



BILLING POLICY No. 170

Telemedicine/Virtual Services

Date of origin: October 2025

Review dates: 12/2025, 1/2026, 3/2026

DEFINITION

Evaluation, management and consultation services using synchronous (real-time, two-way consult) technologies.

Originating Site: Location of a patient during a telehealth visit

Distant Site: Location of provider during a telehealth visit

For Medicare

For indications that do not meet criteria of NCD, local LCD or specific medical policy a Pre-Service Organization Determination (PSOD) will need to be completed. Click [here](#) for additional details on PSOD.

POLICY SPECIFIC INFORMATION

All of the following criteria must be met

- The member must be present at the time of consultation.
- The consultation must take place via a secure, HIPAA compliant interactive audio and/or video telecommunications system with provisions for privacy and security and the provider must be able to examine the member in real-time. Interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation with the member and the consulting practitioner.
- A permanent record of telemedicine communications relevant to the ongoing medical care of the patient should be maintained as part of the member's medical record.
- Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his/her health care profession in the state where the member is located.
- Appropriate informed consent is obtained which includes all the information that applies to routine office visits as well as a description of the potential risks, consequences, and benefits of telemedicine and

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

Reimbursement specifics

Distant Sites are reported on claim with POS 02 or 10 in box 24B of a 1500 form.

Origination sites submit claims with code Q3014.

Services delivered via telemedicine modality should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days. E-

visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.

Telemedicine asynchronous care is generally not payable for behavioral health services.

The following services are not covered as telemedicine services:

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

Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. The modifier list below may not be an all-inclusive list. Please see our provider manual page for modifier use [here](#).

Facility claims billed on a UB-04 require one of the following modifiers to indicate telehealth services:

- 93: Synchronous telemedicine service rendered via telephone or other real-time interactive audio only telecommunications system
- 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system
- FR: Supervising practitioner was present through two-way audio/video communication
- FQ: Service was furnished using audio-only communication
- GT: Telehealth service rendered via interactive audio and video telecommunication systems
- GQ: Telehealth service rendered via asynchronous telecommunications system (Medicaid use only)
- G0: Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke

Professional claims use place of service to identify telehealth services; therefore, telehealth modifiers are considered informational only.

Place of Service

02 – Telehealth provided in a location other than the patient’s home*

- Reimbursed according to the facility-based fee schedule

10 – Telehealth provided in the patient’s home*

- Reimbursed according to the non-facility-based fee schedule.

11 – Telehealth provided in a private practice or office setting (Medicaid use only)

*Home is used to define where the patient resides, including a private residence, temporary lodging, or other non-facility living space. This also includes locations a short distance from the actual home utilized for privacy (i.e. inside a vehicle).

Coverage will be considered for services furnished in the appropriate setting to the patient’s medical needs and condition. Authorization may be required. Click [here](#) for additional information.

Coding specifics

PHP/IOP Revenue Codes for Commercial plans:

Providers contracted for intensive outpatient or partial hospitalization services may bill the following revenue codes and appropriate HCPCS codes/modifiers per their contract:

0905, 0906, 0911, 0912, 0913

| Code | Description |
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| Q3014 | Telehealth originating site facility fee |
| 77427 | Radiation treatment management, 5 treatments |
| 90785 | Interactive complexity (List separately in addition to the code for primary procedure) |
| 90791 | Psychiatric diagnostic evaluation |
| 90792 | Psychiatric diagnostic evaluation with medical services |
| 90832 | Psychotherapy, 30 minutes with patient and/or family member |
| 90833 | Psychotherapy, 30 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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| 90834 | Psychotherapy, 45 minutes with patient and/or family member |
| 90836 | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) |
| 90837 | Psychotherapy, 60 minutes with patient and/or family member |
| 90838 | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) |
| 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 |
| 90849 | Multiple-family group psychotherapy |
| 90853 | Group psychotherapy (other than of a multiple-family group) |
| 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- |

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| | 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 |

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| 90967 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age |
| 90968 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age |
| 90969 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age |
| 90970 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older |
| 92227 | Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral |
| 92228 | Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral |
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |
| 92508 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals |
| 92521 | Evaluation of speech fluency (e.g., stuttering, cluttering) |
| 92522 | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) |
| 92523 | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) |
| 92524 | Behavioral and qualitative analysis of voice and resonance |
| 92526 | Treatment of swallowing dysfunction and/or oral function for feeding |
| 92622 | Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes |
| 92623 | Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure) |
| 93750 | Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report |
| 93797 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) |
| 93798 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) |
| 94002 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day |

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| 94003 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day |
| 94004 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day |
| 94005 | Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or |
| 94625 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session) |
| 94626 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) |
| 94664 | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device |
| 95970 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming |
| 95971 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional |
| 95972 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional |
| 95983 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter |

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| | programming, first 15 minutes face-to-face time with physician or other qualified health care professional |
| 95984 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| 96041 | Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter |
| 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |
| 96110 | Developmental screening (e.g., developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument. |
| 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour |
| 96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 |
| 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour |
| 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) |
| 96125 | Standardized cognitive performance testing (eg, 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 |

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| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument |
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| 96131 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| 96133 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) |
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes |
| 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 96156 | Health behavior assessment, or re-assessment (ie, 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 |

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| 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) |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) |
| 97129 | Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes |
| 97130 | Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) |
| 97151 | Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan |
| 97152 | Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes |

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| 97153 | Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes |
| 97154 | Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes |
| 97155 | Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes |
| 97156 | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes |
| 97157 | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes |
| 97158 | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes |
| 97161 | Physical therapy evaluation: low complexity |
| 97162 | Physical therapy evaluation: moderate complexity, |
| 97163 | Physical therapy evaluation: high complexity, |
| 97164 | Re-evaluation of physical therapy established plan of care, |
| 97165 | Occupational therapy evaluation, low complexity, |
| 97166 | Occupational therapy evaluation, moderate complexity, |
| 97167 | Occupational therapy evaluation, high complexity |
| 97168 | Re-evaluation of occupational therapy established plan of care |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |
| 97535 | Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes |
| 97542 | Wheelchair management (e.g., assessment, fitting, training), each 15 minutes |

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| 97750 | Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes |
| 97755 | Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes |
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes |
| 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes |
| 97802 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| 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 |
| 98000 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |
| 98001 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 98002 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 98003 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| 98004 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. |
| 98005 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |

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| 98006 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 98007 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 98008 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |
| 98009 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 98010 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 98011 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| 98012 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded. |
| 98013 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| 98014 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 98015 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or |

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| | examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 98016 | Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion. |
| 98960 | Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient |
| 98961 | Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients |
| 98962 | Education and training for patient self-management by a nonphysician qualified health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients |
| 98966 | Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| 98967 | Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |
| 98968 | Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |
| 98970 | Nonphysician qualified health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| 98971 | Nonphysician qualified health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |

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| 98972 | Nonphysician qualified health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| 99078 | Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions) |
| 99202 | Office-based evaluation and management services new |
| 99203 | Office-based evaluation and management services new |
| 99204 | Office-based evaluation and management services new |
| 99205 | Office-based evaluation and management services new |
| 99211 | Office-based evaluation and management services established patient that may not require the presence of a physician or other qualified health care professional |
| 99212 | Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. |
| 99213 | Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. |
| 99214 | Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. |
| 99215 | Office-based evaluation and management services established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. |
| 99221 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded |
| 99222 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When |

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| | using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded |
| 99223 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. |
| 99231 | Subsequent hospital based evaluation and management services |
| 99232 | Subsequent hospital based evaluation and management services |
| 99233 | Subsequent hospital based evaluation and management services |
| 99234 | Hospital inpatient or observation, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code, 45 minutes must be met or exceeded. |
| 99235 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded. |
| 99236 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 70 minutes must be met or exceeded. |
| 99238 | Hospital inpatient or observation discharge day management; 30 minutes or less |
| 99239 | Hospital inpatient or observation discharge day management; more than 30 minutes |
| 99242– 99245 | Outpatient Consultations |
| 99252– 99255 | Inpatient Consultations |
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes |
| 99292 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) |
| 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient, |
| 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient, |

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| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, |
| 99307 | Subsequent nursing facility care |
| 99308 | Subsequent nursing facility care |
| 99309 | Subsequent nursing facility care |
| 99310 | Subsequent nursing facility care |
| 99315 | Nursing facility discharge day management; 30 minutes or less |
| 99316 | Nursing facility discharge management; more than 30 minutes total time on the date of the encounter |
| 99341 | Home or residence visit for the evaluation and management of a new patient, |
| 99342 | Home or residence visit for the evaluation and management of a new patient |
| 99344 | Home or residence visit for the evaluation and management of a new patient, |
| 99345 | Home or residence visit for the evaluation and management of a new patient, |
| 99347 | Home or residence visit for the evaluation and management of an established patient |
| 99348 | Home or residence visit for the evaluation and management of an established patient |
| 99349 | Home or residence visit for the evaluation and management of an established patient |
| 99350 | Home or residence visit for the evaluation and management of an established patient, |
| 99358 | Prolonged evaluation and management service before and/or after direct patient care; first hour |
| 99359 | Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service) |
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes |
| 99403 | Preventive Counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes |
| 99404 | Preventive Counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes |

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| 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 |
| 99417 | Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to codes the code of the outpatient Evaluation and Management service) |
| 99418 | Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service) |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| 99426 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month. |
| 99427 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination |

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| | between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| 99446 | Interprofessional telephone/Internet/ electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/ requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review |
| 99447 | Interprofessional telephone/Internet assessment/electronic health record and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review |
| 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review |
| 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review |
| 99451 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time |
| 99452 | Interprofessional telephone/ Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes |
| 99468 | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger |
| 99469 | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger |
| 99471 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age |
| 99472 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age |
| 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home |

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| 99492 | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities |
| 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities |
| 99494 | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| 99495 | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, at least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge |
| 99496 | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, high level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge |
| 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; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate |
| C7900 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service |
| C7901 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service |
| C7902 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service) |
| G0011 | Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human |

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| | immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15 to 30 minutes |
| G0013 | Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes |
| G0109 | Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes |
| G0136 | Administration of a standardized, evidence-based assessment of physical activity and nutrition, 5 to 15 minutes, not more often than every 6 months |
| G0248 | Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results |
| G0270 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes |
| 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) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes |
| G0397 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes |
| G0406 | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth |
| 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 |
| G0422 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session |
| G0423 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session |

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| 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 |
| 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 |
| G0463 | Hospital outpatient clinic visit for assessment and management of a patient. |
| G0473 | Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes. (Not covered for commercial product, Medicare only) |
| 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 |
| G0545 | Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent, or discharge) (Not covered for commercial products, Medicare only) |
| G0546 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review |
| G0546 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the |

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| | patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review |
| G0547 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review |
| G0548 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review |
| G0549 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review |
| G0550 | Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time |
| G0551 | Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes |
| G0560 | Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan |
| G2010 | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment |
| G3002 | Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care |

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| | coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Requires initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded) |
| G3003 | Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded) |
| S9152 | Speech therapy, re-evaluation (Not payable for Medicare) |
| S9436 | Childbirth preparation/Lamaze classes, non-physician provider, per session |
| S9437 | Childbirth refresher classes, non-physician provider, per session |
| S9438 | Cesarean birth classes, non-physician provider, per session |
| S9439 | VBAC (vaginal birth after cesarean) classes, non-physician provider, per session |
| S9442 | Birthing classes, non-physician provider, per session |
| S9443 | Lactation classes, counseling, education, per session |
| S9444 | Parenting classes, non-physician provider, per session |
| S9447 | Infant safety (including CPR) classes, non-physician provider, per session |
| T1015 | Clinic visit/encounter, all-inclusive |

Reimbursement rates

Find reimbursement rates for the codes listed on this page in our standard fee schedules for your contract. [Go to the fee schedules](#) (login required).

REFERENCES

[MLN MM10583](#)

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health’s billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member’s benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member’s benefit plan or authorization isn’t being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn’t a guarantee of payment when proper billing and coding requirements or adherence to our policies aren’t followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren’t followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn’t supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there’s a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

CHANGE / REVIEW HISTORY

| Date | Revisions made |
|---------------|-----------------------------|
| October 2025 | Policy created |
| December 2025 | Added codes 99426 and 99427 |
| January 2026 | Added new codes for 2026 |
| March 2026 | Updated code G0136 |