

Dear Valued Provider,

As the COVID-19 situation evolves, UPMC Health Plan wants to provide our providers with continuous updates. Given efforts to contain the spread of COVID-19, there have been many questions surrounding telehealth and we want to share how UPMC Health Plan has broadened our approach for our telehealth services during this challenging time.

Important information:

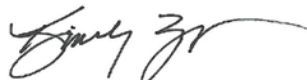
- UPMC Health Plan's technical requirements and information on all covered telehealth services can be found in **UPMC Health Plan policy MP.148**, which is available online through our Policies and Procedures Manual at upmchp.us/policiesandprocedures.
- UPMC Health Plan covers a brief (5-10 min) remote interaction, typically via telephone between a provider and their existing patient. This visit cannot be related to an Evaluation and Management (E/M) visit within the previous seven days or result in an E/M visit or appointment in the next 24 hours. This service is known as a "Virtual Check-In" and can be billed using code **G2012**.
- Providers should bill their current **Place of Service as 02** for telehealth visits.
- Behavioral health telehealth visits are covered as indicated in **UPMC Health Plan Telehealth policy MP.148**.
- Effective immediately until June 15, patients can get medical attention quickly and safely at **\$0 copay for all covered telehealth services**. UPMC Health Plan will waive any deductibles,[‡] copayments, or other cost-sharing for all in-network telehealth visits, including UPMC AnywhereCare. Patients who are not UPMC Health Plan members can still access UPMC AnywhereCare; they will be charged \$59 for the visit.
- As previously communicated, effective immediately until June 15, UPMC Health Plan will cover **COVID-19 diagnostic laboratory testing at no-cost** as a preventive service for UPMC Health Plan members.
- As previously communicated, **no member cost-share will apply to TESTING procedures** only for all UPMC Health Plan products and providers if billed under **CPT Code 87635 OR HCPCS Code U0002**. These procedures do not require prior authorization.
- UPMC Health Plan is committed to complying with CMS and state requirements for telehealth services. Please check our websites listed below for daily updates.

Please keep up to date on the most recent information by visiting and consistently checking back for updates:

- **UPMC Health Plan provider announcements:** upmchp.us/announcement-updates
- **UPMC Health Plan coronavirus website:** www.upmchealthplan.com/covid-19
- **UPMC Health Plan Policies and Procedures Manual:** upmchp.us/policiesandprocedures
- **CDC Website:** upmchp.us/cdc-covid-19

Thank you for your cooperation and continued participation with UPMC Health Plan. If you have any questions, please contact your **physician account executive** or Provider Services at **1-866-918-1595**.

Sincerely,



Kimberly Zynn
Vice President, National Network Development and Strategic Expansion
UPMC Health Plan

**This information is subject to change as the situation evolves.*

‡Self-funded plans that have opted out of coverage and qualified high-deductible health plan members may be subject to cost-sharing. The provider of care is ultimately responsible for providing accurate and compliant information on all submission of claims and/or billing information.

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: MP.148
REVISION DATE: 03/20
EFFECTIVE DATE: 03/20
PAGE NUMBER: 1 of 51

SUBJECT: Telehealth
INDEX TITLE: Medical Management
ORIGINAL DATE: July 2019

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL	CMS-MA	DHS-MA	ANCILLARY
HMO ()	PA (X)	Health Choices/PH (X)	Dental ()
PPO ()	Ohio ()	Health Choices/BH ()	Vision ()
Fully Insured ()	All ()	All ()	COBRA ()
Self Funded ()			All ()
Marketplace HMO ()	HMO (X)	CHIP	
Marketplace PPO ()	PPO (X)	CHIP (X)	WORKPARTNERS
Marketplace EPO ()	DSNP (X)		Commercial WC ()
Indiv. Off Exchange ()	Part D ()	COMMUNITY HEALTHCHOICES	WCTPA ()
All (X)	All ()	CHC/MLTSS (X)	Disability Svcs. ()
CDHP		COMMUNITY CARE	Life Solutions/Health Promo ()
HSA (X)		Community Care/BH ()	Life Solutions/EAP ()
HRA (X)			HCMS Group ()
HIA (X)			eBenefits Solutions ()
FSA ()			On Site Centers ()
All ()			All ()
Reference State Addendums for:			
Delaware () Ohio () Maryland () Virginia () Wisconsin ()			

- A. [Medical Description/Background](#)
- B. [Specific Indications](#)
- C. [Limitations](#)
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- E. [Variations](#)
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I. POLICY

It is the policy of UPMC Insurance Services Division to provide payment for telehealth services when medically necessary, clinically appropriate, and covered by the member's specific benefit plan.

II. DEFINITIONS

Critical Access Hospital (CAH) Optional Payment Method II: Under Section 1834(g)(2) of the Social Security Act, a Critical Access Hospital (CAH) may elect the Optional Payment Method, better known as Method II Billing, for the payment of both

facility services and professional services furnished to its outpatients by a physician or practitioner who has reassigned their billing rights to the CAH.

CMS: Centers for Medicare and Medicaid Services, the Health and Human Services agency responsible for Medicare and parts of Medicaid

Current Procedural Terminology (CPT - Healthcare Common Procedure Coding System Level I): A set of standardized codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care providers during a medical encounter. Each procedure or service is identified with a five-digit code.

Department of Human Services (DHS): DHS offices administer services that provide care and support to Pennsylvania's most vulnerable individuals and families

Healthcare Common Procedure Coding System (HCPCS Level II Codes): These represent national codes that are used to report supplies and equipment, as well as select services provided on an outpatient basis. HCPCS codes are published by CMS and updated quarterly. HCPCS codes consist of one alpha character (A-V) followed by four digits. HCPCS level II codes describe durable medical equipment, medications, provider services, temporary Medicare codes, temporary national codes and other disparate items and services as ambulance services.

International Classification of Disease, Tenth Revision (ICD-10-CM/PCS): A listing of diagnoses and identifying codes used by physicians for reporting diagnoses of UPMC Insurance Services Division enrollees. The coding and terminology provide a uniform language that can accurately designate primary and secondary diagnoses and provide for reliable, consistent communication on claim forms.

MC400: A transactional system for processing membership, billing, medical claims and payment data.

Modifier: These are found in the form of two characters, either numbers, letters or a combination of each and are intended to append specific information to a certain procedure or service. Modifiers are a mechanism to indicate that a service or procedure has been “modified” by some circumstance, but the service itself is still described by the CPT or Level II HCPCS code definition.

- **Modifier GT:** Via interactive audio and video telecommunication systems. Modifier used to indicate telehealth services.
- **Modifier G0:** Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke.
- **Modifier GQ:** Via asynchronous telecommunications system. Modifier used to indicate telehealth services.

- **Modifier 95:** Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System. Modifier 95 may only be appended to the services listed in the coding section of this policy. The coding section contains the list of CPT codes for services that are typically performed face-to-face but may be rendered via real-time (synchronous) interactive audio and video telecommunications system.

Place of Service code: A two-digit code placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintain POS codes used throughout the health care industry.

- **POS Code 02:** The location where health services and health related services are provided or received, through telecommunication technology.

Telehealth: A broad range of technologies and services to provide patient care and improve the healthcare delivery system.

- **Asynchronous communication:** A store and forward method that transmits medical data to a physician or practitioner for later review and do not require real-time communication between the sender and receiver of the information.
- **Synchronous conversation:** A real-time communication (virtual visit) using interactive audio and visual equipment, such as video conferences between a patient and specialist.
- **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.

Telemedicine: A delivery of health care services over a distance using telecommunications technology. For the purposes of this policy, telehealth and telemedicine will be used interchangeably.

III. PURPOSE

The purpose of this policy is to:

- Ensure clinical appropriateness with respect to the delivery and reimbursement of all of all telemedicine/telehealth services;
- Provide clear billing protocols;
- Stipulate minimum requirements for technologies used to provide telehealth services; and
- Support all audit requirements related to telehealth services.

IV. SCOPE

This policy applies to various UPMC Insurance Services Division departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration, and Claims Departments.

V. PROCEDURE

A. Medical Description

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 in order 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 is practiced either in real-time or as store-and-forward. Real-time telemedicine requires the simultaneous attendance of provider and patient, or of multiple providers to a communications link that allows real-time interaction. Store-and-forward telemedicine involves the acquisition and transmission of medical data from the patient to a medical provider for review and later assessment - it does not require the simultaneous presence of both parties or a real-time communication link.

For the purposes of this policy, telehealth and telemedicine will be used interchangeably.

B. Specific Indications

- There are many potential clinical areas and indications where telehealth can be used.
 - It can be used in the inpatient hospital, nursing facility, office and/or other outpatient care settings.
- When care is delivered via telehealth it should be clinically appropriate while maintaining patient confidentiality and conducted in a manner consistent with professionally recognized standards of health care. Clinical appropriateness should be clear from the medical record to indicate appropriateness.
- Telehealth should only be used by appropriate licensed health care and behavioral health providers for services that would normally be covered by each line of business under UPMC (Commercial, UPMC *for Life* [Medicare], UPMC *for You* [Medical Assistance], UPMC *for Kids* [CHIP]) in a hospital/office setting.

When using telehealth technologies and systems to render services, providers must consider security, patient confidentiality, and privacy. A HIPAA-compliant, secured

electronic channel is required to be used for the purpose of telemedicine encounters. The electronic channel must include and support all of the following:

1. Access controls;
2. Encryption and decryption;
3. Audit controls;
4. Transmission security;
5. Third party storage considerations including a Business Associate Agreement;
6. HIPAA technical safeguards; and
7. Payment Card Industry Data Security Standard (PCI-DSS) compliant.

Note: Details of technology requirements can be found in the Limitations section.

C. Limitations

Limitations to telehealth services include all of the following:

1. The service must be within a practitioner's scope of specialty practice and state law.
2. The practitioner must be licensed to provide the service under the laws of the state where the patient is located.
3. Telehealth must be conducted by a provider from a private setting that is appropriate for clinical services.

Technology Requirements

Security and confidentiality related to all PHI and service delivery using telehealth technologies must be strictly safeguarded in accordance with state and federal laws including HHS security requirements (<https://www.hhs.gov/hipaa/for-professionals/security/index.html>) and the below specifications.

1. Access Control
 - All telemedicine practices (e.g. audio, video, messaging, chat, etc.) must be conducted on a secure, HIPAA compliant technology platform.
 - Access control - Implement technical policies and procedures for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in § 164.308(a)(4).
 - Unique user identification - Assign a unique name and/or number for identifying and tracking user identity.
 - Person or entity authentication - Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed.
 - Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity.
2. Data at Rest

- Encryption and decryption. Implement a mechanism to encrypt and decrypt electronic protected health information. PHI information must be encrypted at rest with a minimum 256-bit encryption.
 - Audit controls. Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.
 - Integrity. Implement policies and procedures to protect electronic protected health information from improper alteration or destruction.
3. Data in Motion
- Transmission security - Implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.
 - Implement security measures to ensure that electronically transmitted electronic protected health information is not improperly modified without detection until disposed of.
 - Implement a mechanism to encrypt electronic protected health information whenever deemed appropriate.
 - HIPAA guidelines require that any software transmitting protected personal health information meet a 128-bit level of encryption over Transport Layer Security protocol (TLS 1.2), at a minimum. Traffic encrypted with FIPS 140-2 compliant 256-bit Advanced Encryption Standard is preferred.
 - Valid encryption processes for data in motion are those that comply with the requirements of Federal Information Processing Standards (FIPS) 140–2.
4. Organizational Requirements
- If data is stored by a third party, the covered entity is required to have a Business Associate Agreement (BAA) with the party storing the data. This BAA must include methods used by the third party to ensure the protection of the data including encryption methods, documentation on their security practices, and emergency protocols and provisions for regular auditing of the data's security.
 - Business associate contracts - The contract must provide that the business associate will comply with HIPAA, appropriate HHS standards, and the requirements of this policy.
 - Comply with the applicable requirements of HIPAA technical safeguards requirements.
 - In accordance with HIPAA regulations, ensure that any subcontractors that create, receive, maintain, or transmit electronic protected health information on behalf of the business associate agree to comply with the applicable requirements of HIPAA by entering into a contract or other arrangement that complies with this HIPAA technical safeguards.
 - Report to the covered entity any security incident of which it becomes aware, including breaches of unsecured protected health information as required.

5. Non-compliant app:

- Although digital applications like Skype & FaceTime meet or exceed requirements for encryption, that doesn't automatically mean the software is HIPAA compliant.
- In order to comply with the HIPAA Omnibus Rule, Skype/FaceTime would need to enter into a BAA with any health provider concerned about HIPAA compliant video conferencing. Since Skype/FaceTime are not designed specifically for healthcare purposes, they do not sign BAAs. Skype/FaceTime do not meet criteria for BAA exemption, either as the software transmits more than protected health information.
- For the above reasons, Skype/FaceTime and alike application are not HIPAA compliant and will be considered not clinically appropriate.

D. Information Required for Review

Adequate documentation in the patient's medical record must include date and duration of the health care service(s) provided, the technology used, and sufficient detail to establish clinical appropriateness for the use of telehealth services. This information must be readily available upon request.

E. Variations

Commercial and UPMC for Kids (CHIP):

UPMC Health Plan Commercial telehealth coding guidelines are as follows:

- Place of service (POS) 02 is the recognized POS code for telehealth billing. Utilization of POS 02 is the preferred method of coding for telehealth services.
- Modifier 95 for CPT Telemedicine Service Codes is also an accepted telehealth billing method in addition to POS 02.
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UPMC for Life (Medicare):

UPMC Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all items, services and/or procedures that are covered benefits under Medicare. If the description of coverage criteria in this policy conflicts with any NCD or relevant LCD, the NCD or relevant LCD controls regardless of the version of the NCD or LCD listed in the Reference section of this policy.

- UPMC for Life mirrors CMS's decision to eliminate geographic restrictions.

UPMC for You and UPMC Community HealthChoices (Medical Assistance):

UPMC Health Plan Medicaid telehealth coding guidelines are as follows:

- UPMC Health Plan Medicaid products will follow Pennsylvania DHS billing and coding guidelines. These products will also follow stated DHS Fee Schedule.

- UPMC Health Plan also recognizes and accepts additional codes for Medicaid products.
- Certain telehealth codes are not on the Medical Assistance fee schedule. These procedures may only be requested as a Program Exception under the Program Exception process.

F. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply coverage or reimbursement. Please refer to the specific contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual.

****In order to track and pay appropriately, the Health Plan requires POS to be utilized with CPT/HCPCS codes for all Telehealth encounters.**

Place of Service (POS) and Modifiers

<u>POS</u>	<u>Description</u>
02	The location where health services and health related services are provided or received, through telecommunication technology

<u>Modifiers</u>	<u>Description</u>
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
GQ	Via asynchronous telecommunications system
GT	Via interactive audio and video telecommunication systems

- **CHIP Coding**

<u>CPT Codes:</u>	<u>Description</u>
	Interactive complexity (List separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

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- 90837 Psychotherapy, 60 minutes with patient
90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839 Psychotherapy for crisis; first 60 minutes
90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845 Psychoanalysis
90846 Family psychotherapy (without the patient present), 50 minutes
90847 Family psychotherapy (conjoint psychotherapy)(with patient present), 50 minutes
90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90951 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90952 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90953 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90954 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90955 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90956 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month

- 90957 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90958 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90959 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90960 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90961 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90962 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90963 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90964 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90965 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90966 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
- 90967 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
- 90968 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age

- 90969 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
- 90970 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
- 92227 Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- 92228 Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
- 93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
- 93229 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
- 93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
- 93270 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
- 93271 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis

- 93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
- 93298 Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
- 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
- 96116 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
- 96121 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
- 96156 Health behavior assessment, or re-assessment (i.e. health-focused clinical interview, behavioral observations, clinical decision making)
- 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes
- 96159 Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96160 Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
- 96161 Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
- 96164 Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
- 96165 Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

- 96167 Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- 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)
- 96170 Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
- 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)
- 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
- 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
- 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
- 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
- 99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity

- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a detailed history; a detailed examination; medical decision making of moderate complexity
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision making of high complexity
- 99241 Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making
- 99242 Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an

- expanded problem focused examination; and straightforward medical decision making
- 99243 Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
- 99244 Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
- 99245 Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
- 99251 Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making
- 99252 Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
- 99253 Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
- 99254 Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
- 99255 Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
- 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making
- 99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity
- 99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity

- 99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity
- 99354 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
- 99355 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
- 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
- 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
- 99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 99422 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- 99423 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- 99446 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care

- professional; 5-10 minutes of medical consultative discussion and review
- 99447 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
- 99448 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
- 99449 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
- 99451 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
- 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
- 99453 Remote monitoring of physiologic parameter(s) (e.g., weight blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- 99454 Remote monitoring of physiologic parameter(s) (e.g., weight blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- 99457 Remote physiologic monitoring treatment management services, clinical staff/physician/ 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/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)

99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
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
99495	Transitional Care Management Services with the following require elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; medical decision making of at least moderate complexity during the service period; face-to-face visit, within 14 calendar days of discharge
99496	Transitional Care Management Services with the following require elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; medical decision making of high complexity during the service period; face-to-face visit, with 7 calendar days of discharge
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
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)
99499	Unlisted evaluation and management service

CHIP Coding
HCPCS Code:

Description

G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regiment (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes

- G0296 Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)
- G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
- G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
- G0406 Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
- G0407 Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
- G0408 Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
- G0420 Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
- G0421 Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
- G0425 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
- G0426 Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
- G0427 Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
- G0438 Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- G0439 Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
- G0442 Annual alcohol misuse screening, 15 minutes
- G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0444 Annual depression screening, 15 minutes
- G0445 Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
- G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- G0447 Face-to-face behavioral counseling for obesity, 15 minutes
- G0459 Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

- G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)
- G0508 Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
- G0509 Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
- 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)
- 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 preventative service)
- G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient with 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
- G2011 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes
- 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
- G2061 Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- G2062 Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- G2063 Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- 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
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
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)
Q3014	Telehealth originating site facility fee
T1014	Telehealth transmission, per minute, professional services bill separately

Commercial Coding

<u>CPT Code:</u>	<u>Description</u>
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy)(with patient present), 50 minutes
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and

- 90952 counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90953 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90954 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90955 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90956 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90957 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90958 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90959 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90960 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face

- visits by a physician or other qualified health care professional per month
- 90961 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90962 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90963 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90964 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90965 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90966 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
- 90967 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
- 90968 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
- 90969 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
- 90970 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
- 92227 Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- 92228 Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
- 93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center

- for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
- 93229 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
- 93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
- 93270 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
- 93271 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
- 93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
- 93298 Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
- 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
- 96116 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

- 96121 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
- 96156 Health behavior assessment, or re-assessment (i.e. health-focused clinical interview, behavioral observations, clinical decision making)
- 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes
- 96159 Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96160 Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
- 96161 Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
- 96164 Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
- 96165 Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96167 Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- 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)
- 96170 Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
- 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)
- 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
- 98960 Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized

- 98961 curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
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
- 98962 curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
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
- 99201 curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity
- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity

- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a detailed history; a detailed examination; medical decision making of moderate complexity
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision making of high complexity
- 99241 Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making
- 99242 Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
- 99243 Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
- 99244 Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
- 99245 Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
- 99251 Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making

- 99252 Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
- 99253 Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
- 99254 Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
- 99255 Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
- 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making
- 99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity
- 99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity
- 99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity
- 99354 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
- 99355 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately

- in addition to code for inpatient Evaluation and Management service)
- 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
- 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
- 99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 99422 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- 99423 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- 99446 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- 99447 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
- 99448 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
- 99449 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's

- treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
- 99451 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
- 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
- 99453 Remote monitoring of physiologic parameter(s) (e.g., weight blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- 99454 Remote monitoring of physiologic parameter(s) (e.g., weight blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- 99457 Remote physiologic monitoring treatment management services, clinical staff/physician/ 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/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
- 99473 Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
- 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
- 99495 Transitional Care Management Services with the following require elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; medical decision making of at least moderate complexity during the service period; face-to-face visit, within 14 calendar days of discharge
- 99496 Transitional Care Management Services with the following require elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of

99497	discharge; medical decision making of high complexity during the service period; face-to-face visit, with 7 calendar days of discharge 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
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)
99499	Unlisted evaluation and management service

Commercial Coding

<u>HCPCS Code:</u>	<u>Description</u>
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regiment (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour

- G0425 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
- G0426 Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
- G0427 Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
- G0438 Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- G0439 Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
- G0442 Annual alcohol misuse screening, 15 minutes
- G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0444 Annual depression screening, 15 minutes
- G0445 Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
- G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- G0447 Face-to-face behavioral counseling for obesity, 15 minutes
- G0459 Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
- G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)
- G0508 Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
- G0509 Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
- 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)
- 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 preventative service)
- G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient with 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
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes
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
G2061	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
G2062	Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
G2063	Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
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
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
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)
Q3014	Telehealth originating site facility fee
T1014	Telehealth transmission, per minute, professional services bill separately

Medical Assistance and CHC Coding

<u>CPT Code:</u>	<u>Description</u>
92227	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

- 93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
- 93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
- 93270 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
- 93271 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis
- 93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
- 93298 Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
- 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
- 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
- 99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an

- 99203 expanded problem focused history; an expanded problem focused examination; straightforward medical decision making
Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity
- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a detailed history; a detailed examination; medical decision making of moderate complexity
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an

- expanded problem focused examination; medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision making of high complexity
- 99241 Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making
- 99242 Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
- 99243 Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
- 99244 Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
- 99245 Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
- 99251 Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making
- 99252 Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
- 99253 Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
- 99254 Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
- 99255 Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
- 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key

	components: a problem focused interval history; a problem focused examination; straightforward medical decision making
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
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
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)

Medical Assistance and CHC Coding

<u>HCPCS Code:</u>	<u>Description</u>
Q3014	Telehealth originating site facility fee

Medicare Coding

<u>CPT Code:</u>	<u>Description</u>
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services

- 90832 Psychotherapy, 30 minutes with patient
90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90834 Psychotherapy, 45 minutes with patient
90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90837 Psychotherapy, 60 minutes with patient
90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
- 90839 Psychotherapy for crisis; first 60 minutes
90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
- 90845 Psychoanalysis
- 90951 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90952 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90953 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90954 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90955 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90956 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and

- 90957 counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90958 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90959 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90960 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
- 90961 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
- 90962 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
- 90963 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90964 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90965 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- 90966 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
- 90967 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age

- 90968 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
- 90969 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
- 90970 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
- 92227 Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- 92228 Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
- 93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
- 93229 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitter to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
- 93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
- 93270 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
- 93271 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability

- up to 30 days, 24-hour attended monitoring; transmission and analysis
- 93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
- 93298 Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
- 96116 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
- 96121 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
- 96156 Health behavior assessment, or re-assessment (i.e. health-focused clinical interview, behavioral observations, clinical decision making)
- 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes
- 96159 Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
- 96160 Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
- 96161 Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
- 96164 Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
- 96165 Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

- 96167 Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- 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)
- 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
- 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
- 99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity
- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a problem focused history; a problem focused examination; straightforward medical decision making

- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a detailed history; a detailed examination; medical decision making of moderate complexity
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: a comprehensive history; a comprehensive examination; medical decision making of high complexity
- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: a detailed interval history; a detailed examination; medical decision making of high complexity
- 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making
- 99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity
- 99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity
- 99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity

- 99354 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)
- 99355 Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
- 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
- 99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 99422 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- 99423 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- 99446 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- 99447 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
- 99448 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative

- physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
- 99449 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
- 99451 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
- 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
- 99453 Remote monitoring of physiologic parameter(s) (e.g., weight blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
- 99454 Remote monitoring of physiologic parameter(s) (e.g., weight blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- 99457 Remote physiologic monitoring treatment management services, clinical staff/physician/ 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/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
- 99473 Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
- 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
- 99495 Transitional Care Management Services with the following require elements: Communication (direct contact, telephone, electronic)

- with the patient and/or caregiver within 2 business days of discharge; medical decision making of at least moderate complexity during the service period; face-to-face visit, within 14 calendar days of discharge
- 99496 Transitional Care Management Services with the following require elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; medical decision making of high complexity during the service period; face-to-face visit, with 7 calendar days of discharge
- 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
- 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)
- 99499 Unlisted evaluation and management service

Medicare Coding

HCPCS Code:

Description

- G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
- G0109 Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
- G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regiment (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
- G0296 Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)
- G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
- G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
- G0406 Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth

- G0407 Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
- G0408 Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
- G0420 Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour
- G0421 Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour
- G0425 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
- G0426 Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
- G0427 Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
- G0438 Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- G0439 Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
- G0442 Annual alcohol misuse screening, 15 minutes
- G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- G0444 Annual depression screening, 15 minutes
- G0445 Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior
- G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- G0447 Face-to-face behavioral counseling for obesity, 15 minutes
- G0459 Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
- G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)
- G0508 Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
- G0509 Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth
- G0513 Prolonged preventive service(s)(beyond the typical service time of the primary procedure), in the office or other outpatient setting

- G0514 requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
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 preventative service)
- G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient with 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
- G2011 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes
- 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
- G2061 Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- G2062 Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- G2063 Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- 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
- 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
- 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)
- Q3014 Telehealth originating site facility fee

T1014 Telehealth transmission, per minute, professional services bill separately

Quality Assurance & Operational Integrity

Quality Assurance & Operational Integrity monitors policy compliance and/or billing accuracy at the request of the UPMC Insurance Services Division's Technology Assessment Committee or the Benefits Reimbursement Committee.

H. Records Retention

Records Retention for documents, regardless of medium, is provided within the UPMC Health System Policy for Records Retention, Management and Retirement, and as indicated in the UPMC Insurance Services Division Policy and Procedure for Records Retention.

Unless otherwise mandated by Federal or State law, or unless required to be maintained for litigation purposes, any communications recorded pursuant to this Policy are maintained for a minimum of ten (10) years from the date of recording.

I. References

Please note the following:

- The links and the dates of publication and/or latest revisions for all references below are current as of the Revision Date of this policy.
- Not all the links are free access. Some of the references may require site registration, subscription and/or purchase to download the information cited.

Medical Literature/Clinical Information:

N/A

Regulatory/Government Source:

1. U.S. Department of Health & Human Services (HHS). Centers for Medicare and Medicaid Services (CMS). RIN-0938-AT59. Requirements for Medical Advantage Plans Offering Additional Telehealth Services (42 CFR §§422.100, 422.135, 422.252, 422.254, and 422.264). 84 FR 15680-15844. April 16, 2019.
<https://www.govinfo.gov/content/pkg/FR-2019-04-16/pdf/2019-06822.pdf>
2. Pennsylvania Department of Human Services. Medical Assistance Bulletin. MA Bull. No. 09-12-31, 31-12-31, 33-12-30. Consultations Performed Using Telemedicine. Issued: May 23, 2012.
http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_005993.pdf

3. U.S. Department of Health & Human Services (HHS). Health Resources & Services Administration (HRSA). Medicare Telehealth Payment Eligibility Analyzer.
<https://data.hrsa.gov/tools/medicare/telehealth>

Disclaimer: UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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