

Reimbursement/Billing Policy



Elite (Medicare Advantage) Plans Telehealth Services

Policy Number: RM033
Last Review: 10/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- Paramount Reimbursement Policies have been developed to assist in administering proper payment under benefit contracts.
- Reimbursement policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.
- Paramount utilizes industry standard coding methodology and claims editing in the development of reimbursement policies. Industry standard resources include, but are not limited to, CMS National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs), Integrated Outpatient Code Editor (I/OCE) Clinical edits, Medical Policies, Reimbursement Policies, and Administrative/Provider Manuals. Paramount will not reimburse services determined to be Incidental, Mutually Exclusive, or Unbundled.
- All health care services, devices, and pharmaceuticals must be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes and modifiers, which most accurately represent the services rendered, unless otherwise directed by the Paramount. All billed codes must be fully supported in the member's legal medical record.
- Paramount utilizes CMS pricing algorithms where appropriate based on, National Physician Fee Schedule Relative Value File (NPFVRVF) pricing rules, Inpatient Prospective Payment Systems (MS-DRG, LTC, IPF, IRF & IPSNF) and Outpatient Prospective Payment Systems (OPPS, HHA, ASC, ESRD & OPSNF).
- Paramount liability will be determined after coordination of benefits (COB) and third-party liability (TPL) is applied to the claim. Member liability may include, but is not limited to, co-payments, deductibles, and coinsurance. Members' costs depend on member benefits.
- Paramount routinely reviews reimbursement policies. Updates are published on Paramount's website <https://www.paramounthealthcare.com>. The information presented in this reimbursement policy is accurate and current as of the date of publication. Paramount communicates policy updates to providers via Paramount's monthly bulletin.

This permanent Medicare Advantage Plan Medical Policy documents Paramount's Telehealth coverage. This includes both the permanent telehealth coverage and the provisional telehealth coverage.

SCOPE:

- ☒ Professional
☐ Facility

DESCRIPTION:

Telemedicine and telehealth are the direct delivery of services where the physician or other healthcare professional and the patient are NOT at the same location. Telehealth is the use of electronic and communication technologies to provide and support health care when distance separates the patient from the provider. It utilizes interactive telecommunications technology (e.g., audio and video equipment) to permit either two-way interactive communication between the patient and physician or allow the physician to review the medical case without the patient being present to confirm a diagnosis and/or establish a treatment plan. Telehealth can be a useful alternative to traditional office visits when barriers to access (i.e., physical distance between patient and physician, non-ambulatory or isolated patient, time) exist. Telehealth enables providers to extend their reach and improve their efficiency and effectiveness while still maintaining high quality care and attention to patient safety.

TELEHEALTH

RM033-10/01/2024

An umbrella term for remote health care that may include health care education and administration as well as real-time clinical services.

TELEMEDICINE

A subset of telehealth, this describes real-time clinical health care services provided through electronic technology when distance separates the patient and health care provider.

ONLINE VISITS

A real-time (synchronous) two-way communication that is initiated by the patient to virtually connect a physician or other health care provider for low complexity health care services.

SYNCHRONOUS TELEHEALTH

A real-time communication (virtual visit) using interactive audio and visual equipment, such as video conferences between a patient and specialist.

ASYNCHRONOUS TELEHEALTH

Asynchronous telehealth care are those communications with a delayed response from the recipient. There is no real-time interaction. Asynchronous telehealth care, also known as store and forward messaging, such as one or more video clips, audio clips, still images, x-rays, magnetic resonance imaging scans, electrocardiograms, electroencephalograms, or laboratory results, which involves messaging (including condition-driven questionnaires) or data submission (monitoring) that the provider will respond to within a specified time frame. In store and forward, the health care provider at the distant site reviews the medical information without the patient present in real time and communicates a care plan or treatment recommendation back to the patient or referring provider, or both. These communications are used by Members in an established patient-provider relationship; i.e., messaging, E-consult, remote monitoring.

AUDIO ONLY

Audio-only interactive technology may be used if audio/video technology is not available or inaccessible. For audio only access, Paramount agrees with the following CMS decision.

In the context of the PHE for the COVID-19 pandemic, especially in the case that two-way, audio/video technology might not be available, CMS concedes that there are many circumstances where prolonged, audio only communication between the practitioner and the patient could be clinically appropriate. CMS notes that existing telephone E/M codes, in both description and valuation, are the best way to recognize the relative resource costs of these kinds of services. Therefore, CMS is finalizing on an interim basis for the COVID-19 public health emergency, separate payment for CPT codes 98966-98968 and CPT codes 99441-99443.

REMOTE PATIENT MONITORING

This allows a provider to continue to track healthcare data for a patient released to his or her home or a care facility.

ORIGINATING SITE

An originating site is the physical location of an eligible patient receiving telehealth service furnished via a telecommunications system.

DISTANT SITE

Distant site is the physical location of the treating practitioner at the time a health care service is provided through the use a telecommunications system. The distant site is responsible for maintaining documentation of the health care service delivered through the use of telemedicine and for sending progress notes to the originating site for incorporation into the patient's records. The distant site must not be the same location as the patient.

Note: Medicare does not define "distant site" locations; however, providers cannot be physically located out of the United States when providing the telehealth services.

PLACE OF SERVICE (POS) “02”

The location where health services and health related services are provided or received, through a telecommunication system.

PLACE OF SERVICE (POS) “10”

The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

MODIFIER FQ

Service was furnished using audio-only communication technology.

- Use when the patient is unable to use, does not wish to use, or does not have access to two-way, audio and video communications.
- Modifier FQ indicates the provider rendered a healthcare service using an audio-only communication technology. The technology allows the patient and provider to communicate in real time.
- This modifier should only be used by RHCs and FQHCs. Report modifier for mental health visits using audio-only technology

MODIFIER FR

The supervising practitioner was present through two-way, audio/video communication technology.

- Append modifier FR to indicate the provider supervising the service was present through two-way communication technology with both audio and video.
- Modifier FR indicates that the provider supervising the healthcare service was present virtually via technology rather than being physically present. The technology must allow two-way communication and must include both audio and video.

MODIFIER G0 (G-zero)

Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke.

- Modifier G0 denotes that a provider diagnosed, evaluated, or treated a patient for an acute stroke remotely using an audio and/or video telecommunication system.
- This modifier is valid for:
 - Telehealth distant site codes billed with place of service (POS) code 02; or
 - Critical access hospitals, CAH method II (revenue codes 096X, 097X, or 098X; or
 - Telehealth originating site facility fee, billed with HCPCS code Q3014.

MODIFIER GQ

Via asynchronous telecommunications system.

- Modifier GQ denotes healthcare services provided via an asynchronous communication method. Asynchronous communication does not take place in real time. An example of delivery of a service via asynchronous communication includes a provider at a distant location, even in another state, who receives X-ray images transmitted across a secure network and then transmits the report of his reading of the images for later review by the patient's primary care provider. An exchange of email between a patient and a provider also constitutes asynchronous telecommunication services.

MODIFIER GT

Via Interactive Audio and Video Telecommunications systems.

- Append modifier GT for telehealth, the use of an interactive audio and video communication system between a distant provider and the patient to execute a plan of care.

MODIFIER 93

Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system. (Should only be appended to approved telehealth codes)

- This modifier should only be used by Opioid Treatment Programs (OTPs) and Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
 - Opioid Treatment Programs (OTPs) report on claims for counseling and therapy provided using audio-only technology. <https://www.cms.gov/medicare/payment/opioid-treatment-program/billing-payment>
 - RHCs and FQHCs report modifier on claims for mental health visits for audio-only technology

MODIFIER 95

Synchronous telemedicine service rendered via a real-time Interactive audio and video telecommunications system (Should only be appended to approved telehealth codes)

- Opioid Treatment Programs (OTPs) report on claims for counseling and therapy provided using audio-video only technology <https://www.cms.gov/medicare/payment/opioid-treatment-program/billing-payment>
- Report place of service 10 for services when the patient is in their home.
 - Use modifier 95 through December 31st, 2024, when:
 - The clinician is in the hospital and the patient is in their home.
 - Outpatient therapy provided via telehealth by PTs, OTs or SLPs.

The Consolidated Appropriations Act (CAA) of 2023 extended the following telehealth flexibilities authorized during the COVID-19 PHE through December 31, 2024:

- Health care providers eligible to bill Medicare can bill for telehealth services regardless of where the patient or provider is located (i.e., the patient can be at home).
- Audio-only telehealth visits will continue to be reimbursable.
- The list of providers eligible to deliver telehealth services remains expanded to include physical therapists, occupational therapists, speech language pathologists, and audiologists.
- The acute hospital care at home program can continue to be utilized to provide hospital services to patients in their homes, including through telehealth.
- Telehealth can be used to conduct recertification of eligibility for hospice care.
- Patients with High Deductible Health Plans coupled with Health Savings Accounts can utilize first dollar coverage for telehealth services without first having to meet their minimum deductible.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can provide telehealth services to Medicare beneficiaries (i.e., can be distant site providers), rather than being limited to being an originating site provider for telehealth (i.e., where the beneficiary is located).
- The CAA also delayed the imposition of the pre-requisite in-person requirement for mental health services furnished through telehealth until after December 31, 2024.

MLN901705 April 2024 - Based on several telehealth-related provisions of the Consolidated Appropriations Act (CAA), 2023 and the CY 2024 PFS final rule:

- Temporarily expanding the scope of telehealth originating sites for services provided via telehealth to include any site in the U.S. where the patient is at the time of the telehealth service, including a person's home
- Temporarily expanding the definition of telehealth practitioners to include qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists
- Adding mental health counselors and marriage and family therapists as distant site practitioners for purposes of providing telehealth services
- Continuing payment for telehealth services rural health clinics (RHCs) and federally qualified health centers (FQHCs) provided using the methodology established for those telehealth services during the PHE
- Temporarily delaying the requirement for an in-person visit with the physician or practitioner within 6 months before initiating mental health telehealth services, and, again, at subsequent intervals as the Secretary determines appropriate, as well as similar requirements for RHCs, FQHCs, and hospital outpatient departments (HOPDs)
- Allowing teaching physicians to use audio or video real-time communications technology when the resident provides Medicare telehealth services in all residency training locations through the end of CY 2024

- Temporarily removing frequency limitations in 2024 for:
 - Subsequent inpatient visits
 - Subsequent nursing facility visits
 - Critical care consultation
- Allowing hospitals of PT, OT, SLP, diabetes self-management training (DSMT) and medical nutrition therapy (MNT) services that remain on the Medicare Telehealth Services List to continue to bill for these services when provided remotely in the same way they've been during the PHE except that:
 - For outpatient hospitals, patients' homes no longer need to be registered as provider-based entities to allow for hospitals to bill for these services
 - The 95 modifier is required on claims from all institutional providers, except for Critical Access Hospitals (CAHs) electing Method II, as soon as hospitals needing to do so can update their systems

POLICY:

Elite (Medicare Advantage) Plans

Approved Telemedicine/Telehealth services do not require a prior authorization unless the service requires prior authorization when performed in-person. Refer to Paramount's Prior Authorization excel spreadsheet <https://www.paramounthealthcare.com/assets/documents/provider/prior-authorization-list.pdf>

~~When billing professional claims for all telehealth services with dates of services on or after March 10, 2020, for the duration of the PHE, and beyond the end-dated PHE bill with:~~

- ~~• Place of Service (POS) equal to what it would have been had the service been furnished in-person (Place of service 02 and 10 are also acceptable), AND~~
- ~~• The appropriate modifier 95, GQ, GT.~~

Effective date of service 06/01/2024: Professional Providers must report telehealth services with one of the following, as appropriate:

- POS code 02, or
- POS code 10, and
- The appropriate modifier 93, 95, FQ, FR, G0, GQ, GT.
- The applicable hospital POS code, if the patient is at home and the physician or other qualified healthcare practitioner is in the hospital, with modifier 93 or modifier 95

Institutional Billing:

Use modifier 95 when the clinician is in the hospital and the patient is in the home, as well as for outpatient therapy services provided via telehealth by qualified PTs, OTs, or SLPs employed by hospitals through December 31, 2024.

Telemedicine/Telehealth services effective coverage dates are indicated in the table below.
<https://www.cms.gov/medicare/coverage/telehealth/list-services>

Effective January 1, 2022, telehealth services performed with audio only communication are eligible for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes when the patient is not capable of, or does not consent to, the use of two-way audio/video technology. Modifier FQ or 93 must be appended to the claim line for these services.

Home Health Telehealth Telecommunications

- Effective January 1, 2023, begins the voluntary reporting for Telehealth Home Health Services, HCPCS procedure codes G0320, G0321 and G0322.
- Effective July 1, 2023, begins the mandatory reporting for Telehealth Home Health Services, HCPCS procedure codes G0320, G0321 and G0322.

All Telemedicine/Telehealth services must be medically necessary and documented and in the applicable medical record to be reimbursable. Paramount may request documentation to support medical necessity reviews.

COVERAGE CRITERIA:

Elite (Medicare Advantage) Plans

- Services must be medically necessary, and member must be eligible for coverage.
- Providers and originating site must be eligible for reimbursement.
- Provider compliance with medical records requirements and provisions of HIPAA and HITECH is required for telehealth services.

Originating Sites: The physical location of the patient receiving telemedical health services.

Eligible originating sites are limited to:

- During the PHE, the patient's home can serve as an originating site
 - Qualified Physician and Practitioner Offices
 - Hospitals (inpatient or outpatient)
 - Critical Access Hospitals (CAH)
 - Rural Health Clinics (RHC)
 - Federally Qualified Health Centers (FQHC)
 - Hospital-based or CAH-based Renal Dialysis Centers (including satellites). Independent renal dialysis facilities are not eligible originating sites.
 - Skilled Nursing Facilities (SNF)
 - Community Mental Health Centers (CMHS)
 - Renal Dialysis Facilities*
 - Homes of patients with End-Stage Renal Disease (ESRD) getting home dialysis*
 - Mobile Stroke Units*
- *The originating site geographic conditions does not apply to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluation. Independent Renal Dialysis Facilities are not eligible originating sites.
- Home of patients receiving treatment for SUD/Opioid Abuse and co-occurring mental health disorders
 - Home of patients for mental health services and geographic requirements would not apply if certain conditions were met including an initial 6 months in-person visit with the telehealth provider prior to provision of services via telehealth.
 - Over the last two years, Medicare expanded the ability for clinicians to have brief check-ins with their patients
 - Home (the patient's home includes temporary lodging, i.e., hotels, homeless shelters, or nursing homes, that are a short distance from the patient's actual home)

Distant Sites: The physical location of the eligible health care provider.

Eligible Rendering Practitioners:

- Physicians
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Nurse-Midwives
- Clinical Nurse Specialists (CNSs)
- Certified Registered Nurse Anesthetists
- Clinical Psychologist (CPs)
- Clinical Social Workers (CSWs)
 - CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot be reimbursed for CPT codes 90792, 90833, 90836, 90838

- Registered Dietitians or Nutrition Professional
- Licensed Clinical Social Worker
- Licensed Physical Therapists
- Occupational Therapist
- Speech Language Pathologists
- FQHCs and RHCs were added to the eligible list of who may serve as distant site providers.

Qualified providers who are permitted to furnish Medicare telehealth services during the Public Health Emergency include those listed above as long as such services are within their scope of practice and consistent with Medicare benefit rules that apply to all services.

Telehealth services are generally billed as if the service had been furnished in-person. For Medicare Advantage Plans: When billing professional claims for all telehealth services with dates of services on or after March 10, 2020, and for the duration of the PHE, bill with: Place of Service (POS) equal to what it would have been had the service been furnished in-person (Place of service 02 and 10 are also acceptable) and the appropriate modifier 93, 95, FQ, FR, G0, GQ, GT.

There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

A virtual check-in pays professional for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via telehealth is treated the same as an in-person visit. An e-visit is designated as a visit when a beneficiary communicates with their doctors through online patient portals.

Telehealth or telephone services are covered when all of the following criteria are met:

- The patient is present/participates at the time of service.
- Services and documentation should be similar to in-person services with a patient.
- Services must be medically necessary and otherwise covered under the member's benefit booklet or subscriber agreement.
- 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.
- 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.
- A permanent record of the telephonic communication(s) must be documented/maintained as part of the patient's medical record. It must be sufficiently documented to support the code used.
 - A clinical record of the encounter that contains at least the same elements as are included in a face-to-face encounter.
 - Document if the service was provided via technology with synchronous audio/video or audio alone.
 - Document where the patient and provider are located.
 - Document provider is speaking to the correct person (properly identified the person on the call).
 - Consent must also be documented for the visit to be performed via telehealth (can be done annually).
- Only the provider rendering the services may submit a claim for reimbursement for telehealth services.
- For medical and outpatient behavioral telehealth visits, providers can utilize both interactive audio/video and audio-only.
- For PT/OT/ST provider visits, interactive real-time audio/video technology must be used.

The Office for Civil Rights at the Department of Health and Human Services (HHS) has temporarily waived the requirement for HIPAA-compliant connections for two-way video services "...in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency." (<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notificationenforcement-discretion-telehealth/index.html>) For the duration of this emergency provision, codes listed below indicating 'audio only' may be paid for telehealth services where the patient and/or provider is calling from a personal device.

Inpatient telehealth consultations (HCPCS codes G0425-G0427 and G0406-G0408) are furnished to Paramount Members in hospitals or skilled nursing facilities via telecommunication technology at the request of the physician of record, the attending physician, or other appropriate source. The physician or practitioner who furnishes the inpatient consultation via telecommunication technology may not be the physician or practitioner of record or the attending physician or practitioner, and the inpatient telehealth consultation must be distinct from the care provided by the physician or practitioner of record or the attending physician or practitioner.

Effective January 1, 2022, per CMS directive:

“From the provisions of the Consolidated Appropriations Act, 2021 (CAA), concerning services for the purpose of diagnosis, evaluation, or treatment of mental health disorders, effective immediately on and after the official end of the PHE for COVID-19, you may be able to continue to offer these services as telehealth services. The previous telehealth restrictions limiting mental health services to be only available to patients residing in rural areas will no longer apply. The patient’s “originating sites” of a physician’s office, a hospital, or other medical care settings, will also expand to include the patient’s home. We clarified that patient’s home includes temporary lodging. This could be hotels, homeless shelters, or nursing homes, that are a short distance from the patient’s actual home and the “originating site facility fee” doesn’t apply.”

“Medicare telehealth services require that you do the services over real-time audio and visual interactive telecommunications. For purposes of diagnosis, evaluation, or treatment of mental health disorders, if the patient does not have the technical capacity or the availability of real-time audio and visual interactive telecommunications, or they do not consent to the use of real-time video technology, we allow audio-only communication for telehealth mental health services to established patients located in their homes. The CAA of 2021 requires that an in-person, face to face, non-telehealth service takes place within 6 months of the first mental health telehealth services. There is a requirement for an in-person service within 6 months prior to starting telehealth. For CY 2022, there must be a non-telehealth service every 12 months thereafter, but with exceptions documented in the medical record. When a subsequent in-person, face to face, non-telehealth service for mental health service does occur, and original telehealth practitioner is unavailable, we allow the clinician’s colleague in the same subspecialty and in the same group practice, to provide the in-person, face to face, non-telehealth service to patient.”

The following services are exclusions to telehealth services; may not be all-inclusive:

- Services rendered through email, text or by fax.
- Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition.
- Patient communications incidental to E/M services, including, but not limited to reporting of test results or provision of educational materials.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, provision of education materials and medical history intake completed by the patient.
- A service that would similarly not be charged for in a regular office visit.
- Benefits and reimbursement are not provided for any technical (installation or maintenance) equipment or costs for the provision of telemedicine services.

LIST OF ELITE (MEDICARE ADVANTAGE) PLANS TELEHEALTH SERVICES

(LIST OF MEDICARE TELEHEALTH SERVICES - the permanent telehealth coverage and the temporary telehealth coverage during the Public Health Emergency (PHE) for the COVID-19 Pandemic

Codes	Description	Status	Audio-only Interaction Meets the Coverage Requirement
77427	Radiation treatment management, 5 treatments	Temporary Addition for the PHE for the COVID-19 Pandemic	

		Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
90785	Interactive Complexity Psychiatry Services and Procedures	Permanent CMS Telehealth Service No End-date	Yes
90791	Psychiatric diagnostic evaluation	Permanent CMS Telehealth Service No End-date	Yes
90792	Psychiatric diagnostic evaluation with medical services	Permanent CMS Telehealth Service No End-date	Yes
90832	Psychotherapy, 30 minutes with patient	Permanent CMS Telehealth Service No End date	Yes
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Permanent CMS Telehealth Service No End-date	Yes
90834	Psychotherapy, 45 minutes with patient	Permanent CMS Telehealth Service No End date	Yes
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Permanent CMS Telehealth Service No End-date	Yes
90837	Psychotherapy, 60 minutes with patient	Permanent CMS Telehealth Service No End date	Yes
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Permanent CMS Telehealth Service No End-date	Yes
90839	Psychotherapy for crisis; first 60 minutes	Permanent CMS Telehealth Service No End-date	Yes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	Permanent CMS Telehealth Service No End-date	Yes
90845	Psychoanalysis	Permanent CMS Telehealth Service No End-date	Yes
90846	Family psychotherapy (without the patient present), 50 minutes	Permanent CMS Telehealth Service No End-date	Yes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Permanent CMS Telehealth Service No End-date	Yes

90853	Group psychotherapy (other than of a multiple-family group) Addition for the PHE for the COVID-19 Pandemic	Permanent CMS Telehealth Service No End-date	Yes
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Non-covered service
90901	Biofeedback training by any modality	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 6/16/22 Effective through 12/31/2023	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	
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	Effective through 12/31/2023	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	

	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 visits by a physician or other qualified health care professional per month	Effective through 12/31/2023	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	
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	Effective through 12/31/2023	
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age 20 years and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Permanent CMS Telehealth Service No End-date	
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age 20 years and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Permanent CMS Telehealth Service No End-date	
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age, older; with 1 face-to-face visit by a physician, or other qualified health care professional per month	Effective through 12/31/2023	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	

90966	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	
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	Permanent CMS Telehealth Service No End-date	
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.	Permanent CMS Telehealth Service No End-date	
92002	Ophthalmological services medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92004	Ophthalmological services medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92012	Ophthalmological services medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the	

		Medicare Telehealth Services effective January 1, 2024	
92014	Ophthalmological services medical examination and evaluation with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.	Available up Through December 31, 2023 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
92521	Evaluation of speech fluency (eg, stuttering, cluttering).	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria).	Effective through 12/31/2023	Yes

		Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language).	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
92524	Behavioral and qualitative analysis of voice and resonance.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through-10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92550	Tympanometry and reflex threshold measurements	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	

92552	Pure tone audiometry (threshold); air only	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92553	Pure tone audiometry (threshold); air and bone	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92555	Speech audiometry threshold;	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92556	Speech audiometry threshold; with speech recognition	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth	

		Services effective January 1, 2024	
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92563	Tone decay test	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92565	Stenger test, pure tone	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92567	Tympanometry (impedance testing)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth	

		service on the Medicare Telehealth Services effective January 1, 2024	
92568	Acoustic reflex testing, threshold	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence of absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 5/10/21 Effective through 12/31/2023 Procedure listed as	

		a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	

		Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient, first hour	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient, each additional 30 minutes (List separately in addition to code for primary procedure)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92610	Evaluation of oral and pharyngeal swallowing function	Temporary Addition for the PHE for the COVID-19	

		Pandemic—Added 3/30/21 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	

93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023	

		Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, nursing facility, per day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), with in a calendar month, 30 minutes or more.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Bundled code
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	

94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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 (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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 (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth	

		Services effective January 1, 2024	
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth	Non-covered service

		service on the Medicare Telehealth Services effective January 1, 2024	
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	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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 minutes (List separately in addition to code for primary procedure)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour.	Permanent CMS Telehealth Service No End-date	Yes
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour (List separately in addition to code for primary procedure).	Permanent CMS Telehealth Service No End-date	Yes
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both fact-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21	

		Effective through 10/29/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
96127	Brief emotional/behavioral assessment (eg depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
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 members(s) or caregivers(s), when performed, first hour.	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
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 members(s) or caregivers(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
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 members(s) or caregivers(s), when performed, first hour.	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
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	Effective through 12/31/2023 Procedure listed as a provisional	Yes

	decision making, treatment planning and report, and interactive feedback to the patient, family members(s) or caregivers(s), when performed, each additional hour (List separately in addition to code for primary procedure).	covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any meth Audio-only Interaction allowed od; first 30 minutes.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
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).	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
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).	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making). Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96158	Health behavior intervention, individual, face-to-face initial 30 minutes. Temporary Addition for the PHE for the COVID-19 Pandemic. Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96159	Health behavior intervention, individual, face-to-face each additional 15 minutes (List separately in addition to code for primary service). Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes

96160	Administration of patient-focused health risk assessment instrument (eg. Health hazard appraisal) with scoring and documentation, per standardized instrument. Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96161	Administration of caregiver-focused health risk assessment instrument (eg. Depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument. Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96164	Health behavior intervention, group (2 or more patient(s), face-to face; initial 30 minutes. Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96165	Health behavior intervention, group (2 or more patient(s), face-to face; each additional 15 minutes (List separately in addition to code for primary service). Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96167	Health behavior intervention, family (with the patient present) face-to face; initial 30 minutes. Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
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). Audio-only Interaction allowed	Permanent CMS Telehealth Service No End-date	Yes
96170	Health behavior intervention, family (without the patient present), face-to-face, initial 30 minutes. Temporary Addition for the PHE for the COVID-19 Pandemic	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Non-covered service
96171	Health behavior intervention, family (without the patient present), face-to-face, each additional 15 minutes (List separately in addition to code for primary service). Temporary Addition for the PHE for the COVID-19 Pandemic	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Non-covered service
97110	Therapeutic procedure, 1 or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, range of motion and flexibility.	Effective through-12/31/2023	

		Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes stair climbing).	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing task(s)), direct (one-on-one) patient contact, initial 15 minutes	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing task(s)), direct (one-on-one) patient contact, each additional 15 minutes (List separately in addition to code for primary procedure)	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21 Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	

97150	Therapeutic procedure(s), group (2 or more individuals).	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97151	Bhv id assmt by phys/qhp.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97152	Bhv id suprt assmt by 1 tech.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97153	Adaptive behavior tx by tech.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the	

		Medicare Telehealth Services effective January 1, 2024	
97154	Grp adapt bhv tx by tech.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97155	Adapt behavior tx phys/qhp.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97156	Fam adapt bhv tx gdn phy/qhp.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97157	Mult fam adapt bhv tx gdn.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional	

		covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97158	Grp adapt bhv tx by phy/qhp.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97161	Physical therapy evaluation: low complexity.	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97162	Physical therapy evaluation: moderate complexity.	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97163	Physical therapy evaluation: high complexity.	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97164	Re-evaluation of physical therapy established plan of care.	Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth	

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97165	Occupational therapy evaluation, low complexity.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97166	Occupational therapy evaluation, moderate complexity.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97167	Occupational therapy evaluation, high complexity.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97168	Re-evaluation of occupational therapy established plan of care.	Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through-12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	

97535	Self-care/home management training (eg, activates 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.	Effective through- 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
97537	Community/work reintegration training (eg, shopping transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/ adaptive equipment), direct one-on-one contact, each 15 minutes	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 6/16/22 Effective through- 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through- 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97750	Physician performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Effective through- 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes.	Effective through- 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth	

		Services effective January 1, 2024	
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.	Effective through-12/31/2023 Procedure 97760 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97761	Prosthetic(s) training, upper and/or lower extremity (ies), initial prosthetic(s) encounter, each 15 minutes.	Effective through-12/31/2023 Procedure 97761 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 6/16/22 Effective through-12/31/2023 Procedure 97763 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
97802	Medical nutrition therapy; initial assessment and intervention, each 15 minutes.	Permanent CMS Telehealth Service No End-date	Yes
97803	Medical nutrition therapy; re-assessment and intervention, each 15 minutes.	Permanent CMS Telehealth Service No End-date	Yes
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes.	Permanent CMS Telehealth Service No End-date	Yes
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 6/16/22 Effective through-12/31/2023	Bundled code

		Procedure 98960 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 6/16/22 Effective through 12/31/2023 Procedure 98961 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Bundled code
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 6/16/22 Effective through 12/31/2023 Procedure 98962 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Bundled code
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face to face with the patient and/or family. Deleted Code 1/1/2024	Deleted Code 01/01/2021	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.	Permanent CMS Telehealth Service No End-date	

	When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low-level medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Permanent CMS Telehealth Service No End-date	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate-level medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Permanent CMS Telehealth Service No End-date	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high-level medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Permanent CMS Telehealth Service No End-date	
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.	Permanent CMS Telehealth Service No End-date	
99212	Office or other outpatient 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 time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Permanent CMS Telehealth Service No End-date	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low-level medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Permanent CMS Telehealth Service No End-date	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Permanent CMS Telehealth Service No End-date	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high-level medical decision making.	Permanent CMS Telehealth Service No End-date	

	When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.		
99217	Observation care discharge day management. Deleted effective 1/1/2023, to report observation care-discharge services, see 99238, 99239	Available up Through December 31, 2023 Deleted Code 01/01/2023	
99218	Initial observation care, per day, a new or established patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and straightforward or of low complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. Deleted effective 1/1/2023, to report initial observation care, new or established patient, see 99221, 99222, 99223	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Deleted Code 01/01/2023 Effective through 12/31/2022	
99219	Initial observation care, per day, a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and moderate complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. Deleted effective 1/1/2023, to report initial observation care, new or established patient, see 99221, 99222, 99223	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Deleted Code 01/01/2023 Effective through 12/31/2022	
99220	Initial observation care, per day, a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and high complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. Deleted effective 1/1/2023, to report initial observation care, new or established patient, see 99221, 99222, 99223	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Deleted Code 01/01/2023 Effective through 12/31/2022	

99221	<p>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 medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023</p> <p>Procedure 99221 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99222	<p>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 medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023</p> <p>Procedure 99222 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99223	<p>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 medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023</p> <p>Procedure 99223 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99224	<p>Subsequent observation care, per day, an established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward or of low complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.</p> <p>Deleted effective 1/1/2023, to report subsequent observation care, see 99231, 99232, 99233</p>	<p>Available up Through December 31, 2023</p> <p>Deleted Code 01/01/2023</p>	

99225	<p>Subsequent observation care, per day, an established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and moderate complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.—</p> <p>Deleted effective 1/1/2023, to report subsequent observation care, see 99231, 99232, 99233</p>	<p>Available up Through December 31, 2023</p> <p>Deleted Code</p> <p>01/01/2023</p>	
99226	<p>Subsequent observation care, per day, an established patient, which requires these three key components: a detailed history; a detailed examination; and high complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.—</p> <p>Deleted effective 1/1/2023, to report subsequent observation care, see 99231, 99232, 99233.</p>	<p>Available up Through December 31, 2023</p> <p>Deleted Code</p> <p>01/01/2023</p>	
99231	<p>Subsequent 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 of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.</p>	<p>Permanent CMS</p> <p>Telehealth Service</p> <p>No End-date</p>	
99232	<p>Subsequent 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.</p> <p>When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.</p>	<p>Permanent CMS</p> <p>Telehealth Service</p> <p>No End-date</p>	
99233	<p>Subsequent 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.</p> <p>When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.</p>	<p>Permanent CMS</p> <p>Telehealth Service</p> <p>No End-date</p>	

99234	<p>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 straightforward or low level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99234 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99235	<p>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.</p> <p>When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99235 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99236	<p>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.</p> <p>When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99239 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99238	<p>Hospital discharge day management, 30 minutes or less.</p>	<p>Effective through 12/31/2023 Procedure 99238 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99239	<p>Hospital discharge day management, more than 30 minutes.</p>	<p>Effective through 12/31/2023 Procedure 99239 listed as a provisional covered</p>	

		telehealth service on the Medicare Telehealth Services effective January 1, 2024 1/2023	
99281	Emergency department visit for the evaluation and management of a patient, that may not require the presence of a physician or other qualified health care professional	Effective through-12/31/2023 Procedure 99281 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.	Effective through-12/31/2023 Procedure 99282 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Available up Through-December 31, 2023 Effective through-12/31/2023 Procedure 99283 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.	Effective through-12/31/2023 Procedure 99284 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making...	Effective through-12/31/2023 Procedure 99285 listed as a provisional covered telehealth service	

		on the Medicare Telehealth Services effective January 1, 2024	
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes.	Effective through-12/31/2023 Procedure 99291 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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).	Effective through-12/31/2023 Procedure 99292 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99304	Initial Nursing Facility 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 of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through-10/29/2023 Procedure 99304 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99305	Initial Nursing Facility 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, 35 minutes must be met or exceeded.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through-10/29/2023 Procedure 99305 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99306	Initial Nursing Facility Care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high of medical decision making.	Temporary Addition for the PHE for the COVID-19 Pandemic	

	When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Effective through 10/29/2023 Procedure 99306 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99307	Subsequent nursing facility care, per day, for the evaluation and management of a 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.	Permanent CMS Telehealth Service No End-date	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	Permanent CMS Telehealth Service No End-date	
99309	Subsequent nursing facility 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, 30 minutes must be met or exceeded.	Permanent CMS Telehealth Service No End-date	
99310	Subsequent nursing facility 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, 45 minutes must be met or exceeded.	Permanent CMS Telehealth Service No End-date	
99315	Nursing facility discharge day management; 30 minutes or less	Effective through 12/31/2023	
99316	Nursing facility discharge day management; more than 30 minutes.	Effective through 12/31/2023	
99324	Domiciliary, Rest Home or Custodial Care Services, new patient, per day, for the evaluation and management of a patient, which requires these three key components; a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Deleted effective 1/1/2023	

	family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver. Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, new patient, see home or residence services codes 99341, 99342, 99344, 99345		
99325	Domiciliary, Rest Home or Custodial Care Services, new patient, per day, for the evaluation and management of a patient, which requires these three key components; an expanded problem focused history; an expanded problem focused examination; and low complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver. Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, new patient, see home or residence services codes 99341, 99342, 99344, 99345	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Deleted effective 1/1/2023	
99326	Domiciliary, Rest Home or Custodial Care Services, new patient, per day, for the evaluation and management of a patient, which requires these three key components; a detailed history; a detailed examination; and moderate complexity medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver. Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, new patient, see home or residence services codes 99341, 99342, 99344, 99345	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Deleted effective 1/1/2023	
99327	Domiciliary, Rest Home or Custodial Care Services, new patient, per day, for the evaluation and management of a patient, which requires these three key components; a comprehensive history; a comprehensive examination; and moderate medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate or high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.	Temporary Addition for the PHE for the COVID-19 Pandemic Deleted effective 1/1/2023	

	Typically, 60 minutes are spent with the patient and/or family or caregiver. Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, new patient, see home or residence services codes 99341, 99342, 99344, 99345		
99328	Domiciliary, Rest Home or Custodial Care Services, new patient, per day, for the evaluation and management of a patient, which requires these three key components; a comprehensive history; a comprehensive examination; and high medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver. Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, new patient, see home or residence services codes 99341, 99342, 99344, 99345	Temporary Addition for the PHE for the COVID-19 Pandemic Deleted effective 1/1/2023	
99334	Domiciliary, Rest Home or Custodial Care Services, established patient, per day, for the evaluation and management of a patient, which requires 2 of these three key components; a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver. Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, established patient, see home or residence services codes 99347, 99348, 99349, 99350	Deleted Code 01/01/2023	
99335	Domiciliary, Rest Home or Custodial Care Services, established patient, per day, for the evaluation and management of a patient, which requires 2 of these three key components; an expanded problem focused history; an expanded problem focused examination; and low medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are low to moderate. Typically, 25 minutes are spent with the patient and/or family or caregiver.	Deleted Code 01/01/2023	

	Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, established patient, see home or residence services codes 99347, 99348, 99349, 99350		
99336	<p>Domiciliary, Rest Home or Custodial Care Services, established patient, per day, for the evaluation and management of a patient, which requires 2 of these three key components; a detailed history; a detailed examination; and moderate medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.</p> <p>Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, established patient, see home or residence services codes 99347, 99348, 99349, 99350)</p>	<p>Available up Through December 31, 2023</p> <p>Deleted Code- 01/01/2023</p>	
99337	<p>Domiciliary, Rest Home or Custodial Care Services, established patient, per day, for the evaluation and management of a patient, which requires 2 of these three key components; a comprehensive history; a comprehensive examination; and high medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.</p> <p>Deleted effective 1/1/2023, for domiciliary, rest home (eg, boarding home), or custodial care services, established patient, see home or residence services codes 99347, 99348, 99349, 99350)</p>	<p>Available up Through December 31, 2023</p> <p>Deleted Code- 01/01/2023</p>	
99341	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic</p> <p>Effective through- 10/29/2023</p> <p>Procedure 99341 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	

99342	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023</p> <p>Procedure 99342 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99343	<p>Home visit, new patient, per day, for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and moderate medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 45 minutes face-to-face with the patient and/or family. Deleted effective 1/1/2023, to report, see 99341, 99342, 99344, 99345</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Deleted effective 1/1/2023</p>	
99344	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023</p> <p>Procedure 99344 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99345	<p>Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.</p>	<p>Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023</p> <p>Procedure 99345 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024</p>	
99347	Home or residence visit for the evaluation and management of an established patient, which requires	Permanent CMS Telehealth Service	

	<p>a medically appropriate history and/or examination and straightforward medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.</p>	No End-date	
99348	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>	Permanent CMS Telehealth Service No End-date	
99349	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p>	Effective through- 12/31/2023 Procedure 99349 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99350	<p>Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.</p> <p>When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.</p>	Effective through- 12/31/2023 Procedure 99350 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99354	<p>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour 99354, 99355 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use 99417</p>	Deleted Code- 01/01/2023	Yes
99355	<p>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service, each additional 30 minutes. 99354, 99355 have been deleted. For prolonged evaluation and management services on the date of an outpatient service, home or residence service, or cognitive assessment and care plan, use 99417</p>	Deleted Code- 01/01/2023	Yes
99356	<p>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service). 99356, 99357 have been deleted. For prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use 99418</p>	Deleted Code- 01/01/2023	Yes

99357	Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for inpatient evaluation and management service). 99356, 99357 have been deleted. For prolonged evaluation and management services on the date of an inpatient or observation or nursing facility service, use 99418	Deleted Code 01/01/2023	Yes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.	Permanent CMS Telehealth Service No End-date	Yes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.	Permanent CMS Telehealth Service No End-date	Yes
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure 99441 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure with the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure 99442 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	Yes
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure with the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure 99443 listed as a	Yes

		provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99468	Initial inpatient neonatal critical care, per day for the evaluation and management of a critically ill neonate, 28 days of age or younger.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99468 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99469	Subsequent inpatient neonatal critical care, per day for the evaluation and management of a critically ill neonate, 28 days of age or younger.	Effective through 12/31/2023 Procedure 99469 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99471 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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.	Effective through 12/31/2023 Procedure 99472 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	

99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 12/31/2023 Procedure 99473 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99475	Initial inpatient pediatric critical care, per day for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99475 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99476	Subsequent inpatient pediatric critical care, per day for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age.	Effective through 12/31/2023 Procedure 99476 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99477	Initial hospital care, per day, for the evaluation and management of a neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services.	Temporary Addition for the PHE for the COVID-19 Pandemic Effective through 10/29/2023 Procedure 99477 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams).	Effective through 12/31/2023 Procedure 99478 listed as a provisional covered	

		telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500-2500 grams).	Effective through-12/31/2023 Procedure 99479 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 2501-5000 grams).	Effective through-12/31/2023 Procedure 99480 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
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.	Permanent CMS Telehealth Service No End-date	
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent 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.	Coverage added 12/4/2020 Effective through 10/29/2023	
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a 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)	Coverage added 12/4/2020 Effective through 10/29/2023	
99495	Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge).	Permanent CMS Telehealth Service No End-date	
99496	Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge).	Permanent CMS Telehealth Service No End-date	
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.	Permanent CMS Telehealth Service No End-date	Yes

99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure).	Permanent CMS Telehealth Service No End-date	Yes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure 0362T listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 12/31/2023 Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
0591T	Health and Well-Being Coaching, individual, first	Effective 01/01/2024	Yes
0592T	Health and Well-Being Coaching, individual, follow-up	Effective 01/01/2024	Yes
0593T	Health and Well-Being Coaching, individual, group	Effective 01/01/2024	Yes
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0136	Admin SDOH Risk Assessment Tool, 5-15 min	Effective 01/01/2024	
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.	Permanent CMS Telehealth Service No End-date	Yes
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is	Permanent CMS Telehealth Service No End-date	Yes

	for eligibility determination and shared decision-making.		
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary services has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and, 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes)	Effective 01/01/2023 Inherently telehealth services On the CMS telehealth listing Permanent CMS Telehealth Service No End-date	
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary services has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418). (So not report G0317 for any time unit less than 15 minutes)	Effective 01/01/2023 Inherently telehealth services On the CMS telehealth listing Permanent CMS Telehealth Service No End-date	
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary services has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes.)	Effective 01/01/2023 Inherently telehealth services On the CMS telehealth listing Permanent CMS Telehealth Service No End-date	
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	Voluntarily reporting effective 01/01/2023 Mandatory reporting effective 07/01/2023 Inherently telehealth services	
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	Voluntarily reporting effective 01/01/2023 Mandatory reporting effective 07/01/2023	

		Inherently telehealth services	
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (for example, remote patient monitoring)	Voluntarily reporting effective 01/01/2023 Mandatory reporting effective 07/01/2023 Inherently telehealth services	
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	Permanent CMS Telehealth Service No End-date	Yes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, greater than 30 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth.	Permanent CMS Telehealth Service No End-date	Yes
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth.	Permanent CMS Telehealth Service No End-date	Yes
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth.	Permanent CMS Telehealth Service No End-date	Yes
G0410	Group psychotherapy other than of a multiple family group, in a partial hospitalization setting, approximately 45 to 50 minutes.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023	Statutory exclusion
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour.	Permanent CMS Telehealth Service No End-date	Yes
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour.	Permanent CMS Telehealth Service No End-date	Yes
G0422	Intensive cardiac rehabilitations; with or without continuous ECG monitoring with exercise, per session	Effective through 12/31/2023 Procedure G0422 listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
G0423	Intensive cardiac rehabilitations; with or without continuous ECG monitoring without exercise, per session	Effective through 12/31/2023 Procedure G0423 listed as a provisional covered telehealth service on the Medicare	

		Telehealth Services effective January 1, 2024	
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), 1 hour, per session, up to two sessions per day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 10/14/20 Available up Through December 31, 2021 Deleted procedure code, 01/01/2022	
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth.	Permanent CMS Telehealth Service No End-date	Yes
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	Permanent CMS Telehealth Service No End-date	Yes
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth.	Permanent CMS Telehealth Service No End-date	Yes
G0438	Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit.	Permanent CMS Telehealth Service No End-date	Yes
G0439	Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit.	Permanent CMS Telehealth Service No End-date	Yes
G0442	Annual alcohol misuse screen, 15 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0444	Annual depression screening, 15 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0445	Semiannual high-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior.	Permanent CMS Telehealth Service No End-date	Yes
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes.	Permanent CMS Telehealth Service No Enddate	Yes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes.	Permanent CMS Telehealth Service No End-date	Yes
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.	Permanent CMS Telehealth Service No End-date	Yes
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (List separately in addition to primary monthly care management service).	Permanent CMS Telehealth Service No End-date	Yes

G0508	Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth.	Permanent CMS Telehealth Service No End-date	
G0509	Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and provides via telehealth	Permanent CMS Telehealth Service No End-date	
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (List separately in addition to code for preventive service).	Permanent CMS Telehealth Service No End-date	Yes
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).	Permanent CMS Telehealth Service No End-date	Yes
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.	Permanent CMS Telehealth Service No End-date	Yes
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.	Permanent CMS Telehealth Service No End-date	Yes
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).	Permanent CMS Telehealth Service No End-date	Yes
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)	Permanent CMS Telehealth Service No End-date	Yes Bundled code
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT code 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)	Permanent CMS Telehealth Service No End-date	Yes

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 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)	Effective 01/01/2023 On the Permanent CMS Telehealth listing No End-date	
G3003	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 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; 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)	Effective 01/01/2023 On the Permanent CMS Telehealth listing No End-date	
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. This service is for a demonstration project.	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023 Procedure G9685 listed as a provisional covered telehealth service on the Medicare Telehealth Services	

		effective January 1, 2024	
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	Effective 01/01/2024	During the extended flexibilities period (2024–2027), suppliers may provide MDPP sessions in person or virtually (if they maintain CDC in-person recognition)
G9880	5 percent WL Achieved from baseline weight		
G9881	9 percent WL Achieved from baseline weight		
G9888	Maintenance 5 percent WL from baseline in months 7-12		
G9890	Bridge Payment		
S9152	Speech therapy, re-evaluation	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 Effective through 10/29/2023	Not valid for Medicare purposes

Procedure Code Coverage:

Healthcare visits in the form of e-visits, telephone visits, web visits

Codes	Description	
Virtual Check-Ins: Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).		
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.	
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 E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	
E-Visits, Online Digital Evaluation and Management Services		
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 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	

G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes End dated 12/31/2020 and replaced with codes 98970–98972 beginning 01/01/2021	
G2062	Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes End dated 12/31/2020 and replaced with codes 98970–98972 beginning 01/01/2021	
G2063	Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes. End dated 12/31/2020 and replaced with codes 98970–98972 beginning 01/01/2021	
Licensed clinical social workers, clinical psychologists, physical therapist, occupational therapists, and speech language pathologists can provide e-visits. E-visits are non-face-to-face communications with their practitioner by using online patient portals. (HCPCS codes G2061–G2063). HCPCS codes G2061–G2063 are end dated effective 12/31/2020 and replaced with codes 98970–98972 beginning 01/01/2021.		
The codes below are being added on an interim basis during the Public Health Emergency (PHE). New Codes G2250–G2253 will become effective 01/01/2021 and are included on an interim basis during the PHE.		
G2250	Remote assessment 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 service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment <u>Temporary Addition for the PHE for the COVID-19 Pandemic</u> Inherently telehealth services	
G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of clinical discussion <u>Temporary Addition for the PHE for the COVID-19 Pandemic</u> Inherently telehealth services	
G2252	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 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; 11–20 minutes of medical discussion <u>Temporary Addition for the PHE for the COVID-19 Pandemic</u> Inherently telehealth services	
Educational Services		
98966	Telephone assessment and management service provided by a qualified nonphysician 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. Temporary Addition for the PHE for the COVID-19 Pandemic Telehealth Coverage to end with the PHE enddate, effective October 29, 2023. Procedure listed as a provisional	

	covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
98967	Telephone assessment and management service provided by a qualified nonphysician 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. Temporary Addition for the PHE for the COVID-19 Pandemic Telehealth Coverage to end with the PHE enddate, effective October 29, 2023. Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
98968	Telephone assessment and management service provided by a qualified nonphysician 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. Temporary Addition for the PHE for the COVID-19 Pandemic Telehealth Coverage to end with the PHE enddate, effective October 29, 2023. Procedure listed as a provisional covered telehealth service on the Medicare Telehealth Services effective January 1, 2024	
Qualified Nonphysician Health Care Professional Online Digital Evaluation and Management Service		
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	
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	
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	
Remote Patient Monitoring		
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.	
99457	Remote physiologic monitoring treatment management services, clinical staff/physicians/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes.	
99458	Remote physiologic monitoring treatment management services, clinical staff/physicians/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 monitored)	
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.	

99453	Remote monitoring of physiologic parameter(s) (eg. 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) (eg. Weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.	
Current CPT coding guidance states that the remote physiologic monitoring service described by CPT code 99454 (device(s) supply with daily recordings or programmed alerts transmission each 30 day(s)), cannot be reported for monitoring of less than 16 days. For purposes of treating suspected COVID-19 infections, allowing the service to be reported for shorter periods of time than 16 days as long as the other code requirement are met.		
Originating sites billing:		
Q3014	Telehealth originating site facility fee. The old edit preventing originating site fee and E&M code on the same day is turned off. Decision made to allow both to be billed on the same day in light of the emergency.	
Professional Services billing:		
Modifier FQ	Service was furnished real-time using audio-only communication technology. This modifier should only be used by RHCs and FQHCs.	
Modifier FR	The supervising practitioner was present real-time through two-way, audio/video communication technology	
Modifier G0(zero)	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	
Modifier GQ	When telehealth services are performed “through an asynchronous telecommunications system”, add the telehealth GQ modifier with the professional service CPT or HCPCS code.	
Modifier GT	When telehealth services are performed “through synchronous telecommunications system”, add the telehealth GT modifier with the professional service CPT or HCPCS code. Medicare no longer uses the GT modifier for professional services. GT modifier is only allowed on institutional claims.	
Modifier 93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.	
Modifier 95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system	
Place of Service 02	Telehealth. The location where health services and health related services are provided or received, through a telecommunication system	
Place of Service 10	Telehealth. The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology	
When billing professional claims for all telehealth services with dates of services on or after March 10, 2020, and for the duration of the PHE, bill with: Place of Service (POS) equal to what it would have been had the service been furnished in-person (Place of service 02 is also acceptable)		
Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)		
G2025	Payment for a telehealth distant site service furnished by a rural health clinic (RHC) or federally qualified health center (FQHC) only	
During the COVID-19 PHE, RHCs and FQHCs can furnish any telehealth service that is included on the list of Medicare telehealth services under the Physician Fee Schedule (PFS). Telehealth services generally require use of interactive real-time audio and video technology. However, during the PHE, some services can be furnished using audio technology only. RHCs and FQHCs can furnish and bill for the services on the list of Medicare telehealth services using HCPCS code G2025. Payment to RHCs and FQHCs for distant site telehealth services is set at \$92.03, which is the average amount		

for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS. Please also refer to <https://www.cms.gov/files/document/se20016.pdf> New: 6/19/20

Telephone E/M services (as described by CPT codes 99441-99443) have been added to the Medicare telehealth services list effective March 1. RHCs and FQHCs can bill for the services described by these codes as they do other Medicare telehealth services using HCPCS code G2025, taking into consideration the CPT code description for the services. To bill for telephone E/M services, at least 5 minutes of medical discussion for a telephone E/M service by a physician or other qualified health care professional who may report E/M services must be provided to a patient, parent, or guardian. These services cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to another E/M service or a procedure within the next 24 hours or the soonest available appointment, including a service furnished via telehealth. CMS will exercise its enforcement discretion to not impose penalties so that these services may also be furnished to new patients in addition to established patients, during the PHE. New: 6/19/20

Effective October 1, 2021, the 'No Cost Share' for the designated telehealth services (99201-99215, G0425-G0427, G0406-G0408, 99421-99423, 98970-98972, 99441-99443, 98966-98968) when billed with the designated COVID-19 diagnosis (B97.29, U07.1, Z20.828, Z20.822) was end-dated. Effective October 1, 2021, cost-share was re-implemented.

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 03/10/2020

Date	Explanation & Changes
04/01/2020	<ul style="list-style-type: none"> Original Interim Policy developed Temporary Expansion of Reimbursement for Telehealth Services addressing COVID-19, added.
04/16/2020	<ul style="list-style-type: none"> Additional coverage clarification updated Annual Wellness Visits, G0438 and G0439, require synchronous telecommunication An interactive audio and video telecommunications system that permits real-time communication
05/07/2020	<ul style="list-style-type: none"> Additional coverage per CMS guidelines for Remote Patient Monitoring (CPT codes 99091, 99457-99458, 99473-99474, 99453-99454)
05/14/2020	<ul style="list-style-type: none"> CMS COVID-19 Emergency Declaration Blanket Waiver for HealthCare Providers indicates: Pursuant to authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), expands the types of health care professionals that can furnish distant site telehealth services to include Physical therapist, occupational therapist, speech language pathologists, and others to receive payment for Medicare telehealth services, dated 5/11/2020. Added Physical, Occupational, and Speech-Language therapists as covered distant providers. Additionally, added the 4/30/20 Telehealth procedure codes assigned per CMS (90875, 92002, 92004, 92012, 92014, 92508, 92601, 92602, 92603, 92604, 94002, 94003, 94004, 94005, 94664, 96110, 96112, 96113, 96121, 96127, 96158, 96170, 96171, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97530, 97542, 99324, 99325, 99326, 99441, 99442, 99443, 0373T, S9152, 0362T, G0410, G9685).
05/27/2020	<ul style="list-style-type: none"> On further review - Paramount Administrative determination to NOT include physical therapist, occupational therapist and speech language pathologist as distant site telehealth service providers. Paramount directing steerage towards home health care services. Removed Physical, Occupational, and Speech-Language therapists as covered distant providers.
06/01/2020	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth coverage through the earlier of 6/30/20 or the end of the emergency declaration
07/01/2020	<ul style="list-style-type: none"> Updated the medical policy to add that the place-of-service on the claim is to equal what it would have been had the service been furnished in-person Added Modifier 95 as an appropriate modifier to bill on the claim

	<ul style="list-style-type: none"> Updated asynchronous telehealth description. Updated/documented the extension of the emergency telehealth coverage through the earlier of 7/31/20 or the end of the emergency declaration.
07/14/2020	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth coverage through the earlier of 8/31/20 or the end of the emergency declaration.
08/07/2020	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth coverage through the earlier of 9/30/20 or the end of the emergency declaration
08/13/2020	<ul style="list-style-type: none"> Updated/documented the RHCs & FQHCs coverage for procedure G2025 and CPT codes 99441-99443
09/15/2020	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth coverage through the earlier of 12/31/20 or the end of the emergency declaration
10/13/2020	<ul style="list-style-type: none"> Reviewed codes allowed for CMS Telehealth Services, LIST OF MEDICARE TELEHEALTH SERVICES for PHE for the COVID-19 pandemic effective March 1 2020-updated October 14 2020. Added procedure codes – 93797, 93798, 93750, 95970, 95971, 95972, 95983, 95984, 99441, 99442, 99443, 90956, 0373T, G0422, G0423, G0424 Deleted procedure codes – 99091, 99453, 99454. 99474, which were not on the list but on the medical policy, deleted with a months' notice-delete effective date of 12/1/2020
10/28/2020	<ul style="list-style-type: none"> Added documentation clarifying the SCOPE of the medical policy is applied to professional claims
12/04/2020	<ul style="list-style-type: none"> Reinstated procedure codes 99091, 99453, 99454, 99474. Additionally added procedure codes 99493 and 99494. Placed medical policy on the new Paramount Medical Policy Format. Updated/documented the extension of the emergency telehealth coverage through the earlier of 03/3/2021 or the end of the emergency declaration
02/18/2021	<ul style="list-style-type: none"> Updated medical policy to address: Z20.822-Contact with and (suspected) exposure to COVID-19 (new diagnosis code effective 1/1/2021) Updated Telehealth Covered services for Outpatient Physical and Occupational Therapy Services <ul style="list-style-type: none"> *New Codes G2250-G2253 will become effective 01/01/2021 and are included on an interim basis during the PHE. *HCPCS codes G2061-G2063 are end dated effective 12/31/2020 and replaced with codes 98970-98972 beginning 01/01/2021.
03/07/2021	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth coverage through the earlier of 04/30/2021 or the end of the emergency declaration
04/15/2021	<ul style="list-style-type: none"> Updated the policy: added procedures 92526, 92550, 92552, 92553, 92555, 92556, 92557, 92563, 92565, 92567, 92568, 92570, 92587, 92607, 92608, 92609, 92610, 92625, 92626, 92627, 96105, 96125, 97129, 97130, G2211, G2212 per the updated list of Medicare Telehealth Services per CMS, updated list March 30, 2021. Reformatted the procedure code list to match the CMS telehealth lists Removed the statement, "Annual Wellness Visits, G0438 and G0439, require synchronous telecommunication. An interactive audio and video telecommunications system that permits real-time communication." Because the LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2021-updated March 30, 2021 indicates procedures G0438 and G0439 meet the requirements of audio-only. Updated/documented the extension of the emergency telehealth coverage through the earlier of 06/30/2021 or the end of the emergency declaration
07/01/2021	<ul style="list-style-type: none"> Changed medical policy title from Telehealth Services-COVID-19 ELITE/PROMEDICA MEDICARE PLAN - Emergency expanded access to medical and behavioral health services to ELITE/PROMEDICA MEDICARE PLAN Telehealth Services Clarified Telehealth coverage; permanent coverage and extended PHE coverage: This permanent ELITE/PROMEDICA MEDICARE PLAN Telehealth Medical Policy documents Paramount's Telehealth coverage. This includes the temporary telehealth coverage

	during the Public Health Emergency (PHE) for the COVID-19 Pandemic. Reimbursement for the expanded set of services delivered through telehealth will be effective for dates of service March 10, 2020 and expires the earlier of July 31, 2021 or the expiration of the applicable federal state of emergency.
07/12/2021	<ul style="list-style-type: none"> EFFECTIVE OCTOBER 1ST, 2021 THE 'NO COST SHARE' FOR THE TELEHEALTH SERVICES LISTED BELOW, WHEN BILLED WITH THE DESIGNATED COVID-19 DIAGNOSIS, WILL BE ENDDATED. EFFECTIVE OCTOBER 1ST, 2021 COST-SHARE WILL BE RE-IMPLEMENTED. Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 08/31/2021 or the end of the emergency declaration
08/24/2021	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth coverage through the earlier of 10/31/2021 or the end of the emergency declaration Additionally added procedure code 92588 which was added and effective 5/10/2021 per CMS
10/18/2021	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 11/30/2021 or the end of the emergency declaration
11/14/2021	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 12/31/2021 or the end of the emergency declaration
12/08/2021	<ul style="list-style-type: none"> Updated documentation and coverage per the CMS MLN Matters Number: MM12519, effective date: January 1, 2022 - Medicare Telehealth Services For CY 2022, CMS is not adding any new Category 1 HCPCS codes to the list of Medicare telehealth services or Category 2 HCPCS codes to the list of telehealth services. Codes that were added to the telehealth services list on a Category 3 temporary basis, for the Public Health Emergency (PHE), will remain on the Medicare telehealth through the end CY 2023. This allows time to get more evidence and comments on the Category 3 codes to support possible permanent addition to the list, or possible removal from the list. HCPCS codes G0422 and G0423, and CPT codes 93797 and 93798, are changing status on the Medicare telehealth services list to Category 3, "Available up Through the Year in Which the PHE Ends or December 31, 2023, whichever is later". Updated the patient's home to apply to the 'originating sites' coverage. "The patient's "originating sites" of a physician's office, a hospital, or other medical care settings, will also expand to include the patient's home. We clarified that patient's home includes temporary lodging. This could be hotels, homeless shelters, or nursing homes, that are a short distance from the patient's actual home and the "originating site facility fee" doesn't apply." Removed the specific 'originating site' or rural, as per CMS, per mental health telehealth – "The previous telehealth restrictions limiting mental health services to be only available to patients residing in rural areas will no longer apply." Add the documentation to the designated procedure codes "Available up Through December 31, 2023" per the list of Medicare telehealth services indicated, telehealth list updated November 1, 2021 Updated/documented the extension of the telehealth extended telehealth covered services through the earlier of 1/31/2022 or the end of the emergency declaration
01/17/2022	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 04/30/2022 or the end of the emergency declaration
03/30/2022	<ul style="list-style-type: none"> Updated the medical policy to include documentation related to POS=10 Updated documentation related to Modifiers FQ and 93 reimbursement/coding

04/14/2022	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 07/31/2022 or the end of the emergency declaration
07/18/2022	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 10/31/2022 or the end of the emergency declaration
08/26/2022	<ul style="list-style-type: none"> Updated, added the additional CMS covered telehealth services, 90901, 94625, 94626, 97537, 97763, 98960, 98961, 98962 Updated, added modifiers FQ, FR and G0
10/20/2022	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 01/31/2023 or the end of the emergency declaration
01/01/2023	<ul style="list-style-type: none"> Paramount added the covered Telehealth Home Health Services new HCPCS codes, G0320, G0321 and G0322
01/17/2023	<ul style="list-style-type: none"> Updated the E&M codes revised text
01/23/2023	<ul style="list-style-type: none"> Updated/documented the extension of the emergency telehealth extended telehealth covered services through the earlier of 12/31/2021 or the end of the emergency declaration Changed the Medical Policy title from Elite/ProMedica Medicare Plan Telehealth Services to Medicare Advantage Plans Telehealth Services
03/27/2023	<ul style="list-style-type: none"> Added The Consolidated Appropriations Act (CAA) of 2023 extended the documented telehealth flexibilities authorized during the COVID-19 PHE through December 31, 2024 Added the documentation to those codes whom telehealth coverage has been extended the 151 days post the PHE end date of May 11, 2023
04/01/2023	<ul style="list-style-type: none"> Added and updated the documentation indicating each telehealth codes coverage effective date Added the new 01/01/2023 Permanent Telehealth codes G0316, G0317, G0318, G3002, G3003
05/25/2023	<ul style="list-style-type: none"> Corrected/removed where procedures 99422 and 99423 were listed twice Clarified that procedures 99218-99220 are deleted codes effective 01/01/2023. And telehealth coverage end-dated 1/1/2023.
04/01/2024	<ul style="list-style-type: none"> Medical Policy reviewed and updated to reflect the most current clinical evidence Added codes 0591T, 0592T, 0593T, and G0136 Added codes G9887, G9880, G9881, G9888, G9890
05/01/2024	<ul style="list-style-type: none"> Corrected the date error for procedures 99218, 99219, 99220. Codes end-dated 01/01/2023 and were effective as telehealth procedures through 12/31/2022 Corrected the date error for procedure G0424. Code end-dated 01/01/2022 and was effective as telehealth procedure through 12/31/2021.
07/11/2024	<ul style="list-style-type: none"> Updated Medicare Telehealth coverage documentation to align with MLN901705 April 2024 Updated the Medicare plans allowed telehealth listed procedure codes from the 'LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2024-updated November 13, 2023' The following procedures codes were changed/updated to allow telehealth coverage per the CMS 01/01/2024 listing. <ul style="list-style-type: none"> 77427, 90875, 92002, 92004, 92012, 92014, 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92550, 92552, 92553, 92555, 92556, 92557, 92563, 92565, 92567, 92568, 92570, 92587, 92588, 92601, 92602, 92603, 92604, 92607, 92608, 92609, 92610, 92625, 92626, 92626, 92627, 93750, 93797, 93798, 94002, 94003, 94004, 94005, 94625, 94626, 94664, 95970, 95971, 95972, 95983, 95984, 96105, 96110, 96112, 96113, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96170, 96171, 97110, 97112, 97116, 97129, 97130, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168,

	97530, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, 98960, 98961, 98962, 99221, 99222, 99223, 99234, 99235, 99236, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99341, 99342, 99344, 99345, 99349, 99350, 99441, 99442, 99443, 99468, 99469, 99471, 99472, 99473, 99475, 99476, 99477, 99478, 99479, 99480, 0362T, 0373T, G0422, G0423, G9685, 98966, 98967, 98968.
10/01/2024	<ul style="list-style-type: none"> Medical Policy PG0474 Elite (Medicare Advantage) Plans Telehealth Services converted to Reimbursement Policy RM033

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to
<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting <https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review