x
90837- Psychotherapy, 60 Minutes With Patient And/Or Family Member- (Licensed			^				X			+	X				^				^		^			X	X	X	-						^	^
Psychologist)	GT or 95 /***		x		GT or 95 /***		х		GT/02		х		GT/02		х		95/ ***		х		х	95/ ***		х	х	х		х			GT/02		х	х
90837- Psychotherapy, 60 Minutes With Patient And/Or Family Member- (LMSW/LLP/LPC/BA)		x				х				x				х			95/ ***		x		x	95/ ***		x	x	x		×				x		
90838- Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed With An Evaluation And																																		
Management Service- (Physician) 90838- Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed	GT or 95 /***		x		GT or 95 /***		x		GT/02		x		GT/02		х		95/ ***		x		х	95/ ***		x	x	x		x				x		
With An Evaluation And Management Service- (Licensed Psychologist)	GT or 95 /***		×		GT or 95 /***		~		GT/02		×		GT/02		v								v					,				v		
יפוופצבוויבות סבי אוכב- (בוכפווצפט דיצערוטוטצוגר)	0101957.00	I – I	^		010195/***	1	^		01/02	1	^	I	01/02		^		1	^					^			1		^	I			^		-



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Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend you check with your biller for appropriate direction on claim submissions.	Blue Cross	ss PPO/E	BCN HM	D Commerc		Cross M	edicare F Advant		e PPO/BCN		HAP Cor	nmercia	1	на	P Medicare A	Advanta	age	ı	Priority Hea	lth Comr	mercial**			Prior	ity Health I	Medicare**			Sma	artHealth			Total F	Health Care	
			Detion	dia dia				Detions	Chan do ad				Chandrad				Standard			ent Cost	Destinut Ct	and and			Patient Cost	Detions Cost	Standard			Patient Cost	Standard		F	Patient Cost	Standard
			Patien	Copay		difier/		Patient Cost	Standard Copays,	Modifier/		Patient	Standard Copays,	Modifier/	Pat	ient Co		lodifier/	w	aived-	Cost C		Modifier/		Sharing Waived-	Patient Cost Sharing	Copays, Coinsurance &			Sharing Waived-	Copays, Coinsurance &	Modifier/			Copays, Coinsurance &
	Modifier/ Place of	Not		d- Deductik	les Pla	ace of	Not \		Coinsurance & Deductibles	Place of Service		Sharing	Coinsurance & Deductibles	Place of Service	Not Sha	ring D	Deductibles	Place of Service	Not rela	ated DX	Waived- & De	ductibles	Place of Service	Not	related DX	Waived- All Dx- Primary	Deductibles Apply- All Dx	Modifier/ Place of	Not	COVID-19 related Dx	Deductibles Apply- ALL	Place of Service	Not	related Dx	Deductibles Apply- All
Code/ Description 90838- Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed	Service Code	e Covere	ed All D	K Apply-Al	Dx Servi	ce Code 0	Covered	All Dx	Apply- All Dx	Code	Covered	Waived	Apply	Code	Covered Wai	ived	Apply	Code	Covered	Only	All Dx App	ly- All Dx	Code	Covered	Only	Care Only	Specialist	Service Code	Covered	ONLY	other Dx	Code	Covered	only	Other Dx
With An Evaluation And Management Service- (LMSW/LLP/LPC/BA)		~									~				v				v					×					v				x		
90839- Psychotherapy For Crisis; First 60 Minutes- (Physician)	GT or 95 /***		х			95 /***	^	х		GT/02	^	х		GT/02		x		95/ ***	^	х			95/ ***	^	х	х	х		x				x		
90839- Psychotherapy For Crisis; First 60 Minutes- (Licensed Psychologist) 90839- Psychotherapy For Crisis; First 60 Minutes- (LMSW/LLP/LPC/BA)	GT or 95 /***	* X	х		GT or	95 /***	x	х		GT/02	x	х		GT/02	x	x		95/ *** 95/ ***		X X			95/ *** 95/ ***		x	x	x		x				X		
90840- Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)- (Physician)	GT or 95 /***		x		GT or	95 /***		x		GT/02		×		GT/02		v		95/ ***		v		v	95/ ***		x	x	x		x				x	1	
90840- Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition												^				^				^															
To Code For Primary Service)- (Licensed Psychologist) 90840- Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition	GT or 95 /***	*	х		GT or	95 /***		х		GT/02		х		GT/02	1	x	9	95/ ***		х		x	95/ ***		х	X	X		х				x		
To Code For Primary Service)- (LMSW/LLP/LPC/BA) 90845- Psychoanalysis- (Physician)	GT or 95 /***	x	x		GT or	95 /***	х	x		GT/02	х	x		GT/02	x	x		95/ *** 95/ ***		x			95/ *** 95/ ***		x	x	x		x				x		
90845- Psychoanalysis- (Licensed Psychologist)	GT or 95 /***		X			95 /***		x		GT/02		x		GT/02		x		55)	х	^		^		х	~	~	^		x				Х		
90845- Psychoanalysis- (LMSW/LLP/LPC/BA)		х	_				х				х				x				х					х					х				x		
	GT or 95 /***	*	х		GT or	95 /***		х		GT/02		х		GT/02		х	4	95/ ***		х		х	95/ ***		х	x	х		х			GT/02		х	x
90846- Family psychotherapy (without the patient present), 50 minutes- (Licensed Psychologist)	GT or 95 /***	•	х		GT or	95 /***		x		GT/02		x		GT/02		x		95/ ***		x		x	95/ ***		x	x	x		x			GT/02		x	x
90846- Family psychotherapy (without the patient present), 50 minutes- (LMSW/LLP/LPC/BA)		x					x				x				x			95/ ***		x		x	95/ ***		x	x	x		x				x		
90847- Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes-	CT or OF /800	•	x		~	05 /***		x		CT/00		x		CT/02		x		95/***		x			95/ ***		x	x	x		x			CT/02		x	×
90847- Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes-	GT or 95 /***		~			95 /***				GT/02		~		GT/02		^		551		~					~	~	~		~			GT/02		~	X
(Licensed Psychologist) 90847- Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes-	GT or 95 /***	*	х		GT or	95 /***		х		GT/02		х		GT/02	1	x	9	95/ ***		х		х	95/ ***		х	х	х		х			GT/02		х	X
(LMSW/LLP/LPC/BA)		х					х				х				х			95/ ***		х			95/ ***		х	х	х		х				x		
90849- Multiple family group psychotherapy- (Physician) 90849- Multiple family group psychotherapy- (Licensed Psychologist)		X					X				X				x			95/ *** 95/ ***		X X			95/ *** 95/ ***		x	x	X X		x				x		
90849- Multiple family group psychotherapy- (LMSW/LLP/LPC/BA)	CT 05 /888	×	v		<b>CT</b>	05 /***	Х	v		95/***	х	x		95/***	х	x		95/***		X			95/***		X	X X	X X		X X			67/02	х	x	x
90853- Group psychotherapy- (Licensed Psychologist)	GT or 95 /*** GT or 95 /***		X			95 /*** 95 /***		X X		95/***		X		95/***		x	9	95/ ***		X X		Х	95/ *** 95/ ***		X	X	X		х			GT/02 GT/02		X	X
90853- Group psychotherapy- (LMSW/LLP/LPC/BA) 90863- Pharmacologic management w/psychotherapy- (Physician)		X					X				X X				X			95/ *** 95/ ***		X X		x	95/ ***	x	Х	X	х		x				X		
90863- Pharmacologic management w/psychotherapy- (Licensed Psychologist)		х					х				х				х				х					х					х				Х		
90863- Pharmacologic management w/psychotherapy- (LMSW/LLP/LPC/BA) 90867- Transcranial magnetic stimulation, initial -TMS- (Physician)		X	_				X				X				X			95/***	х	x		x	95/***	х	x	x	x		x				x		
90867- Transcranial magnetic stimulation, initial -TMS- (Licensed Psychologist)		X					х				х				X				х					х					x				х		
90867- Transcranial magnetic stimulation, initial -TMS- (LMSW/LLP/LPC/BA) 90868- Transcranial magnetic stimulation, subsequent treatment, delivery & management-		х					х				х				x				x					х					х				x		
(Physician) 90868- Transcranial magnetic stimulation, subsequent treatment, delivery & management-		х					х				х				х			95/ ***		х		х	95/ ***		х	х	х		х				х		
(Licensed Psychologist)		х					х				х				х				х					х					х				x		
90868- Transcranial magnetic stimulation, subsequent treatment, delivery & management- (LMSW/LLP/LPC/BA)		x					x				x				x				x					х					x				x		
90869- Transcranial magnetic stimulation, redetemination motor threshold, delivery & management- (Physician)		×					x				×				x			95/***		v		×	95/ ***		x	v	x		×				v l		
90869- Transcranial magnetic stimulation, redetemination motor threshold, delivery &		~									^							55/		~		^	55/		~	~	^		^						
management- (Licensed Psychologist) 90869- Transcranial magnetic stimulation, redetemination motor threshold, delivery &		х	_				х				х				x				x					х					х				x		
management- (LMSW/LLP/LPC/BA)		x					x				x x				x			95/***	х	х		x	95/ ***	х	x	x	x		x				x		
90870- Electroconvulsive therapy- (Physician) 90870- Electroconvulsive therapy- (Licensed Psychologist)		х					х				х				х			95/	х	^		^	93/	х	^	^	^		x				Х		
90870- Electroconvulsive therapy- (LMSW/LLP/LPC/BA) 90875- Individual psychophysiological therapy incorporating biofeedback		х					х				х				X				x					х					х				x		
training by any modality (face-to-face with the patient), with																																			
psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes		х			95	;/***		х			x				x				x					x					x				x		
90887- Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or										T	T	T						Γ										I T	Π	Т					
advising them how to assist patient		х		_			х			95/***		х			х				x					х					х				x		
90951- Monthly ESRD Services, for Patients Younger Than 2 Years of Age; with 4 or More Face-To-Face Physician Visits Per Month	GT or 95 /***	•	x		GT or	95 /***		x		GT/02		x		GT/02	,	x			x					x					x			GT/02		x	x
90952- Monthly ESRD Services, for Patients Younger Than 2 Years of Age; with 2-3 Face-To- Face Physician Visits Per Month	GT or 95 /***		x		GT or	95 /***		x		GT/02		×		GT/02	,	x			x					x					×			GT/02		x	x
90953- End-stage renal disease (ESRD) related services monthly, for patients younger than										0.701				0.702																		0.702			
2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents		x			95	/***		х		95/***		x		95/***	,	x			x					x					x				x		
90954- Monthly ESRD Services, for Patients 2-11 Years of Age; with 4 or More Face-To- Face Physician Visits Per Month	GT or 95 /***		×		CT or	95 /***		x		GT/02		v		GT/02		~			~					x					v			GT/02		~	×
90955- Monthly ESRD Services, for Patients 2-11 Years of Age; with 2-3 Face-To-Face			^									^				^			^					~					^						
Physician Visits Per Month 90956- End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of	GT or 95 /***	*	х		GT or	95 /***		х		GT/02		х		GT/02	)	x			x					х					х			GT/02		х	x
age to include monitoring for the adequacy of nutrition, assessment of growth and		×			-	./***		x		95/***		×		95/***		x			×					×					×				×		
development, and counseling of parents. 90957- Monthly ESRD Services, for Patients 12-19 Years of Age; with 4 or More Face-To-		~										X			)														X				X		
Face Physician Visits Per Month 90958- Monthly ESRD Services, for Patients 12-19 Years of Age; with 2-3 Face-To-Face	GT or 95 /***	•	х	-	GT or	95 /***		х		GT/02		х		GT/02	)	x			х					х					х			GT/02		x	x
Physician Visits Per Month	GT or 95 /***	•	х		GT or	95 /***		х		GT/02		х		GT/02	)	x			x					х					х			GT/02		x	x
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		v			05	./***		x		95/***		v		95/***		v			v					x					v				v		
90960- Monthly ESRD Services, for Patients 20 Years of Age and Older; with 4 or More												^			,				^					^					^				^		
Face-To-Face Physician Visits Per Month	GT or 95 /***	*	Х		GT or	95 /***		х		GT/02		х		GT/02	)	х			х					х					х			GT/02		х	X



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	Modifier/	,	Patient Cost Sharing	Standard Copays, Coinsurance &	& Modifier/	Pa C Shi	ient Standard ost Copays, ring Coinsurance	Modifier/ Place of	Patient Cost	Standard Copays, Coinsurance &	Modifier/ Place of		Patient Cost	Standard Copays, Coinsurance &	Modifier/ Place of	Patient Cost Sharing Waived- COVID-19	Patient S Cost Sharing Co	Standard Copays, oinsurance	Modifier/ Place of		Patient Cost Sharing Waived- COVID-19	Patient Cost Sharing Waived- All	Standard Copays, Coinsurance & Deductibles	Modifier/	Patient Cost Sharing Waived- COVID-19	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of	Patient Shar Waiv COVII	cost Star ing Co ed- Coinsu D-19 Dedu	indard ipays, urance & uctibles
Code/ Description	Place of Service Cod	Not le Covered	Waived- All Dx		Place of Service Code		ved- & Deductible Dx Apply- All D	s Service Code	Not Sharing Covered Waived	Deductibles Apply	Service Code	Not Covered	Sharing Waived	Deductibles Apply	Service Not Code Covered	related DX Only	Waived- & D All Dx Ap		Service Code	Not Covered	related DX Only	Dx- Primary Care Only	Apply- All Dx Specialist	Place of Not Service Code Cover		Apply- ALL other Dx	Service Code C	Not relate overed on		ply- All her Dx
90961- Monthly ESRD Services, for Patients 20 Years of Age and Older; with 2-3 Face-To-																														
Face Physician Visits Per Month 90962- End-stage renal disease (ESRD) related services monthly, for patients 20 years of	GT or 95 /**		X		GT or 95 /***		x	GT/02	X		GT/02		X		x					X				X			GT/02	X		x
age and older 90963- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month,		x			95/***		ĸ	95/***	x		95/***		Х		x					х				X				x		
for Patients Younger Than 2 Yrs of Age	GT or 95 /**	••	х		GT or 95 /***		ĸ	GT/02	x		GT/02		х		x					х				x			GT/02	x		х
90964- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month, for Patients 2-11 Years of Age	GT or 95 /**	••	x		GT or 95 /***		ĸ	GT/02	x		GT/02		х		x					х				x			GT/02	x		x
90965- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month, for Patients 12-19 Years of Age	GT or 95 /**		x		GT or 95 /***		x	GT/02	×		GT/02		x		x					x				×			GT/02	x		×
90966- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month,			x				x		x				x		x									x				x		x
for Patients 20 Years of Age and Older 90967- End-Stage Renal Disease (ESRD) Related Services for Dialysis Less Than A Full	GT or 95 /**		X		GT or 95 /***		x	GT/02	X		GT/02		X		X					X				X			GT/02	X		x
Month of Service, Per Day; Pt < 2 Yrs	GT or 95 /**		×		GT or 95 /***		ĸ	GT/02	×		GT/02		x		×					×				×			GT/02	×		×
99968- End-Stage Renal Disease (ESRD) Related Services for Dialysis Less Than A Full Month of Service, Per Day; Pt 2-11 Ver	GT or 95 /**		x		GT or 95 /***		×	GT/02	v		GT/02		x		x					×				x			GT/02	x		x
90969- End-Stage Renal Disease (ESRD) Related Services for Dialysis Less Than A Full	510133/		^		0101337			01/02	^		01/02		^		^					^							31/02	^		~
Month of Service, Per Day; Pt 12-19 Yrs	GT or 95 /**		x		GT or 95 /***		ĸ	GT/02	x		GT/02		x		x					x				x			GT/02	x		x
90970- ESRD Related Services for Dialysis Less Than A Full Month of Service, Per Day; Pt 20			v		GT or 95 /***		x	GT/02	~		GT/02		Y		~					v				U U			GT/02			¥
Yrs of Age and Older 92002- Ophthalmological services: medical examination and evaluation with initiation of	ai ui 95/**								*				^		X					^				X			01/02	X		A
diagnostic and treatment program; intermediate, new patient		x			95/***		ĸ	95/***	X		95/***		х		x					х				x				х		
92004- Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits		x			95/***		ĸ	95/***	x		95/***		x		x					x				x				x		
92012- Ophthalmological services: medical examination and evaluation, with initiation or					95/***		x	95/***			05/000		×																	
continuation of diagnostic and treatment program; intermediate, established patient 92014- Ophthalmological services: medical examination and evaluation, with initiation or		X			95/***		x	95/***	X		95/***		X		x					X				X				x		
continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits		×			95/***		ĸ	95/***	×		95/***		x		×					×				×				x		
92227- Remote Dx Retinal Imaging		X			331	х		557	X		33/	x	~		x					X				x			GT/02	X		x
92228- Remote Retinal Imaging Mgmt 92507- Treatment of speech, language, voice, communication, and/or auditory processing		х				x			X			х			x					х				X			GT/02	x		x
disorder; individual 92508- Speech/Hearing/Voice/Communication Therapy; Group, 2+ Individuals		X			95/*** 95/***		K	95/*** 95/***	x		95/***	x	х		x					X				X				x		
92521- Evaluation of speech fluency (eg, stuttering, cluttering)		x			95/***		x	95/***			95/***		Х		x					X				x				x		
92522- Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)		x			95/***		ĸ	95/***	x		95/***		x		x					х				x				x		
92523- Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g.,																														
receptive and expressive language)		x			95/***		ĸ	95/***	x		95/***		х		x					х				x				x		
92524- Behavioral and qualitative analysis of voice and resonance. 92601- Diagnostic analysis of cochlear implant, patient younger that 7 years of age; with		х			95/***		ĸ	95/***	X		95/***		х		x					х				X				x		
programming 92602- Subsequent reprogramming of cochlear implant, patient younger that 7 years of		x			95/***		ĸ	95/***	x		95/***		х		x					х				×				х		
age		x			95/***		ĸ	95/***	x		95/***		х		x					х				x				х		
92603- Diagnostic analysis of cochlear implant, age 7 years or older; with programming.		x			95/***		x	95/***	x		95/***		x		x					x				×				x		
92604- Subsequent reprogramming of cochlear implant, age 7 years or older		х			95/***		ĸ	95/***	х		95/***		Х		х					Х				x				х		
94002- Ventilation assist and management, initiation of pressure or volume preset																														
ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day. 94003- Ventilation assist and management, initiation of pressure or volume preset	-	х	+		95/***		ĸ	95/***	X		95/***		х		x					х				X	+			x	_	
ventilators for assisted or controlled breathing; hospital inpatient/observation,		x			95/***		x	95/***	x		95/***		×		x					v				x				x		
subsequent days. 94004- Ventilation assist and management, initiation of pressure or volume preset			1																	^										
ventilators for assisted or controlled breathing; nursing facility, each day. 94005- Home ventilation management supervision.		x	+		95/*** 95/***		K	95/***	x		95/***	х	х		x		+			X X				x				X X		
94664- Demonstration and/or evaluation of patient utilization of an aerosol generator,		x			95/***		x	95/***	x		95/***		×		x					v				x				x		
nebulizer, metered dose inhaler or IPPB device. 96040- Medical Genetics and Genetic Counseling Services, Each 30 Minutes Face-To-Face			1		95/***		~	33/****	*		35/***		^							^				X				^		
with Patient/Family 96102- psychological testing by a technician		x	+			x			X X			X X			x		+			X X				x				X X		
96103- psychological testing by a computer		х				х			x			х			х					Х				x				х		
96110- Developmental screening; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report		x			95/***		ĸ	95/***	x		95/***		х		x					х				x				x		
96112 - Developmental test administration by physician or other qualified healthcare professional, with interpretation and report; first hour		×			95/***		ĸ		x			x			x					x				×				x		
					/										~									L Î						
96113- Developmental test administration by physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes		x			95/***		ĸ	95/***	x		95/***		x		x					х				x				x		
96116- Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time- (Physician)	GT or 95 /**		x		GT or 95 /***		x	GT/02	x		GT/02		x		95/ ***	x		x	95/ ***		x	x	x	x			GT/02	×		x
96116- Neurobehavioral status exam, per hr psychologist/physician time, patient time and																					~	~	~							
interpretation/report time- (Licensed Psychologist) 96116- Neurobehavioral status exam, per hr psychologist/physician time, patient time and	GT or 95 /**		х		GT or 95 /***		x	GT/02	x		GT/02		x		95/ ***	х			95/ ***		х	x	Х	X			GT/02	X		x
interpretation/report time- (LMSW/LLP/LPC/BA)		х				x			x			х			95/ ***	x		х	95/ ***		х	x	х	x				x		
96119- face-to-face testing using a technician to assist in the administration of the test	ļ	х	<u> </u>			x			x			x			x					х				x				x		
96120- computer-administered neuropsychological testing, with subsequent interpretation and report of the specific tests by the physician, psychologist, or other qualified health care professional.		x				x			x			x			x					x				x				x		



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you check with your biller for appropriate direction on claim submissions.	Blue Cros	s PPO/BC	N HMO	Commercial		Advant	tage			HAP Commer	ial	HAP M	ledicare	e Advant			Priority Health Comn	nercial**	•		Prio	ority Health	Medicare**	T		Sn	nartHealth	]	Tota	l Health Car	1
	Modifier/ Place of	Not	Patient Cost Sharing Waived-	Copays, Coinsurance &	Modifier/ Place of		Patient Cost Sharing Waived-	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Patient Cost Not Sharing	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service		Patient C Cost	& F	Nodifier/ Place of Service	Waived- COVID-19	Cost Sharing Co	Standard Copays, Coinsurance Deductibles	Modifier/ Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related DX	Patient Cost Sharing Waived- All Dx- Primary	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of	Not	Patient Cost Sharing Waived- COVID-19 related Dx	Standard Copays, Coinsurance & Deductibles Apply- ALL	Modifier/ Place of Service Not	Patient Cost Sharing Waived- COVID-19 related Dx	Standard Copays, Coinsurance Deductibles Apply- All
Code/ Description	Service Code		All Dx	Apply-All Dx	Service Code			Apply- All Dx		Covered Waived				Vaived		Code			Apply- All Dx	Code	Covered	Only	Care Only	Specialist	Service Code		ONLY	other Dx	Code Covered	only	Other Dx
16121- Neurobehavioral status exam, additional hour- (Physician)		X			95/*** 95/***		X		95/*** 95/***	x		95/*** 95/***		x		95/***	x x			95/ *** 95/ ***		x	x	x		x		]	GT/02 GT/02	X	x
36121- Neurobehavioral status exam, additional hour- (Licensed Psychologist) 36121- Neurobehavioral status exam, additional hour- (LMSW/LLP/LPC/BA)		X				x	^		93/	x			х	^		95/	X		x	93/	х	^	^	^		x			31/02 X	^	
96127- Brief Emotional/Behav Assmt		X			95/*** 95/***		х		95/***	x		95/***		x		95/ ***	х				х					х			GT/02	X	X
96130- Psychological testing, first hour- (Physician) 96130- Psychological testing, first hour- (Licensed Psychologist)		X			95/***		X X		95/*** 95/***	X		95/*** 95/***		x		95/*** 95/***	x		x x	95/ *** 95/ ***		X	x	X		x			GT/02 GT/02	x	x
96130- Psychological testing, first hour- (LMSW/LLP/LPC/BA)		х				х				х			х				х				х					х			X		
96131- Psychological testing, additional hours- (Physician) 96131- Psychological testing, additional hours- (Licensed Psychologist)		X			95/*** 95/***		X X		95/*** 95/***	X		95/*** 95/***		X		95/ *** 95/ ***	x		x	95/ *** 95/ ***		X	X	X		X			GT/02 GT/02	X	X
96131- Psychological testing, additional hours- (LMSW/LLP/LPC/BA)		х				х				x			Х				x				х					х			x		
96132- Neuropsychological testing, first hour- (Physician) 96132- Neuropsychological testing, first hour- (Licensed Psychologist)		X			95/*** 95/***		X		95/***	x		95/*** 95/***		X		95/ *** 95/ ***	x		х	95/ *** 95/ ***		X	X	X		x			GT/02 GT/02	X	X
96132- Neuropsychological testing, first hour- (LMSW/LLP/LPC/BA)		x				x	~		,	x			х	^		/	X				х	~	~	~		x			X	~	
96133- Neuropsychological testing, additional hours- (Physician)		X			95/*** 95/***		X		95/*** 95/***	x		95/*** 95/***		X		95/ *** 95/ ***	x x		х	95/ *** 95/ ***		X	x	X		X			X		
96133- Neuropsychological testing, additional hours- (Licensed Psychologist) 96133- Neuropsychological testing, additional hours- (LMSW/LLP/LPC/BA)		X			95/***	x	X		95/***	x			х	-		95/ ***	X			95/ ***	x	X	×	X		x			X X		
96136- Psychological testing or neuropsychological testing administered and scored by														1.1																	
physician, first 30 minutes- (Physician) 96136- Psychological testing or neuropsychological testing administered and scored by		х		+	95/***		х		95/***	X		95/***		X	9	95/ ***	X		х	95/ ***		X	X	X	-	x			GT/02	X	X
physician, first 30 minutes- (Licensed Psychologist)		х			95/***		х		95/***	x		95/***		х	g	95/ ***	x			95/ ***		х	x	x		х		 	GT/02	x	х
96136- Psychological testing or neuropsychological testing administered and scored by		x				v	Ι			v			Y								x					x					
physician, first 30 minutes- (LMSW/LLP/LPC/BA) 96137- Psychological testing or neuropsychological testing administered and scored by	1	X		1		~			-	*	1		^								X					x	-		X		
physician, additional 30 minutes- (Physician)		х			95/***		х		95/***	x		95/***		x	g	95/ ***	x		х	95/ ***		х	х	х		х		I	GT/02	х	х
96137- Psychological testing or neuropsychological testing administered and scored by physician, additional 30 minutes- (Licensed Psychologist)		¥			95/***		x		95/***	У		95/***		x		95/ ***	×			95/***		×	x	×		×		1	GT/02	×	×
96137- Psychological testing or neuropsychological testing administered and scored by		^			551		~		33/	Â		55/		<u>^</u>		551	^			55/		^	~	~		~		ł	01/02	^	Ê
physician, additional 30 minutes- (LMSW/LLP/LPC/BA)		х				х				x			х				х				х					х		لـــــــ	x		<u> </u>
96138- Psychological testing or neuropsychological testing administered and scored by a technician, first 30 minutes- (Physician)		x			95/***		х		95/***	x		95/***		x	9	95/ ***	x		x	95/ ***		x	x	х		x		, I	GT/02	x	x
96138- Psychological testing or neuropsychological testing administered and scored by a														1														I			
technician, first 30 minutes- (Licensed Psychologist) 96138- Psychological testing or neuropsychological testing administered and scored by a		х			95/***		х		95/***	x		95/***		х	g	95/ ***	X			95/ ***		Х	X	Х		х		I	GT/02	Х	X
technician, first 30 minutes- (LMSW/LLP/LPC/BA)		х				x				x			х				x				х					x		, I	x		Í.
96139- Psychological testing or neuropsychological testing administered and scored by a					95/***				95/***							95/ ***												I	07/00		
technician, additional 30 minutes- (Physician) 96139- Psychological testing or neuropsychological testing administered and scored by a		Х			95/***		x		95/***	X		95/***		x	5	95/ ***	X		x	95/ ***		X	X	X		X		ł	GT/02	X	×
technician, additional 30 minutes- (Licensed Psychologist)		х			95/***		х		95/***	x		95/***		х	9	95/ ***	х			95/ ***		х	х	х		х		I	GT/02	х	x
96139- Psychological testing or neuropsychological testing administered and scored by a technician, additional 30 minutes- (LMSW/LLP/LPC/BA)		x				x				×			x	/ /			x				×					×		, I	×		Í.
																												, —ł			
96146- Psychological or neuropsychological test administered with single automated		x				~							×			95/ ***	~		x	95/***		×	×	x		~		, I	GT/02	×	×
standardized instrument via electronic platform, automated results only- (Physician) 96146- Psychological or neuropsychological test administered with single automated										^						95/ ***				95/ ***		X	X			~		ł	61/02		
standardized instrument via electronic platform, automated results only- (Licensed																												, I			1
Psychologist) 96146- Psychological or neuropsychological test administered with single automated		x				X				x			х		9	95/ ***	X		х	95/ ***		Х	X	Х		х			GT/02	X	<u> </u>
standardized instrument via electronic platform, automated results only-														/ /														, I			1
(LMSW/LLP/LPC/BA)		х				х				x			х				х				х					х			x		<u> </u>
96150- Health & Behavior Assessment, Ea 15 Minutes; Initial Assessment- (PH Physician)	GT/02			x		x			GT/02	x			x	/ /	9	95/ ***	x		x		x					x		, I	x		1 1
96151- Health & Behavior Assessment, Ea 15 Minutes; Re-Assessment	GT/02			X		X			GT/02	x			X		(	95/ ***	x		x		x					x			x		
96152- Health & Behavior Intervention, Ea 15 Minutes; Individual 96153- Health & Behavior Intervention, Ea 15 Minutes; Group (2+ Patients)	GT/02 GT/02			X		x			GT/02 GT/02	X			x x			95/ *** 95/ ***	x		x		X X					x			X		<u> </u>
30155" Health & Behavior Intervention, Ea 15 Minutes, Group (24 Fatients)				^						^			^				^		^		^					^			^		
96154- Health & Behavior Intervention, Ea 15 Minutes; Family (W/Patient Present)	GT/02	~		Х		X			GT/02	x			x			95/ *** 95/ ***	X		x		x					x			x		<u> </u>
96155- Health & behavioral intervention, family 96156- Hith Bhv Ivntj Indiv Ea Addl		X				x			GT/02	x		GT/02	x	x		95/ ***	x		X		X X					x			GT/02	x	x
96158- Hith Bhv Ivntj Indiv 1st 30		х			95/***		х		95/***	x		95/***		х			х				х					х			GT/02	Х	х
96159- Hith Bhv Ivntj Indiv Ea Addl		х				х			GT/02	x		GT/02		х			X				х				-	х		]	GT/02	Х	х
96160- Administration of patient-focused health risk assessment instrument (eg, health																															
hazard appraisal) with scoring and documentation, per standardized instrument	GT or 95 /***		х		GT or 95 /***		х		GT/02	x		GT/02		x			х				х					х			GT/02	х	x
96161- Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per																												, I			1
standardized instrument.	GT or 95 /***		х		GT or 95 /***		х		GT/02	x		GT/02		x			х				х					х		I	GT/02	х	x
96164- Hith Bhy lyntj Grp 1st 30		X				X			GT/02	x		GT/02		x			X				X					X		لـــــــ	GT/02	X	X
96165- Hlth Bhv Ivntj Grp Ea Addl 96167- Hlth Bhv Ivntj Fam 1st 30	-	X		1		x			GT/02 GT/02	X	1	GT/02 GT/02		X			x				X X					x			GT/02 GT/02	X	X X
96168- Hith Bhv Ivntj Fam Ea Addi		х				х			GT/02	Х		GT/02		Х			х				х					х			GT/02	Х	Х
96170- Health and behavior intervention; family (without patient present); initial 30 minutes; face-to-face		x			95/***		x		95/***	x		95/***		x			x				x					x			×		
96171- Health and behavior intervention; family (without patient present); each additional	1		1				~																						Â		
15 minutes; face-to-face		х			95/***		х	_	95/***	x		95/***		х			x				х				-	х		]	x		
97110- Therapeutic exercise to develop strength, endurance, range of motion and flexibility, on one or more areas, each lasting 15 minutes. Therapeutic exercises are																															
performed in either an active, active-assisted or passive (e.g., treadmill, isokinetic														/ /														, I			Í.
exercise, lumbar stabilization, stretching, strengthening) approach. Requires the practitioner to maintain direct patient contact (i.e., visual,																															
verbal, and/or maintain direct patient contact (i.e., visual,		x			95/***		х		95/***	х		95/***		х			x				х				GT OR 95/11	1	x	х	x		
97112- Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and/or proprioception, on one or more areas, each lasting 15 minutes.																															
Requires the practitioner to maintain direct patient contact (i.e., visual,																										1					
verbal, and/or manual contact)	1	х	1		95/***		х		95/***	х		95/***		х			х				х				GT OR 95/11	1	х	х	X		1



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Updated 5/27/2020

Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend					Blue Cross	Medicare	Plus Blue	PPO/BCN																								
you check with your biller for appropriate direction on claim submissions.	Blue Cros	s PPO/B	CN HMO	Commercial		Advan	tage			HAP Cor	nmercia	al	HAP	Medicar	re Advantag	age	Priority	Health Cor	nmercial**	*		Prio	rity Health I	Medicare**			SmartHealth			Total H	lealth Care	
	Modifier/ Place of	Not			Modifier/ Place of	Not	Cost Sharing ( Waived- &	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Not	Sharing	Coinsurance & I Deductibles	Aodifier/ Place of Service	Not	Patient Coir Cost Sharing Dee	& eductibles	Modifier/ Place of Service Not	Patient Cost Sharing Waived- COVID-19 related DX	Waived- &	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related DX	Patient Cost Sharing Waived- All Dx- Primary	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of	Patient Cost Sharing Waived- COVID-19 Not related Dx	Standard Copays, Coinsurance & Deductibles Apply- ALL	Modifier/ Place of Service	Not	COVID-19 related Dx	Standard Copays, Coinsurance & Deductibles Apply- All
Code/ Description	Service Code	e Covered	d All Dx	Apply-All Dx	Service Code	Covered	All Dx A	Apply- All Dx	Code	Covered	Waived	Apply	Code	Covered N	Waived	Apply	Code Covered	Only	All Dx A	Apply- All Dx	Code	Covered	Only	Care Only	Specialist	Service Code	Covered ONLY	other Dx	Code	Covered	only	Other Dx
97116- Therapeutic procedure, 1 or more areas, each 15 minutes gait training (includes stair climbing). Requires the practitioner to maintain direct patient contact (i.e., visual, verbal: and/or manual contact)		×			95/***		×		95/***		×		95/***		×		x					x				GT OR 95/11	x	×		v		
97150- Therapeutic procedures, group (2 or more individuals); involve constant attendance of the physician or therapist.		x			95/***		x		95/***		x		95/***		x		x					x				010035/11	x	^		x		
97151- Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to- face with patient and/or guardian(s) (caregiver(s) administering assessments and discussing findings and recommendations, and non-face to-face analyzing past data, scoring/interprinting the assessment, and preparing the report/restment plan	GT or 95 /02	:		x	95/***		x		95/***		x		95/***		x		x					x					x		GT/02		x	x
97152- Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes		x			95/***		x		95/***		x		95/***		x		x					x					x		GT/02		x	x
97153- Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other																																
qualified health care professional, face-to-face with one patient, each 15 minutes		х			95/***		x		95/***		х		95/***		x		x					х					x		GT/02		x	x
97154- Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes		~			95/***		x		95/***		v		95/***		Y		,					x					<b>,</b>		GT/02		x	×
97155- Adaptive behavior treatment with protocol modification, administered by		X			95/***		x		95/***		x		95/***		X		x					X					x		G1/02		X	X
physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with	GT or 95 /02			×	95/***		x		95/***		~		95/***				,					×					v		CT/02		v	v
one patient, each 15 minutes 97156- Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional	GT 0F 95 /02				95/***				95/***				95/***		_												×		GT/02			
(with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	GT or 95 /02			x	95/***		x		95/***		x		95/***		x		x					x					x		GT/02		x	x
97157- Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to- face with multiple sets of guardians/caregivers, every 15 minutes.	GT or 95 /02			×	95/***		x		95/***		x		95/***		x		x					×					x			×		
97158- Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health																																
care professional, face-to-face with multiple patients, each 15 minutes 97161- Physical Therapy Initial Evaluation- Low Complexity		X	_		95/*** 95/***		X		95/*** 95/***		X		95/*** 95/***		X		X					X				GT OR 95/11	x	x	GT/02	x	х	x
97162- Physical Therapy Initial Evaluation- Noderate Complexity		x			95/***		x		95/***		x		95/***		x		x					x				GT OR 95/11	x	x		x		
97163- Physical Therapy Initial Evaluation- High Complexity		x	_		95/*** 95/***		х		95/***		X		95/*** 95/***		x		X					х				GT OR 95/11	x	X		х		
97164- Physical Therapy Re-Evaluation 97165- Occupational Therapy Initial Evaluation- Low Complexity		X			95/***		X		95/***		X		95/***		X		x					X X				GT OR 95/11 GT OR 95/11	X	X		X		
97166- Occupational Therapy Initial Evaluation- Moderate Complexity		х			95/***		х		95/***		х		95/***		х		х					х				GT OR 95/11	х	x		х		
97167- Occupational Therapy Initial Evaluation- High Complexity		X			95/***		X		95/*** 95/***		X X		95/*** 95/***		X		x					x				GT OR 95/11	x	x		X		
97168- Occupational Therapy Re-Evaluation 97169- Athletic Training evaluation, low complexity		X			95/***	x	х		95/***	x	X		95/***	x	x		x					X X				GT OR 95/11 GT OR 95/11	x	x		X		
97170- Athletic Training evaluation, moderate complexity		х				х				х				х			х					х				GT OR 95/11	х	х		х		
97530- Therapeutic activities, direct (one on one) patient contact by the provider (use of		~			95/***		v		95/***		~		95/***		v		~					x					×			v		
dynamic activities to improve functional performance), each 15 minutes. 97535- Self-Care/Home Management Training		x			95/***		X		95/***		X		95/***		X		x					x					x			x		
97542: Wheelchair management (eg. assessment, fitting, training), each 15 minutes and is used to assess a patient's need for a wheelchair as well as teaching the patient wheelchair maneuvering skills.		x			95/***		x		95/***		x		95/***		x		x					x					x			x		
97750- Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		x			95/***		x		95/***		x		95/***		x		x					х					x			x		
97755- assess for the suitability and benefits of technological interface that will help restore, augment, or compensate for existing functional ability in the patient.		x			95/***		x		95/***		x		95/***		x		x					x					x					
97760- orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes.		x			95/***		x		95/***		x		95/***		x		x					x					x			x		
97761- Prosthetic training, upper and/or lower extremities, initial prosthetic encounter, each 15 minutes 97802- Medical Nutrition Therapy; Initial Assessment & Intervention, Face-To-Face W/Pt,		x			95/***		x		95/***		x		95/***		x		x					x					x			x		
97803- Medical Nutrition Therapy; Initial Assessment & Intervention, Face-To-Face W/Pt, 15 Min 97803- Medical Nutrition Therapy; Re-Assessment & Intervention, Face-To-Face W/Pt,	GT or 95 /***	•	x		GT or 95 /***		x		GT/02		х		GT/02		x		95/ ***	x		x	95/ ***		х	х	x	GT OR 95/11	x	x		х		
Each 15 Min 97804- Medical Nutrition Therapy, Re-Assessment & Intervention, Face-10-Face w/rt, Each 15 Min 97804- Medical Nutrition Therapy: Group (2 Or More Ind) Fach 30 Min	GT or 95 /***	* 	x		GT or 95 /***		x		GT/02		x		GT/02		x		95/ ***	X		x	95/ ***		x	X	x	GT OR 95/11	x x	x		x		
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					/				0.,02																			~~~~				
[could include caregiver/family] each 30 minutes; individual patient 98961- Education and training for patient self-management by nonphysician, face-to-face with the patient, ea 30 min; 2-4 pts	GT or 95 /02	X		×	GT or 95 /02	x	x			x				x			x					x					x			x		
98962- Education and training for patient self-management by nonphysician, face-to-face with the patient, ea 30 min; 5-8 pts				x	GT or 95 /02		x			x				x			x					x					x			x		
98966- Telephone Assessment and Management Service Provided by a Nonphysician Professional; 5-10 Minutes of Medical Discussion	None/02		x			x			GT/02		×			x			95/ ***	v		x		x				GT OR 95/11	v	v		×		
Discussion 98967- Telephone Assessment and Management Service Provided by a Nonphysician Professional; 11-20 Minutes of Medical Discussion	None/02		x			x			GT/02		x			x			95/ ***	x		x		x				GT OR 95/11	x	x		x		
98968- Telephone Assessment and Management Service Provided by a Nonphysician Professional; 21-30 Minutes of Medical Discussion	None/02		×			×			GT/02		×			x			95/ ***	×		x		×				GT OR 95/11	x	x		x		
o accession	None/02	1	^	1	1	^			01/02		^			^			1	^		^		A			1	31 01 95/11	^	^		^		



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you check with your biller for appropriate direction on claim submissions.	Blue Cros	ss PPO/BCM	N HMO Com	mercial		Advar	itage			HAP Commerc	al	HA	P Medicar	re Advantage	e	F	Priority H	lealth Con	nmercial**			Pric	ority Health	Medicare**			SmartHealth			Total	Health Care	
Code/ Description	Modifier/ Place of	Not	Cost Sharing Coi Waived- De	Standard Copays, nsurance & eductibles	Place of			Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service	Patient Cost Not Sharing	Standard Copays, Coinsurance & Deductibles	Service	Not	Patient Coins Cost Sharing Dedu	& uctibles	Aodifier/ Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related DX	Cost Sharing Co Waived- & I		Modifier/ Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related DX		Standard Copays, Coinsurance & Deductibles Apply- All Dx Specialist	Modifier/ Place of No		Copays, Coinsurance & Deductibles Apply- ALL	Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related Dx	Standard Copays, Coinsurance & Deductibles Apply- All
Code/ Description 98969- Online Assessment and Management Service Provided by a Nonphysician	Service Code	e Covered	All Dx Ap	oply-All Dx	Service Code	Covered	All Dx	Apply- All Dx	Code	Covered Waived	Apply	Code	Covered	Waived A	pply	Code	Covered	Only	All Dx Ap	pply- All Dx	Code	Covered	Only	Care Only	Specialist	Service Code Cove	red ONLY	other Dx	Code	Covered	only	Other Dx
Professional		x				x				х			х			95/ ***		х		х		х				GT OR 95/11	х	х		x		
98970- Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during																																
the 7 days; 5-10 minutes	None/02		х			х			GT/02	х			х			95/ ***			х			х				GT OR 95/11	х	х		х		
98971- Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during																																
the 7 days; 11-20 minutes	None/02		x			x			GT/02	x			х			95/ ***			x			х				GT OR 95/11	х	х		x		
98972- Qualified nonphysician health care professional online digital evaluation and																																
management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	None/02		x			x			GT/02	x			x			95/ ***			x			x				GT OR 95/11	x	х		x		
99201- Office/Op Visit, New Pt, 3 Key Components: Prob Focus Hx; Prob Focus Exam;																																
Strtfrwd Med Decision 99202- Office/Op Visit, New Pt, 3 Key Components: Expand Prob Focus Hx; Expand Prob	GT or 95 /**	*	х		GT or 95 /***		х		GT/02	X		GT/02		x		95/ ***		х		х	95/ ***		X	X	х	GT OR 95/11	x	X	GT/02		х	х
Focus Exam; Strtfwd Dec	GT or 95 /**	•	х		GT or 95 /***		х		GT/02	х		GT/02		х		95/ ***		х		х	95/ ***		х	х	х	GT OR 95/11	х	х	GT/02		х	х
99203- Office/Op Visit, New Pt, 3 Key Components: Detailed Hx; Detailed Exam; Med	GT or 95 /**		×		GT or 95 /***		x		GT/02	×		GT/02		x		95/ ***		x		×	95/***		×	x	v	GT OR 95/11	×	×	GT/02		v	x
Decision Low Complexity 99204- Office/Op Visit, New Pt, 3 Key Components:Comprehensive Hx;Comprehensive										~								^		^					^		^	^			~	^
Exam;Med Decisn Mod Complex	GT or 95 /**	•	х		GT or 95 /***		х		GT/02	x		GT/02		х		95/ ***		х		х	95/ ***		х	х	x	GT OR 95/11	х	х	GT/02		х	х
99205- Office/Op Visit, New Pt, 3 Key Components:Comprehensive Hx;Comprehensiv Exam;Med Decisn High Complex	GT or 95 /**	•	x		GT or 95 /***		х		GT/02	х		GT/02		x		95/ ***		x		x	95/ ***		x	x	x	GT OR 95/11	x	x	GT/02		x	x
99211- Office/Op Visit, Est Pt, Not Requiring Physician Presence, Typically 5 Min	GT or 95 /**		x		GT or 95 /***		x		GT/02	X		GT/02		x		95/ ***		x		x	95/ ***		x	x	x	GT OR 95/11	X	x	GT/02		x	X
99212- Office/Op Visit, Est Pt, 2 Key Components: Prob Focus Hx; Prob Focus Exam; Strtfwd Med Decision	GT or 95 /**		x		GT or 95 /***		x		GT/02	¥		GT/02		x		95/ ***		x		x	95/ ***		x	x	¥	GT OR 95/11	¥	¥	GT/02		x	×
99213- Office/Op Visit, Est Pt, 2 Key Components: Expand Prob Hx; Expand Prob			0				~			Â														^	^						~	^
Exam;Med Decision Low Complex 99214- Office/Op Visit, Est Pt, 2 Key Components: Detailed Hx; Detailed Exam; Med	GT or 95 /**	•	х		GT or 95 /***		Х		GT/02	x		GT/02		х		95/ ***		х		х	95/ ***		х	х	х	GT OR 95/11	х	х	GT/02		х	х
Decision Mod Complexity	GT or 95 /**	•	x		GT or 95 /***		x		GT/02	x		GT/02		x		95/ ***		х		x	95/ ***		х	х	х	GT OR 95/11	х	х	GT/02		х	х
99215- Office/Op Visit, Est Pt, 2 Key Components:Comprehensive Hx;Comprehensiv	GT or 95 /**		×				x		GT/02			GT/02		x		95/***					95/***		x	×			x		GT/02		v	
Exam;Med Decisn High Complex 99217- observation care discharge day management, is used for billing when a patient is	GI or 95 /**		X		GT or 95 /***		x		G1/02	X		G1/02		x		95/ ***		X		X	95/ ***		X	X	X	GT OR 95/11	X	X	G1/02		X	X
discharged from observation care on a date other than the date he or she was placed in																																
observation status. 99218- Initial Observation Care- Low	GT or 95 /**	* X	x		95/*** GT or 95 /***		X X		95/***	x		95/***	х	x			X					X				X				X		
99219- Initial Observation Care- Dow 99219- Initial Observation Care- Moderate	GT or 95 /**	*	x		GT or 95 /***		X		95/***	X		95/***		x			x					x				x				X		
99220- Initial Observation Care - High	GT or 95 /**	*	х		GT or 95 /***		х		95/***	x		95/***		х			х					х				x				х		
99221- Inpatient hospital visits: Initial and subsequent- Low 99222- Inpatient hospital visits: Initial and subsequent- Moderate	GT or 95 /** GT or 95 /**	*	x		GT or 95 /*** GT or 95 /***		X X		95/*** 95/***	X		95/*** 95/***		x			x					X				×				X		
99223- Inpatient hospital visits: Initial and subsequent- High	GT or 95 /**		x		GT or 95 /***		x		95/***	x		95/***		x			x					x				X				X		
99224- Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Problem Focused		~							GT/02			GT/02		x			x					~								~		
99225- Subsequent Observation Care, Per Day, For The Evaluation And Management Of A		^				~			G1/02	~		G1/02					^									^						
Patient, Expanded		х				х			GT/02	x		GT/02		х			х					х				x				х		
99226- Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Detailed		x				x			GT/02	x		GT/02		x			x					x				x				x		
99231- Subsequent Hosp Care 2+ Key Components: Prob Focus Int Hx; Prob Focus																																
Exam;Med Dec Strtfwd/Low Complex 99232- Subsequent Hosp Care 2+ Key Components:Expand Prob Focus Int Hx;Expand Prob	GT or 95 /**	*	х		GT or 95 /***		x		GT/02	X		GT/02		x		95/ ***		х		х	95/ ***		X	X	X	×				X		
Exam;Med Dec Mod Complex	GT or 95 /**	•	х		GT or 95 /***		х		GT/02	х		GT/02		х		95/ ***		х		х	95/ ***		х	х	х	x				х		
99233- Subsequent Hosp Care 2+ Key Components: Detailed Intervl Hx; Detailed Exam;Med Decision High Complex	GT or 95 /**		x		GT or 95 /***		x		GT/02	×		GT/02		x		95/***		v		×	95/ ***		×	x	v	×				v		
99234- Observation or inpatient hospital care, for the evaluation and management of a										~						, ji (		^		^	100		^	^	^					^		
patient including admission and discharge on the same date- Low Complexity	GT or 95 /**	•	х		GT or 95 /***		х		95/***	x		95/***		х			х					х				×				х		
99235- Observation or inpatient hospital care, for the evaluation and management of a																																
patient including admission and discharge on the same date- Moderate Complexity	GT or 95 /**	*	х		GT or 95 /***		х		95/***	x		95/***		x			x					х				×				x		
99236- Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date- High Complexity	GT or 95 /**		×		GT or 95 /***		x		95/***	×		95/***		x			x					x				· ·				×		
99238- Hospital discharge day management; 30 min	GT or 95 /**		x		GT or 95 /***		x		95/***	×		95/***		x			x					X				X				X		
99239- Hospital discharge day management; more than 30 min	GT or 95 /**		х		GT or 95 /***		х		95/***	X		95/***	Y	х		05/100	х	~		~		X				X			07/00	х	×	
99241- Office consultations with new or established patients 15 min 99242- Office consultations with new or established patients 30 min		x				x				X			x			95/ *** 95/ ***		x		x		x				X			GT/02 GT/02		x	x x
99243- Office consultations with new or established patients 40 min		х				х				x			х			95/ ***		x		Х		х				x			GT/02		x	X
99244- Office consultations with new or established patients 60 min		x				X X				X			X			95/***		x		x		X X				x			GT/02 GT/02		X	X
99245- Office consultations with new or established patients 80 min 99251- New or Established Patient Initial Inpatient Consultation Services- 20 min	+	x				x				x			x			95/ *** 95/ ***		x		x		X				X		-	G1/02	x	X	X
99252- New or Established Patient Initial Inpatient Consultation Services- 40 min	1	х				х				х			х			95/ ***		х		Х		х		1		x		1		x		
99253- New or Established Patient Initial Inpatient Consultation Services- 55 min 99254- New or Established Patient Initial Inpatient Consultation Services- 80 min		x				x				X			x			95/ ***		x		x		X		-		X				x		
99254- New or Established Patient Initial Inpatient Consultation Services- 80 min 99255- New or Established Patient Initial Inpatient Consultation Services- 110 min		X				X				X			x			95/***		X		x		X				X				X		
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. Usually, the presenting																																
problem(s) are self limited or minor.		x			95/***		х		95/***	х		95/***		x			х					х				×				x		
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. Usually, the presenting problem(s) are of low to moderate severity.		x			95/***		x		95/***	x		95/***		x			x					x				x				x		
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. Usually, the presenting problem(5) are of moderate severity.		×			95/***		x		95/***	×		95/***		x			v					×								×		



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Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend								ie PPO/BCN																						
you check with your biller for appropriate direction on claim submissions.	Blue Cr	oss PPO	/BCN HN	IO Commercia	al	Adva	ntage			HAP Commerc	ial	HA	P Medicare Adva	Ŭ	Priori	ty Health C		al**	-	Prio	rity Health M	Medicare**			SmartHealt			Tota	l Health Car	-
	Modifie Place o	f N		t Copays, ing Coinsurance ed- Deductible	e & Modifier	Not	Patient Cost Sharing Waived-	& Deductibles	Modifier/ Place of Service	Patient Cost Not Sharing		Modifier/ Place of Service	Patient Cost Not Sharing	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service Not	Patient C Sharing Waived COVID-1 related D	g Patient - Cost 9 Sharing 0X Waived	Copays, g Coinsurance l- & Deductibles	Modifier/ Place of Service	Not		Waived- All Dx- Primary	Standard Copays, Coinsurance & Deductibles Apply- All Dx		Patient C Sharin Waive COVID- Not related	copays, Coinsurance Deductible X Apply- AL	S Place of Service	Not	Patient Cost Sharing Waived- COVID-19 related Dx	Copays, Coinsurance & Deductibles Apply- All
Code/ Description	Service Co	ode Cove	ered All (	Dx Apply-All [	Ox Service Co	de Covered	All Dx	Apply- All Dx	Code	Covered Waived	Apply	Code	Covered Waived	Apply	Code Covere	d Only	All Dx	Apply- All Dx	Code	Covered	Only	Care Only	Specialist	Service Code	Covered ONLY	other Dx	Code	Covered	only	Other Dx
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. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.		,	<		95/***		x		95/***	x		95/***	x		x					x					x			x		
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. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life																														
or physiologic function. 99291- Critical care, evaluation and management of the critically ill or critically injured		,	(		95/***		X		95/***	X		95/***	X		X					х					X			x		
patient; first 30–74 minutes. 99292- Critical care, evaluation and management of the critically ill or critically injured		)	(		95/***		х		95/***	X		95/***	X		X					х					X			X		'
patient; each additional 30 minutes. 99304- Initial Nursing Facility Care- Includes a detailed history and physical exam and			(		95/***		X		95/***	x		95/***	x		x					х					x			X		
medical decision making of low complexity. Typical time spent is 25 minutes 99305- Initial Nursing Facility Care- Includes a comprehensive history and physical examination and medical decision making of moderate complexity. Typical time spent is	GT or 95 /		x		GT or 95 /* GT or 95 /*		x		95/*** 95/***	x		95/***	x		x					x					x			x		
35 minutes. 99306- Initial Nursing Facility Care - Includes a comprehensive history and physical examination and medical decision making of high complexity. Typical time spent is 45 minutes.	GT or 95 /		×		GT or 95 /*		x		95/***	X		95/***	x		X					x					x			x		
99307- Subsequent nursing facility care, per day, 2 of: problem focus history; problem focus exam; straightfwd decision making	GT or 95 /		x		GT or 95 /*		x		GT/02	x		GT/02	x		x					x					x		GT/02	~	x	x
99308- Subsequent nursing facility care, per day, 2 of: expdd problem focus hx; expdd			x				x		GT/02	×		GT/02	x		x					x					x		GT/02		x	Ĵ
problem focus exam; low decision making 99309- Subsequent nursing facility care, per day, 2 of: detailed history; detailed exam;	GT or 95 /		×		GT or 95 /*				GT/02	×		GT/02	x		x					x									x	
moderate medical decision making 99310- Subsequent nursing facility care, per day, 2 of: comp history; comp exam; medical	GT or 95 /				GT or 95 /*		X			X			x												X		GT/02			X
decision making of high complexity 99315- Discharge day management services are reported for the face-to-face time with the patient on the date of the visit, even if the patient is discharged (physically) on	GT or 95 /		X		GT or 95 /* GT or 95 /*		x		GT/02	x		GT/02	x		x					x					x		GT/02		x	x
another day- 30 minutes or less 99316- Discharge day management services are reported for the face-to-face time with the patient on the date of the visit, even if the patient is discharged (physically) on another day. More than 30 minutes	GT or 95 /		X		GT or 95 /*		x		95/***	X		95/***	x		x					x					x			×		
99324 New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services; 20 minutes	0101337		~		95/***		v		95/***	×		95/***	x		×					v					~			~		
99325- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services; 30 minutes			, v		95/***		x		95/***	×		95/***	x		×					x					×			v		
99326- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care			<u>`</u>		95/***				95/***	~		95/***																		
Services; 45 minutes 99327- Domiciliary or rest home visit for the evaluation and management of a new		,	x		95/***		X		95/***	X		95/***	X		X					X					X			X		
patient, which requires these 3 components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. 99328- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services			x		95/***		x		95/*** 95/***	x		95/*** 95/***	x		x					x					x			x		<u> </u>
Services 99334- Domiciliary or rest home visit for the E/M of an established patient, which requires at least two of these three key components: A problem focused interval history. A	5	,			95/***				95/***			95/***																		
problem focused examination. Straightforward medical decision making. 99335- Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: An		;	ĸ		95/***		x		95/***	x		95/***	x		x					x					x			x		
expanded problem focused interval history. An expanded problem focused examination. Medical decision making of low complexity. 99336- Domiciliary or rest home for the E/M of an established patient, which requires at		3	ĸ		95/***		x		95/***	x		95/***	x		x					x					x			x		
least 2 of these 3 key components: A detailed interval history. A detailed examination. Medical decision making of moderate complexity.		,	x		95/***		x		95/***	x		95/***	x		x					x				_	x			x		'
99337- Domiciliary or rest home for the E/M 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		,	ĸ		95/***		x		95/***	x		95/***	x		x					x					x			x		
99341- New Patient Home visit; low severity problem, 20 min. 99342- New Patient Home Visit moderate severity problem, 30 min.	-	1	x		95/*** 95/***		X X		95/*** 95/***	X		95/*** 95/***	x		X					X X					X X			X		
99343- New Patient Home Visit moderate to high severity problem, 45 min. 99344- New Patient Home Visit high severity problem, 60 min.	+	2	x x		95/*** 95/***		X X		95/*** 95/***	x		95/*** 95/***	X X		X					X X					X X			X		
99345- New Patient Home Visit patient unstable or significant new problem requiring immediate attention 75 min.			x		95/***		x		95/***	x		95/***	x		x					x					x			x		
99347- Established Patients Home Visit Self-limited or minor problem, 15 min.	1	)	x		95/***		X		95/***	x		95/***	X		x					X					x			X		
99348- Established Patients Home Visit Low to moderate problem, 25 min. 99349- Established Patients Home Visit Moderate to high problem, 40 min.			x x		95/*** 95/***		X X		95/*** 95/***	x		95/*** 95/***			X					X X					x			x		
99350- Established Patients Home Visit Patient unstable or significant new problem requiring immediate physician attention, 60 min.		,	ĸ		95/***		x		95/***	x		95/***	x		x					x					x			x		
99354- Prolonged Physician Service, Office/Op W/Direct Contact; 1st Hr	GT or 95 /		X		GT or 95 /*	**	X		GT/02	X		GT/02			x		_			X				GT OR 95/11	X	x	GT/02		X	x
99355- Prolonged Physician Service, Office/Op W/Direct Contact; Add'l 30 Min 99356- Prolonged Physician Service, Inpt W/Direct Contact; 1st Hr	GT or 95 / GT or 95 /	***	X		GT or 95 /* GT or 95 /*		X X		GT/02 GT/02	X	-	GT/02 GT/02			x		-	-		X X				GT OR 95/11 GT OR 95/11	X		GT/02 GT/02		X	x
99357- Prolonged Physician Service, Inpt W/Direct Contact; Add'l 30 Min	GT or 95 /	***	X		GT or 95 /*	**	х		GT/02 GT/02	х		GT/02	х		х					х				2. 20 35/11	х	~	GT/02		х	x
99381- Init pm e/m new pat infant 99382- Init pm e/m new pat 1-4 yrs	+	)	x	-		X				x	+		X		x			+	+ +	X X					x		GT/02 GT/02		x	x
99383- Prev visit new age 5-11		)	x			х				x			х		х					х					х		GT/02		х	х
99384- Prev visit new age 12-17 99385- Prev visit new age 18-39	+		x			X				x			X		x		-	-		X X					x		GT/02 GT/02		x	X
99386- Prev visit new age 40-64			x			х				х			х		х					Х					х		GT/02		х	Х



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lealth Plans continue to update their policies pertaining to COVID-19 coverage. As such, lease refer to each health plan's Medical Policy for more information. We recommend ou check with your biller for appropriate direction on claim submissions.	Blue Cross P	PO/RCN	N HMO Commercial	Blue Cross	Medicare Plus Advantage	-	:N	нарся	ommercial	цл	AP Medica	re Advor	ntage	Priority	Health Cor	nmercial**			Priority Hor	Ith Medicare*	*		¢~	nartHealth		т	tal Health Ca	are
ou check with your biner for appropriate direction on claim submissions.	Blue Cross P	PO/BCN	N HIVIO Commerciai		Advantage	•		HAP CO	ommercial	HA	AP iviedica	ire Advar	- Č	Priority									SIT					1
		Not	Patient Standard Cost Copays, Sharing Coinsurance & Waived- Deductibles	Modifier/ Place of	Pati Co Shar Not Wai	st Copays, ing Coinsuran red- & Deductib	Modifier/ ce Place of les Service	Not	Standard Patient Copays, Cost Coinsurance & Sharing Deductibles	Service		Patient Cost Sharing	Standard Copays, Coinsurance & Deductibles	Modifier/ Place of Service Not	Patient Cost Sharing Waived- COVID-19 related DX	Patient St Cost C Sharing Coi Waived- & D	nsurance Pla eductibles Se	difier/ ace of ervice No		g Patient Cos d- Sharing 19 Waived- A DX Dx- Primar	Coinsurance & Deductibles y Apply- All Dx		Not	Patient Cost Sharing Waived- COVID-19 related Dx	Standard Copays, Coinsurance & Deductibles Apply- ALL	Modifier/ Place of Service Not		Copay Coinsurar Deductil x Apply-
Code/ Description	Service Code C		All Dx Apply-All Dx	Service Code		Dx Apply- All	Dx Code	Covered	Waived Apply	Code		Waived	Apply	Code Covered	Only	All Dx App	DIY- All DX	Code Cove		Care Only	Specialist	Service Code		ONLY	other Dx	Code Cover		Other I
9387- Init pm e/m new pat 65+ yrs 9391- Per pm reeval est pat infant		x			X			X			X			X				×					X			GT/02 GT/02	X	X
9392- Prev visit est age 1-4		X			x			X			X			X				×					X			GT/02	X	X
9393- Prev visit est age 5-11		х			х			х			х			х				х					х			GT/02	х	х
9394- Prev visit est age 12-17		х			х			х			х			х				Х					х			GT/02	х	Х
9395- Prev visit est age 18-39		х			x			х			х			x				×					х			GT/02	x	X
9396- Prev visit est age 40-64 9397- Per pm reeval est pat 65+ yr		x			x			X			X X			X				×				-	X X			GT/02 GT/02	x	x x
9402- Preventive Counseling Indv		x			x			x			x			X				X					x			GT/02	X	X
9406- Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater than 3																												
linutes up to 10 Minutes	GT or 95 /***		х	GT or 95 /***	х		GT/02		х	GT/02		х		95/ ***	х		X 95	5/ ***	Х	х	х		х			GT/02	х	X
9407- Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10			x	GT or 95 /***	×		GT/02		×	GT/02				95/***	v		Y qu	5/ ***	v	×	x		×			GT/02	x	×
Investigation of the second structure of the second	GT or 95 /***		X	GI or 95/***	×		G1/02		X	G1/02		X		95/ ***	X		X 95	5/***	X	X	X	-	x			G1/02	X	X
ervices; 15 to 30 Minutes		х			x			x			x			х				×					x			GT/02	x	x
409- Alcohol and/or Substance Abuse Structured Screening, and Brief Intervention (SBI)																												
rvices; Greater than 30 Minutes		х			х			х			х			x				х					х			GT/02	х	х
421- Online digital evaluation and management service, for an established patient, for		Γ									I																	
to 7 days, cumulative time during the 7 days; 5-10 minutes	None/02		x	None/02	X		GT/02		x	GT/02		х		95/ ***		x	95	5/ ***	-	X	-	GT OR 95/11		х	х	X		
3422- Online digital evaluation and management service, for an established patient, for to 7 days, cumulative time during the 7 days; 11-20 minutes	None/02		x	None/02	v		GT/02		x	GT/02		×		95/***		×	01	5/ ***		x		GT OR 95/11		¥	×	v		
2423- Online digital evaluation and management service, for an established patient, for	110110/02			110/10/02	^		31/02	1		51/02							9.			^		0.0030/11		^	^	^		
p to 7 days, cumulative time during the 7 days; 21 or more minutes	None/02		х	None/02	x		GT/02		х	GT/02		х		95/ ***		х	95	5/ ***		х		GT OR 95/11		х	х	x		
0441- Telephone Evaluation and Management Service Provided by a Physician; 5-10																												
inutes of Medical Discussion	None/02		х	None/02	X		GT/02		X	95/***		x		95/ ***		X	95	5/ ***	-	Х	-	-	х			GT/02	Х	)
1442- Telephone Evaluation and Management Service Provided by a Physician; 11-20 inutes of Medical Discussion	None/02		×	None/02			GT/02		×	95/***		r		95/ ***				5/ ***		~			~			GT/02	~	
443- Telephone Evaluation and Management Service Provided by a Physician; 21-30	None/02		^	None/02	^		G1/02		^	93/		*		93/		^	93	<i>y</i>		^			^			01/02	^	
inutes of Medical Discussion	None/02		х	None/02	x		GT/02		x	95/***		x		95/ ***		x	95	5/ ***		x			x			GT/02	x	)
444- Online Evaluation and Management Service Provided by a Physician		х			х			Х			Х			95/ ***	х		х	×					х			x		
446- Interprofessional telephone/Internet assessment and management service																												
ovided by a consultative physician including							07/00																					
erbal and written report to the patient's treating/req 5-10 minutes		х			x		GT/02		X	GT/02		X		95/ ***	х		X 95	5/ ***	X	x	x		X			x		
447- Interprofessional telephone/Internet assessment and management service ovided by a consultative physician including																												
verbal and written report to the patient's treating/req 11-20 minutes		х			x		GT/02		x	GT/02		х		95/ ***	x		X 95	5/ ***	х	x	х		x			x		
448- Interprofessional telephone/Internet assessment and management service																												
ovided by a consultative physician including																												
verbal and written report to the patient's treating/req 21-30 minutes		х			х		GT/02		x	GT/02		х		х				Х					х			х		_
9499- Interprofessional telephone/Internet assessment and management service																												
ovided by a consultative physician including rerbal and written report to the patient's treating/req >31 minutes		x			x		GT/02		x	GT/02		x		95/***	x		x 95	5/ ***	x	x	×		x			x		
0451- Interprofessional telephone/Internet/electronic health record assessment and										0.702								.,										
anagement service provided by a consultative physician, including a written report to																												
e patient's treating/requesting physician or other qualified health care professional, 5																												
inutes or more of medical consultative time		х			x		GT/02		х	GT/02		Х		95/ ***	х		X 95	5/ ***	X	X	х		х			x		_
0452- Interprofessional telephone/ Internet/electronic health record referral service(s) rovided by a treating/requesting physician or other qualified health care professional, 30																												
inutes		x			×		GT/02		x	GT/02		x		95/***	x		x 95	5/ ***	×	x	x		x			×		
										0.702								.,										
9453- Remote monitoring of physiologic parameter(s) (e.g, weight, blood pressure, pulse																												
kimetry, respiratory flow rate), initial; set-up and patient education on use of equipment.		х			х			х			х			95/ ***	х		X 95	5/ ***	Х	x	х		х			X		
9454- Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse																												
cimetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or ogrammed alert(s) transmission, each 30 days		x			×			×			×			95/ ***	×		Y 95	5/ ***	×	×	×		×			×		
ogrammed alerids) transmission, each so days		~			^									551	^		A 33	"	^	^	^		~			^		
457- Remote physiologic monitoring treatment management services, 20 minutes or																												
ore of clinical staff/physician/other qualified healthcare professional time in a calendar								1																				
onth requiring interactive communication with the patient/caregiver during the month 9468- Initial inpatient neonatal critical care. may be used to report the services of		х			X			х			х			95/ ***	х	<u> </u>	X 95	5/ ***	X	X	х		х			X		-
448- Initial inpatient neonatal critical care, may be used to report the services of recting the inpatient care of a critically ill neonate or infant 28 days of age or younger.																												
ev represent care starting with the date of admission		x		95/***	x		95/***		х	95/***		х		x				×					x			x		
469- all subsequent day(s) that the neonate														1														
nains in critical care.		х		95/***	X		95/***	-	х	95/***		х		X		$\vdash$		×				-	х			Х		
474 Initial innotions and assistant ages and day. for the surface to a																												
471- Initial inpatient pediatric critical care, per day, for the evaluation and management a critically ill infant or young child, 29 days through 24 months of age		×		95/***	v		95/***		x	95/***		×		¥									×			v		
a critecony in manie or young crind, 29 days critiOUgh 24 months of dge		^		53/	X		35/ 10	1	^	33/10		^		<u>^</u>									^			^		
172- Subsequent inpatient pediatric critical care, per day, for the evaluation and																												
nagement of a critically ill infant or young child, 29 days through 24 months of age		х		95/***	x		95/***		х	95/***		х		x				х					х			x		
I73- patient education and training on the use of the device, including device																										07/00		
bration. 74. Self-meas by 2 ready hid 20d		X		95/***	x		95/***	×	х	95/***	x	X		x		+ $+$		×			-	-	X			GT/02 GT/02	X	
174- Self-meas bp 2 readg bid 30d 175- Initial inpatient pediatric critical care, per day, for the evaluation and management		^			^						^			*				X								31/02	X	
a critically ill infant or young child, 2 through 5 years of age		x		95/***	×		95/***	1	х	95/***		х		x		1		×					x			x		
476- Subsequent inpatient pediatric critical care, per day, for the evaluation and														1														
nagement of a critically ill infant or young child, 2 through 5 years of age		х		95/***	X		95/***		х	95/***		х		x				×			_		х			x		
477 total based on a fall and a fall and a fall and a fall a fall and a fall and a fall and a fall a fall and a																												
477- initial hospital care of the neonate (28 days or younger) who is not critically ill but quires intensive observation, frequent interventions, and other intensive care services.		x		95/***	x		95/***		x	95/***		×		×				×					v			x		
quines internaive observation, in equent interventions, and other intensive care services.		^		53/	X		35/ 10	1	^	33/10		^		<u>^</u>									^			^		
9478- Subsequent intensive care, per day, for the evaluation and management of the																												
covering low or very low birth weight infant. Present body weight less than 1500 grams		х		95/***	x		95/***		х	95/***		х		x				х					х			x		
79- Subsequent intensive care, per day, for the evaluation and management of the			1	1				1	1 1	1					1	1 1												



Updated 5/27/2020																												
Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend you check with your biller for appropriate direction on claim submissions.	Blue Cross	PPO/BCN	инмо с	Commercial	Blue Cross	Medicare Adva		ie PPO/BCN		HAP Commerci	al	НА	P Medicare Advant	age	Priorit	v Health Con	nmercial*	**		Priority He	alth Medicare*	*		SmartHealth			Total Healt	th Care
	Dide cross					/	lituge							Standard		Patient Cost	1			Patient		Standard		Patient Cost	Standard		1	nt Cost Standard
			Patient	Standard			Patient	Standard			Standard			Copays,		Sharing	Patient	Standard		Shari				Sharing	Copays,			aring Copays,
			Cost	Copays,			Cost	Copays,	Modifier/	Patient	Copays,	Modifier/		Coinsurance	Modifier/	Waived-	Cost	Copays,	Modifier/	Waiv				Waived-	Coinsurance &	Modifier/		ived- Coinsurance
	Modifier/	5		Coinsurance &	Modifier/		Sharing	Coinsurance		Cost			Cost		Place of			Coinsurance	Place of	COVIE			Modifier/	COVID-19	Deductibles	Place of		/ID-19 Deductible
Code/ Description	Place of Service Code		Waived- All Dx	Deductibles Apply-All Dx	Place of Service Code			& Deductibles Apply- All Dx		Not Sharing Covered Waived		Service Code	Not Sharing E Covered Waived		Service Not Code Covered			& Deductibles Apply- All Dx	Service N Code Cov		DX Dx- Primary Care Only		Place of Service Code	Not related Dx Covered ONLY	Apply- ALL other Dx	Service Code	Not relate Covered or	ted Dx Apply- All
code/ Description	Service Code	covereu	All DX	Арріу-Ап Ох	Service Code	Covereu	All DX	Apply- All DX	Code	Covereu waiveu	Арріу	Code	covered waived	мрріу	code covered	Only	All DX	Apply- All Dx	code cov	ereu Olli	Care Only	Specialist	Service Code	Covered ONLY	other DX	Code	covered of	only Other Dx
99480- Subsequent intensive care, per day, for the evaluation and management of the																											(   /	
recovering low or very low birth weight infant. Present body weight of 2501-5000 grams		х			95/***		х		95/***	x		95/***	x		x					x				х			x	
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																											( 7	
nome		X			95/***	_	х		95/***	X		95/***	X		95/ ***	х		х	95/ ***	X	х	х	-	X			X	
99484- Covering care management services of behavioral health conditions for at least 20 minutes of clinical staff time per month.		~				~				~			~		95/***	~		v	95/***		~	~		×				
199487- Complex Chronic Care Management, First 60 Minutes.		x				X				x			x		95/ ***	x		x	95/***	X	x	x		x			x	
39489- Complex Chronic Care Management, each additional 30 minutes of care						~				~			~		55	~		~	55/	~		^		^				
coordination services per calendar month		х				х				х			х		95/ ***	х		х	95/ ***	х	х	х		х			x	
																											( 7	
39490- Chronic care management services, at least 20 minutes of clinical staff time													x		95/***			,	95/ ***					~				
directed by a physician or other qualified health care professional, per calendar month		х			-	х	-		-	x			X		95/ ***	X	+ +	х	95/ ***	X	X	Х		x	-		х	
99492- Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of BHCM activities, in consultation with a psychiatric consultant, and		.																										
directed by the treating physician or other QHP		x				х				x			x		95/ ***	x		х	95/ ***	x	x	x		x			x	
99493- Subsequent psychiatric collaborative care management, first 60 minutes in a																												
subsequent month of BHCM activities, in consultation with a psychiatric consultant, and																											( 7	
directed by the treating physician or other QHP		x				х				x			x		95/ ***	х	$ \rightarrow $	Х	95/ ***	X	X	х		х	+		x	
99494- Initial or subsequent psychiatric collaborative care management, each additional		.																										
30 minutes in a calendar month of BHCM activities, in consultation with a psychiatric																											( 7	
consultant, and directed by the treating physician or other QHP		x				x				x			x		95/ ***	x		x	95/ ***	x	x	x		x			I X	
99495- Transitional Care Management Services, Moderate Complexity, Within 14 Calendar																												
Days Of Discharge	GT or 95 /***		х		GT or 95 /***		х		GT/02	X		GT/02	х		95/ ***	х		х	95/ ***	Х	х	х		х		GT/02		x x
99496- Transitional Care Management Services, High Complexity, Within 7 Calendar Days																											(   /	
Df Discharge 99497- Advance care plan incl explanation & discussion of advance directives such as	GT or 95 /***		x		GT or 95 /***		X		GT/02	X		GT/02	X		95/ ***	X		x	95/ ***	X	X	X		X		GT/02		x x
standard forms by the physician; first 30																											(   /	
mins, face-to-face w/patient, family mem(s) & surrogate	GT or 95 /***		x		GT or 95 /***		х		GT/02	х		GT/02	х		95/ ***	x		x	95/***	x	х	х	GT OR 95/11	х	x	GT/02	(   /	x x
99498- Advance care plan incl explanation & discussion of advance directives such as																												
standard forms by physician; each addl																											(   /	
30 mins (List in addition to code for primary procedure)	GT or 95 /***	x	х		GT or 95 /***	x	X		GT/02	x		GT/02	x		95/ *** X	x		х	95/ ***	x	x	X	GT OR 95/11	x	x	GT/02	x	x x
99499- Unlisted Evaluation & Management Service 99605- Mtms by pharm np 15 min		X				X				X			x		X					x				x		GT/02		x x
99606- Mtms by pharm est 15 min		x				X				x			X		x					x				x		GT/02		x x
99607- Mtms by pharm addl 15 min		х				Х				х			х		х					x				х		GT/02		х х
Q3014- Telehealth originating site facility fee	GT/02			х		Х				х			Х		95/ ***	х		х	95/ ***	Х	х	х		х		GT/02		X X
																											( 7	
D188T- Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes		v				~				~			x		~					~				~				
D189T- Remote real-time interactive videoconferenced critical care, evaluation and						^				^			^		~					<u>`</u>				^				
management of the critically ill or critically injured patient; each additional 30 minutes																											(   /	
List separately in addition to code for primary service)		х				х				x			х		x					ĸ				х			x	
0362T- Behavior identification supporting assessment, each 15 minutes of technicians'		.																										
time face-to-face with a patient, requiring the following components: administration by the physician or other qualified		.																										
equiring the following components: administration by the physician or other qualified health care professional who		.																										
s on site; with the assistance of two or more technicians; for a patient who exhibits		.																										
destructive behavior; completion in an environment that is customized to the patient's		.																										
pehavior		х			95/***		х		95/***	x			х		х					x				х			x	
0373T- Adaptive behavior treatment with protocol modification, each 15 minutes of		.																										
technicians' time face-to-face with a		.																										
patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more		.																										
technicians; for a patient who exhibits destructive behavior; completion in an		.																										
environment that is customized to the patient's behavior		х			95/***		х		95/***	х			х		x					x				х			x	
50315- Comprehensive Initial Visit		х				Х				х			х		х					x				х		GT/02		x x
50316- Comprehensive Basic Evaluation		x				x				x			x		X					x				x		GT/02		x x
		x				X				x			x	_	X	1	+ +			x x				x		GT/02		x x x x
50317- Management/Follow-up Visit						*				^			^		X	1	1 1			n				^	+	TS/GT/02		^ X
50317- Face-to-Face Support Services										1 1																		
50317- Face-to-Face Support Services 59110- Telemonitoring of patient in their home, including all necessary equipment;															1	1	1 1											
30317- Face-to-Face Support Services 93110- Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and upport; per month		x				x				x			х		95/ ***	X		X		x				х			x	
30317 - Eace-to-Face Support Services 9310. Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month 9325. Speech therapy, re-evaluation		x x			95/***	x	x			x x			X		X	x		x		x				x x			x	
30317 - Face-to-Face Support Services 50110 - Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month 50152 - Speech therapy, re-evaluation 50443 - Lactation Class		Х			95/***	x	x			х			x		X X	X		x		x x			(T. 0.7. 07. / )	x x x		GT/02		x x
0317 - Face-to-Face Support Services 9310 - Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and aupport; per month 93125 - Speech therapy, re-evaluation 93443 - Luctation Class 9340 - Intensive outpatient psychiatric services		X X			95/***	X	X			X X			x x x x		x x x x	X		X		K K K			GT OR 95/11	x x	x	GT/02	x	x x
30317 - Face-to-Face Support Services 39110 - Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and upport; per month 39125 - Speech therapy, re-evaluation 39434 - Lactation Class 39480 - Intensive outpatient psychiatric services 11041 - Teleheabit transmission, per minute, professional services bill separately 1041 - Selvensite transmission.		X X X			95/***	x	X			х			X X X X X X X X X X X X X X X X X X X		X X	X		X		x x x x			GT OR 95/11	x x x	X		X X	x x x x
0317 - Face-to-Face Support Services 9310 - Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and aupport; per month 93125 - Speech therapy, re-evaluation 93443 - Luctation Class 9340 - Intensive outpatient psychiatric services		X X			95/***	X	X			X X X			x x x x		x x x x x	x		x		K K K			GT OR 95/11	x x	X	GT/02 GT/02	X X	

Modifier Descriptions: 95- Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System GT- Via Interactive Audio and Video Telecommunications systems

Place of Service Description (POS):

02: Telehealth – The location where health services and health related services are provided or received, through a telecommunication system. (Note: This Telehealth POS code does not apply to Originating Site facilities billing a facility fee.)



11

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																Standard			Patient Cost					Patient Cost		Standard			Patient Cost	Standard			Patient Cost	Standard
			Patient	Standard			Patient	Standard				Standard				Copays,				Patient	Standard			Sharing	Patient Cost	Copays,			Sharing	Copays,			Sharing	Copays,
			Cost	Copays,			Cost	Copays,	Modifier/		Patient	Copays,	Modifier/		Patient	Coinsurance	Modifier/	'	Waived-	Cost	Copays,	Modifier/		Waived-	Sharing	Coinsurance &			Waived-	Coinsurance &	Modifier/	,	Waived-	Coinsurance &
	Modifier/		Sharing	Coinsurance &	Modifier/		Sharing	Coinsurance	Place of		Cost	Coinsurance &	Place of		Cost	&	Place of		COVID-19	Sharing	Coinsurance	Place of		COVID-19	Waived- All	Deductibles	Modifier/		COVID-19	Deductibles	Place of		COVID-19	Deductibles
	Place of	Not	Waived-	Deductibles	Place of	Not	Waived-	& Deductibles	Service	Not	Sharing	Deductibles	Service	Not	Sharing	Deductibles	Service	Not	related DX	Waived-	& Deductibles	Service	Not	related DX	<b>Dx- Primary</b>	Apply- All Dx	Place of	Not	related Dx	Apply- ALL	Service	Not	related Dx	Apply- All
Code/ Description	Service Code	e Covered	All Dx	Apply-All Dx	Service Code	Covered	All Dx	Apply- All Dx	Code	Covered	Waived	Apply	Code	Covered	Waived	Apply	Code	Covered	Only	All Dx	Apply- All Dx	Code	Covered	Only	Care Only	Specialist	Service Cod	e Covered	ONLY	other Dx	Code	Covered	only	Other Dx
11- Office- Location, other than a hospital, skilled pursing																		. —				·										·		

11 - Office - Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICP), where the health professional routinely provides

\*\* For Priority Health Use CR modifier for claims related to diagnosing COVID-19
\*\*\* Bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with the correct required modifer.