



Telemedicine and Direct Patient Contact Payment Policy As of December 1, 2023

Policy Type:	New
Applies to:	<ul style="list-style-type: none">Commercial and Medicare Advantage ProductsAll participating and non-participating physicians, facilities and other qualified health care professionals
Policy Implementation:	Date of Service
Policy Revision Date:	Click Here
Last Review Date:	December, 2023
Next Review Date:	December, 2024

Our payment policies ensure that we pay providers based on the code that most accurately describes the procedure performed. We include CPT/HCPCS, CMS or other coding methodologies in our payment policies when appropriate. Unless noted otherwise, payment policies apply to all professionals who deliver health care services. When developing payment policies, we consider coding methodology, industry-standard payment logic, regulatory requirements, benefits design and other factors.

This Payment Policy expresses Aetna's determination of whether or how certain services or supplies are reimbursed. Payment Policies include references to standard HIPAA compliant code sets to assist with search functions and to facilitate billing and payment for services. New and revised codes are added to the policies as they are updated. When billing, you must use the most appropriate code as of the effective date of the submission. Unlisted, unspecified and nonspecific codes should be avoided when a more specific code exists for the service. ***Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.*** If there is a discrepancy between this payment policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the following website: <http://www.cms.hhs.gov/center/coverage.asp>.

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Overview

Refer to [Telemedicine and Direct Patient Contact Policy - Prior to December 1, 2023](#) for coverage on dates of service prior to 12/01/2023.

This policy addresses our guidelines regarding payment for telehealth, telemedicine, direct patient contact, care plan oversight, concierge medicine, and missed appointments.

Refer to [Expanded Claim Edits](#) for additional coding and reimbursement policies that may apply separately from the policy detailed below.

Payment for telemedicine services is subject to provider meeting Aetna credentialing requirements available through Availity, including office and licensure criteria.

Definitions/Glossary

Term	Definition
Asynchronous Telecommunication	Telecommunication systems that “store” medical information such as diagnostic images or video and “forward” it from one site to another for the physician or health care practitioner to view in the future at a site different from the patient. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System	Real-time interactive audio-only/telephone communication service between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the audio-only synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via an in-person interaction.
Synchronous Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions and Audio-Visual Communication Technology	Real-time interactive video teleconferencing that involves communication between the patient and a distant physician or health care practitioner who is performing the medical service. The physician or health care practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the audio-video synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via an in-person interaction.
Telehealth	Telehealth is broader than telemedicine and takes in all health care services that are provided via live, interactive audio and visual transmissions of a physician-patient encounter. These health care services include non-clinical services, such as provider training, administrative meetings and continuing medical education, in addition to clinical services. Telehealth may be provided via real-time telecommunications or transmitted by store-and-forward technology.
Telemedicine	Telemedicine services involve the delivery of clinical medicine via real-time telecommunications such as telephone, the internet, or other communications networks or devices that do not involve in person direct patient contact.

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Telemedicine for Commercial Plans

Two-way, Synchronous (i.e. real-time) Audio-	We consider certain telemedicine services for reimbursement. Refer to List of Eligible CPT/HCPCS/Modifiers for Telemedicine for Self-insured Commercial Plans . [*] The eligible CPT/HCPC
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Visual Interactive Medical Service Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System Asynchronous Telecommunication	<p>procedures require a modifier for coverage. Refer to the Required Modifier for Coverage column for eligible modifiers.</p> <p><i>*Does not apply to fully insured commercial plans in any of the 50 states. Fully insured commercial plans are governed by state mandates.</i></p> <p>Refer to Telemedicine and Direct Patient Contact Policy - Prior to December 1, 2023 for coverage on dates of service prior to 12/01/2023.</p> <p><u>Audio-Visual Modifiers</u></p> <ul style="list-style-type: none"> • GT: Via interactive audio and video telecommunication systems • 95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System • FR: The supervising practitioner was present through two-way, audio/video communication technology <p><u>Audio-Only Modifiers</u></p> <ul style="list-style-type: none"> • 93: Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System • FQ: The service was furnished using audio-only communication technology <p><u>Asynchronous Modifier</u></p> <ul style="list-style-type: none"> • GQ: Via asynchronous telecommunications system
Tele-Stroke Services Modifier G0	<p>We pay for tele-stroke services when appended with modifier G0 (telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke).</p>
Telehealth Transmission Fees HCPCS codes Q3014 and T1014	<p>Charges for telehealth services or transmission fees aren't eligible for payment. These services are incidental to the charges associated with the evaluation and management of the patient.</p>

Telehealth for Medicare Advantage Plans

Telehealth for Medicare Members/Plans	<p>Medicare Advantage members may be eligible for telemedicine services in accordance with CMS regulations. We follow CMS policy.</p> <p>https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>
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Direct Patient Contact

Direct Patient Contact	<p>Unless listed as a covered service, medical services that do not include direct in-person patient contact are not payable. We consider services with no direct patient contact incidental to the overall episode of care for the member.</p>
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Remote Patient Monitoring

Remote Patient Monitoring

These services are eligible for reimbursement:

Procedure Code	Description
98975	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days.
98977	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days.
98978	Remote therapeutic monitoring (e.g., therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes.
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure).
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
99454	Remote monitoring of physiologic parameter(s) (ego, 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).

Care Plan Oversight

Care Plan Oversight

Care plan oversight is not eligible for payment. Care plan oversight is billed for physician supervision of patients under the care of home health agencies, hospice or nursing facilities. It includes the time spent reviewing reports on patient status and care conferences. We do not pay for time without direct patient contact.

Note: Care plan oversight is eligible for payment on case management exceptions authorized by Patient Management.

Concierge Medicine or Boutique Medicine

Concierge Medicine or Boutique Medicine	<p>Concierge medicine (boutique medicine) charges for services a patient receives outside of direct patient contact are not covered. Such services may include scheduling preferences or return phone calls from the provider.</p> <p>These services do not represent treatment of disease or injury. They are standard administrative services that are included in the evaluation & management service, and thus we don't allow separate payment.</p> <p>No specific code exists for these services. Services may be billed with a written description, such as "Concierge Services" or "Administrative Services."</p>
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Missed Appointments	
Missed Appointments	We don't cover missed appointments because no direct or indirect medical care was rendered to the patient. Charges due to a missed appointment are the responsibility of the member.

List of Eligible CPT/HCPCS/Modifiers for Telemedicine for Self-Insured Commercial Plans		
Eligible Code Description	Eligible CPT/HCPCS	Required Modifier for Coverage
Interactive complexity	90785	GT, 95, FR
Psychiatric diagnostic evaluation	90791	GT, 95, FR
Psychiatric diagnostic evaluation with medical services	90792	GT, 95, FR
Psychotherapy, 30 minutes with patient	90832	GT, 95, FR
Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	90833	GT, 95, FR
Psychotherapy, 45 minutes with patient	90834	GT, 95, FR
Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure).	90836	GT, 95, FR
Psychotherapy, 60 minutes with patient	90837	GT, 95, FR
Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	90838	GT, 95, FR
Psychotherapy for crisis	90839, 90840	GT, 95, FR

Psychoanalysis	90845	GT, 95, FR
Family psychotherapy (without the patient present), 50 minutes	90846	GT, 95, FR
Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847	GT, 95, FR
Multiple-family group psychotherapy	90849	GT, 95, FR
Group psychotherapy (other than of a multiple-family group)	90853	GT, 95, FR
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	90863	GT, 95, FR
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	90951	GT, 95, FR
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	90952	GT, 95, FR
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	90954	GT, 95, FR
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	90955	GT, 95, FR
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	90957	GT, 95, FR
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	90958	GT, 95, FR
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	90960	GT, 95, FR

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	90961	GT, 95, FR
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	90963	GT, 95, FR
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	90964	GT, 95, FR
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	90965	GT, 95, FR
End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	90966	GT, 95, FR
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	90967	GT, 95, FR
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	90968	GT, 95, FR
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	90969	GT, 95, FR
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	90970	GT, 95, FR
Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	92227	GT, 95, FR
Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	92228	GT, 95, FR
Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	GT, 95, FR
Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	92508	GT, 95, FR
Evaluation of speech fluency (e.g., stuttering, cluttering)	92521	GT, 95, FR
Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	92522	GT, 95, FR
Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	92523	GT, 95, FR

Behavioral and qualitative analysis of voice and resonance	92524	GT, 95, FR
Treatment of swallowing dysfunction and/or oral function for feeding	92526	GT, 95, FR
Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	92601	GT, 95, FR
Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	92602	GT, 95, FR
Diagnostic analysis of cochlear implant, age 7 years or older; with programming	92603	GT, 95, FR
Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	92604	GT, 95, FR
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	93228	GT, 95, FR
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	93229	GT, 95, FR
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	93268	GT, 95, FR
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)	93270	GT, 95, FR
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	93271	GT, 95, FR
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	93272	GT, 95, FR

Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	94664	GT, 95, FR
Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	96040	GT, 95, FR
Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	96105	GT, 95, FR
Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	96110	GT, 95, FR
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	96112, 96113	GT, 95, FR
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report	96116, 96121	GT, 95, FR
Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	96125	GT, 95, FR
Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	96127	GT, 95, FR, 93, FQ
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed	96130, 96131	GT, 95, FR
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed	96132, 96133	GT, 95, FR
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method	96136, 96137	GT, 95, FR
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method	96138, 96139	GT, 95, FR
Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	96156	GT, 95, FR

Health behavior intervention, individual, face-to-face	96158, 96159	GT, 95, FR
Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	96160	GT, 95, FR, 93, FQ
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	96161	GT, 95, FR, 93, FQ
Health behavior intervention, group (2 or more patients), face-to-face	96164, 96165	GT, 95, FR
Health behavior intervention, family (with the patient present), face-to-face	96167, 96168	GT, 95, FR
Health behavior intervention, family (without the patient present), face-to-face	96170, 96171	GT, 95, FR
Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	97110	GT, 95, FR
Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	97112	GT, 95, FR
Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	97116	GT, 95, FR
Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact	97129, 97130	GT, 95, FR
Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151	GT, 95, FR
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153	GT, 95, FR
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155	GT, 95, FR
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156	GT, 95, FR

Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	97157	GT, 95, FR
Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome	97161	GT, 95, FR
Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome	97162	GT, 95, FR
Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family	97163	GT, 95, FR
Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family	97164	GT, 95, FR
Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component	97165	GT, 95, FR
Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate	97166	GT, 95, FR

modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component		
Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family	97167	GT, 95, FR
Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family	97168	GT, 95, FR
Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530	GT, 95, FR
Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	97535	GT, 95, FR
Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	97750	GT, 95, FR
Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	97755	GT, 95, FR
Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	97760	GT, 95, FR
Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	97761	GT, 95, FR
Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97802	GT, 95, FR, 93, FQ
Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97803	GT, 95, FR, 93, FQ
Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	97804	GT, 95, FR

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	98960	GT, 95, FR
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	98961	GT, 95, FR
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	98962	GT, 95, FR
Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	99202, 99203, 99204, 99205	GT, 95, FR
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	99211, 99212, 99213, 99214, 99215	GT, 95, FR
Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making	99231, 99232, 99233	GT, 95, FR
Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	99252, 99253, 99254, 99255	GT, 95, FR
Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	99307, 99308, 99309, 99310	GT, 95, FR
Smoking and tobacco use cessation counseling visit	99406, 99407	GT, 95, FR, 93, FQ
Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services	99408, 99409	GT, 95, FR
Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	99417	GT, 95, FR
Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	99418	GT, 95, FR
Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional	99446, 99447, 99448, 99449	Covered with or without telemed modifiers

Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional	99451, 99452	Covered with or without telemed modifiers
Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (e.g., home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support	99483	GT, 95, FR
Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge	99495	GT, 95, FR
Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge	99496	GT, 95, FR
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	99497	GT, 95, FR
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)	99498	GT, 95, FR
Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	C7900, C7901, C7902	GT, 95, FR
Diabetes outpatient self-management training services, individual, per 30 minutes	G0108	GT, 95, FR, 93, FQ
Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	G0109	GT, 95, FR

Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	G0270	GT, 95, FR, 93, FQ
Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)	G0296	GT, 95, FR, 93, FQ
Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact	G0316, G0317, G0318	GT, 95, FR
Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention	G0396, G0397	GT, 95, FR, 93, FQ
Follow-up inpatient consultation, physicians spend time communicating with the patient via telehealth	G0406, G0407, G0408	Covered with or without telemed modifiers
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	G0410	GT, 95, FR
Telehealth consultation, emergency department or initial inpatient, time spent communicating with the patient via telehealth.	G0425, G0426, G0427	Covered with or without telemed modifiers
Annual wellness visit; includes a personalized prevention plan of service (pps)	G0438, G0439	GT, 95, FR
Annual alcohol misuse screening, 5 to 15 minutes	G0442	GT, 95, FR, 93, FQ
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443	GT, 95, FR
Annual depression screening, 5 to 15 minutes	G0444	GT, 95, FR, 93, FQ
High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	G0445	GT, 95, FR
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446	GT, 95, FR
Face-to-face behavioral counseling for obesity, 15 minutes	G0447	GT, 95, FR
Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	G0459	Covered with or without

		telemed modifiers
Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	G0506	GT, 95, FR
Telehealth consultation, critical care, physicians spend time communicating with the patient and providers via telehealth	G0508, G0509	Covered with or without telemed modifiers
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	G0513, G0514	GT, 95, FR
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	G2086	GT, 95, FR
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	G2087	GT, 95, FR
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)	G2088	GT, 95, FR
Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact	G2212	GT, 95, FR
Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care	G3002, G3003	GT, 95, FR
Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	H0015	GT, 95, FR
Mental health partial hospitalization, treatment, less than 24 hours	H0035	GT, 95, FR
Self-help/peer services, per 15 minutes	H0038	GT, 95, FR
Behavioral health day treatment, per hour	H2012	GT, 95, FR

Alcohol and/or other drug treatment program, per diem	H2036	GT, 95, FR
Lactation classes, non-physician provider, per session	S9443	GT, 95, FR
Intensive outpatient psychiatric services, per diem	S9480	GT, 95, FR

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