

**TELEMEDICINE/VIRTUAL SERVICES****Effective Date: January 1, 2024****Review Dates: 12/12, 12/13, 11/14, 11/15, 11/16, 2/17,  
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8/24****Date Of Origin: December 12, 2012****Status: Current****I. POLICY/CRITERIA**

Virtual care services connect members with a provider over the phone, through email or through video using secure technology. Virtual care is used for a variety of health conditions for members to receive a diagnosis and treatment plan and may include telemedicine or telemonitoring.

- A. Telemedicine - Evaluation, management and consultation services using synchronous (real-time, two-way consult) technologies may be covered when all of the following conditions apply:
1. The member must be present at the time of consultation; And
  2. The consultation must take place via a secure, HIPAA compliant interactive audio and/or video telecommunications system with provisions for privacy and security and the provider must be able to examine the member in real-time. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation with the member and the consulting practitioner; And
  3. A permanent record of telemedicine communications relevant to the ongoing medical care of the patient should be maintained as part of the member's medical record; And
  4. Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his/her health care profession in the state where the member is located; And
  5. Appropriate informed consent is obtained which includes all the information that applies to routine office visits as well as a description of the potential risks, consequences, and benefits of telemedicine and
- B. Telemedicine - Evaluation, management and consultation services using asynchronous technologies (any type of online member-provider consultation

where electronic information is exchanged involving the transmission via secure servers that does not require real-time interaction) may be covered when all of the criteria are met:

1. Services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the member is located; And
2. The extent of services provided via telemedicine modality includes at least a problem focused history and straight forward medical decision making as defined by the CPT manual; And
3. Services delivered via telemedicine modality should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days. E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.
4. Telemedicine asynchronous care is generally not payable for behavioral health services.

C. The following services are not covered as telemedicine services:

1. Facsimile transmission
2. Installation or maintenance of any telecommunication devices or systems
3. Software or other applications for management of acute or chronic disease
4. Radiology interpretations
5. Provider-initiated e-mail
6. Appointment scheduling
7. Refilling or renewing existing prescriptions without substantial change in clinical situation
8. Scheduling diagnostic tests
9. Reporting normal test results
10. Updating member information
11. Providing educational materials
12. Brief follow-up of a medical procedure to confirm stability of the member's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up
13. Brief discussion to confirm stability of the member's chronic condition without change in current treatment
14. When information is exchanged and further evaluation is required such that the member is subsequently advised to seek face to face care within 48 hours
15. A service that would similarly not be charged for in a regular office visit

16. Reminders of scheduled office visits
17. Requests for a referral
18. Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
19. Clarification of simple instructions

D. Telemonitoring - The use of information technology to monitor members at a distance is a covered benefit for members who have a history of cardiac conditions including heart failure (HF) and hypertension, chronic obstructive pulmonary disease (COPD), uncontrolled diabetes and:

1. Recent hospitalization(s) with a primary diagnosis of HF/COPD/CV conditions/Diabetes.
2. A history of failing to adhere to their treatment plan and are at risk for an acute episode.
3. Emergency Department visits in the recent past for treatment of cardiac conditions including heart failure and hypertension, COPD, and uncontrolled diabetes.
4. The above conditions along with renal failure as defined as Glomerular Filtration Rate (GFR)<30, hepatic failure or coronary disease that puts the member at risk for myocardial function compromise.
5. Major system co-morbid conditions that complicate their chronic disease status (i.e., heart failure, renal failure, diabetes, and respiratory illness).

Members **excluded** from telemonitoring include those who:

1. Refuse or are unwilling.
2. Are unable to self-actuate or have no caregiver available to assist in use.
3. Are enrolled in hospice services.
4. Receive high frequency (greater than 3 times per week) clinical interventions.

All services above are subject to terms and conditions of the member's plan documents, including, but not limited to, required copayments, coinsurances, deductibles, and approved amount. \*

Note: \* = Medicare members should refer to the Evidence of Coverage (EOC) for benefit details.

## II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a

request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

### III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

### IV. DESCRIPTION

Telehealth and telemedicine are related terms that generally refer to the exchange of medical information from one site to another through electronic communication. Telemedicine has historically referred to remote clinical services while telehealth can refer to broader services.

Telemedicine is not a distinct medical specialty but can be defined as using telecommunications technologies to support the delivery of medical, diagnostic and treatment-related services. Telemedicine includes a growing variety of applications and services using two-way video and/or audio, email, smart phones, wireless tools, and other forms of telecommunication technology to aid the delivery of clinical care. Telemedicine can be used to improve access to specialty care in rural or underserved areas. Telemedicine can be characterized as either asynchronous or synchronous. Asynchronous telemedicine services include the

transmission of a patient's medical or other personally identifiable information through a secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant, electronic communications system to a provider at a distant site without the patient present. Such communications, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and remote patient monitoring (RPM) services, involve contact between two parties (patient to provider or provider to provider) in a way that does not require real-time interaction. Services must be medically necessary or essential for behavioral health and part of a provider-directed treatment plan.

Store and forward services are asynchronous electronic transmissions of physical and/or behavioral health information to a provider, usually a specialist, at a distant site when real time contact is not necessary. Information transmitted to the provider is analyzed and used in the diagnosis, development, or maintenance of an individualized treatment plan. Information may include, but is not limited to, digital images, documents, video clips, still images, x-rays, magnetic resonance images (MRIs), electrocardiograms (EKGs) and electroencephalograms (EEGs), and audio clips. Store-and-forward communications primarily take place among medical providers to aid in diagnoses and medical consultations when live video or face-to-face contact is not necessary. Because these consultations do not require the specialist, the primary care provider, and the patient to be available simultaneously, the need for coordinating schedules is removed, and the efficiency of the health care services is increased.

Interprofessional telephone/Internet/Electronic health record consultations, including e-Consults, are a type of asynchronous telemedicine service in which the patient's treating physician or practitioner requests the opinion and/or treatment advice of a physician or practitioner with the specialty expertise to assist in the diagnosis of a condition and/or management of the patient's condition without patient's face-to-face contact with the consultant. The service concludes with a written report from the consultant to the treating physician/requesting provider. Asynchronous telemedicine services do not include telephone calls, images transmitted via facsimile machines, and text messages without visualization of the member. Photographs visualized by a telecommunications system must be specific to the patient's physical and/or behavioral health condition and adequate for furnishing or confirming a diagnosis and/or treatment plan.

RPM means using digital technology to collect medical and other forms of health data from an individual in one location and electronically transmit that information via a secure, HIPAA-compliant system to a health care provider in a different location for assessment and recommendations. RPM devices include (1) non-invasive remote monitoring devices that measure or detect common

physiological parameters, and (2) non-invasive monitoring devices that wirelessly transmit the beneficiary's medical information to their health care provider or other monitoring entity. All RPM devices, including mobile medical applications, must meet the U.S. Food & Drug Administration (FDA) definition of a medical device. Personal tablets, computers, cell phones, software intended for administrative support or support of healthy lifestyles/general wellness, and electronic health records are not medical devices or durable medical equipment and are not covered as part of RPM services.

E-Visits are defined as non-face-to-face patient-initiated communications with their doctors using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient.

Synchronous telemedicine involves caregivers acquiring and acting upon information about a remote patient in near real-time, as in a two-way consult between a patient with their medical provider and a specialist at a distant site. This telemedicine visit could be delivered as a hosted visit where another provider is face to face with the patient or as un-hosted. It should be noted that while telemedicine visits are available there are times it will not be the preferred method of delivering care. Hosted or face to face visits would be the preferred method of delivering care for patients who have chronic conditions, or it is anticipated that the condition will take more than 5 sessions to resolve or stabilize. Behavioral health treatment anticipated to extend beyond 5 visits or considered 'chronic' will rely on the clinical judgment of the provider to determine if telemedicine visits are clinically appropriate. This could include conditions such as chronic suicidal ideation or unstable angina.

Telemedicine visits for acute life-threatening medical conditions or intensive psychotherapy may be restricted to hosted sites where the patient can be monitored or assisted by an onsite provider. Behavioral health services in settings other than hosted sites should be deemed clinically appropriate by the behavioral health provider. Patients with acute psychiatric and SUD needs may not be candidates for telemedicine and must be carefully screened by the provider to determine clinical appropriateness.

## **V. CODING INFORMATION**

**ICD-10 Codes:** *Not Specified see criteria*

**Place of Service Code:**

02 Telehealth Provided Other than in Patient's Home

10 Telehealth Provided in Patient's Home

Use appropriate modifier below.

**Modifier Code:**

- 93 Synchronous Telemedicine service rendered Via Telephone or other Real-Time Audio-Only Telecommunication system
- 95 Synchronous Telemedicine Service Rendered Via a Real-time Interactive Audio and Video Telecommunication System
- GT Via interactive audio and video telecommunication systems
- GQ: Via asynchronous telecommunications system

**TELEMEDICINE**
**CPT/HCPCS Codes:**

*Medicare telemedicine coverage is determined by the Centers for Medicare and Medicaid Services (CMS). Medicaid telemedicine coverage is determined by the Michigan Medicaid telehealth fee schedule*

<b>Code</b>	<b>Description</b>	<b>Audio only allowed</b>
Q3014	Telehealth originating site facility fee	
77427	Radiation treatment management, 5 treatments	
90785	Interactive complexity (List separately in addition to the code for primary procedure)	X
90791	Psychiatric diagnostic evaluation	X
90792	Psychiatric diagnostic evaluation with medical services	X
90832	Psychotherapy, 30 minutes with patient and/or family member	X
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	X
90834	Psychotherapy, 45 minutes with patient and/or family member	X
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	X
90837	Psychotherapy, 60 minutes with patient and/or family member	X
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	X
90839	Psychotherapy for crisis, first 60 minutes	X

90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	X
90845	Psychoanalysis	X
90846	Family psychotherapy (without the patient present), 50 minutes	X
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	X
90853	Group psychotherapy (other than of a multiple-family group)	X
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	



90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	

90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	X
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	X

92521	Evaluation of speech fluency (e.g., stuttering, cluttering)	X
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	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
92524	Behavioral and qualitative analysis of voice and resonance	X
92526	Treatment of swallowing dysfunction and/or oral function for feeding	
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report	
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	
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 ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or	

94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	

95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument.	
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	

96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	X
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	X
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	X
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	X

96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	X
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	X
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	X
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	X
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	X
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	X
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	X
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	X
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	X
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	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 standardized instrument	X
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	X
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	X
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	X
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	X
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	



97150	Therapeutic procedure(s), group (2 or more individuals)	
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/interpreting the assessment, and preparing the report/treatment plan	
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	
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	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	
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 evaluation: low complexity	
97162	Physical therapy evaluation: moderate complexity,	
97163	Physical therapy evaluation: high complexity,	
97164	Re-evaluation of physical therapy established plan of care,	

97165	Occupational therapy evaluation, low complexity,	
97166	Occupational therapy evaluation, moderate complexity,	
97167	Occupational therapy evaluation, high complexity	
97168	Re-evaluation of occupational therapy established plan of care	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	X
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes	
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	X
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	X
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	X

98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires	

	a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	X
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	X
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	X
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	X
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time	X

	on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	X
98016	Brief communication technology-based service (eg, 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 evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	
98960	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	X
98961	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	X
98962	Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	X

98966	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	X
98967	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	X
98968	Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	X
98970	Nonphysician qualified 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	
98971	Nonphysician qualified 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	
98972	Nonphysician qualified 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	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)	

99202	Office-based evaluation and management services new	X
99203	Office-based evaluation and management services new	
99204	Office-based evaluation and management services new	
99205	Office-based evaluation and management services new	
99211	Office-based evaluation and management services established patient that may not require the presence of a physician or other qualified health care professional	
99212	Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	
99213	Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	
99214	Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	
99215	Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded	

99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded	
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	
99231	Subsequent hospital based evaluation and management services	
99232	Subsequent hospital based evaluation and management services	
99233	Subsequent hospital based evaluation and management services	
99234	Hospital inpatient or observation, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code, 45 minutes must be met or exceeded.	
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 70 minutes must be met or exceeded.	



99238	Hospital inpatient or observation discharge day management; 30 minutes or less	
99239	Hospital inpatient or observation discharge day management; more than 30 minutes	
99242– 99245	Outpatient Consultations	
99252– 99255	Inpatient Consultations	
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	
99304	Initial nursing facility care, per day, for the evaluation and management of a patient,	
99305	Initial nursing facility care, per day, for the evaluation and management of a patient,	
99306	Initial nursing facility care, per day, for the evaluation and management of a patient,	
99307	Subsequent nursing facility care	
99308	Subsequent nursing facility care	
99309	Subsequent nursing facility care	
99310	Subsequent nursing facility care	
99315	Nursing facility discharge day management; 30 minutes or less	
99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	
99341	Home or residence visit for the evaluation and management of a new patient,	
99342	Home or residence visit for the evaluation and management of a new patient	
99344	Home or residence visit for the evaluation and management of a new patient,	
99345	Home or residence visit for the evaluation and management of a new patient,	
99347	Home or residence visit for the evaluation and management of an established patient	
99348	Home or residence visit for the evaluation and management of an established patient	

99349	Home or residence visit for the evaluation and management of an established patient	
99350	Home or residence visit for the evaluation and management of an established patient,	
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	X
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	X
99403	Preventive Counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	X
99404	Preventive Counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	X
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	X
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	X
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	X
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	X
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to codes the code of the outpatient Evaluation and Management service)	

99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	X
99446	Interprofessional telephone/Internet/ electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/ requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	
99447	Interprofessional telephone/Internet assessment/electronic health record and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	

99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	
99452	Interprofessional telephone/ Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home	
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities	
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities	

99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, at least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge	X
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, high level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge	X
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	X
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	X
C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	

C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)	
G0011	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15 to 30 minutes	
G0013	Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	X
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	X
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to <u>15</u> minutes	
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	

G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	X
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	X
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	X
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	X
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	X
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	X
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	X
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	X
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	X

G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	X
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	X
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	X
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	X
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	X
G0463	Hospital outpatient clinic visit for assessment and management of a patient.	
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	X
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	



G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	
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 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	
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Requires initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded)	
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded)	
S9152	Speech therapy, re-evaluation (Not payable for Medicare)	
S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session	
S9437	Childbirth refresher classes, non-physician provider, per session	
S9438	Cesarean birth classes, non-physician provider, per session	
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session	
S9442	Birth classes, non-physician provider, per session	
S9443	Lactation classes, counseling, education, per session	
S9444	Parenting classes, non-physician provider, per session	
S9447	Infant safety (including CPR) classes, non-physician provider, per session	

T1015	Clinic visit/encounter, all-inclusive	
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### **TELEMONITORING**

**ICD-10 Codes** that may support medical necessity:

E10.10 – E10.9	Type 1 diabetes mellitus
E11.00 – E11.9	Type 2 diabetes mellitus
E13.00 – E13.9	Other specified diabetes mellitus
I10	Essential (primary) hypertension
I15.0 – I15.9	Secondary hypertension
I50.1 – I50.9	Heart failure
J44.0 – J44.9	Other chronic obstructive pulmonary disease

**Revenue Codes:**

0590 Home Health (HH) - General

**CPT/HCPCS Codes:**

*Report with Revenue code 590 if billing using UB format*

- 98975 Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment
- 98976 Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- 98977 Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
- 98980 Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
- 98981 Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
- 99453 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- 99454 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- 99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

- 99458 Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure).
- S9110 Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month (*Report for ½ month monitoring*)
- T5999 Supply, not otherwise specified  
(*Report for setup of “Smart Phone” application, initial coaching call, and first month monitoring*)
- T2023 Targeted case management; per month  
(*Report with Revenue code 0590 for monthly “Smart Phone” monitoring starting with 2<sup>nd</sup> month*)

### **Not Covered**

- 0704T Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
- 0705T Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
- 0706T Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month
- 0733T Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
- 0734T Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month
- 98978 Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days

## **VI. REFERENCE**

1. American Medical Association. [Telehealth resource center: Definitions](#) (Accessed January 3, 2025).
2. American Telemedicine Association (ATA). [ATA’s Standardized Telehealth Terminology and Policy Language for States on Medical Practice](#). Updated 9/5/2022 (Accessed January 3, 2025).
3. Center for Connected Health Policy. [What is telehealth](#) (Accessed January 3, 2025).
4. Centers for Medicare & Medicaid Services (CMS). [List of Telehealth Services](#). (Accessed January 3, 2025).

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