



Claims Payment Policy

Subject: Telehealth Services

Application: Medicare Advantage, Commercial and Medicaid Products

Policy number: CP2008102

Related policies: N/A

Effective date: Commercial: 07/2008

Medicare Advantage: 02/2009

Revision date: 12/2019

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Overview

Telehealth is a method of delivering health care services via *electronic information and telecommunications technologies*. The following policy outlines how Humana plans reimburse *telehealth* services.

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Medicare Advantage Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

Original Medicare Telehealth Services

For dates of service beginning January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) requires the use of *place of service (POS) code 02* on professional claims for *Original Medicare telehealth services*.

For dates of service before October 1, 2018, CMS required *Original Medicare telehealth services* to be identified with *modifier GT*.

Humana requires a provider to submit a charge for an *Original Medicare telehealth service* according to the applicable CMS guidance for the date of service. Humana Medicare Advantage (MA) plans allow *Original Medicare telehealth services* and *interprofessional telephone or internet assessment and management services* consistent with the applicable CMS guidance for the date of service.

Additional Telehealth Services

For dates of service beginning January 1, 2020, Humana MA plans also allow certain *additional telehealth services* that are not *Original Medicare telehealth services*. *Additional telehealth services* must meet the following criteria:

- The services must be primary care, urgent care, mental health or substance abuse services, as defined by Humana. The services must be provided by a physician or other qualified health care practitioner that has satisfied Humana's telehealth credentialing and recredentialing standards and has a valid and effective contract with Humana.
- The services must be provided by a physician or other qualified health care practitioner that satisfies the following requirements:
 - Meets all applicable licensure, certification and registration requirements, including Drug Enforcement Administration (DEA) registration, if applicable, in the state(s) in which they practice and the state in which the patient is located at the time of the encounter;
 - Is operating within the scope of their license; and
 - Meets professional practice standards in the state(s) in which they practice and the state in which the patient is located at the time of the encounter.
- The services must be provided through real-time interactive audio or visual methods.
- The physician or other qualified health care practitioner must verify the member's identity before providing services.
- The Humana member must provide verbal or written consent to receive the services, in accordance with state law.
- The Humana member must be present for the full duration of the service.

Services not meeting the criteria outlined above will not be allowed by Humana as *additional telehealth services*.

Physicians are responsible for supervising any *additional telehealth services* provided to Humana MA members by non-physician practitioners within their practices to ensure that such services conform in all respects to the requirements set forth herein.

Humana requires a provider to submit a charge for an *additional telehealth service* with *POS code 02*.

Note: For further information on the service codes that may be reported as *additional telehealth services*, see the [Medicare Advantage Additional Telehealth Benefit Code List](#) section of this policy.

Supplemental Telehealth Services

For dates of service before January 1, 2020, a Humana MA plan may also have had a *supplemental benefit* that allowed specific *supplemental telehealth services* in addition to the *Original Medicare telehealth services*. For additional details, providers and members are advised to contact Humana to verify whether a Humana MA plan had the *supplemental benefit*.

Commercial Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

Humana requires a provider to submit a charge for a *telehealth* service with *modifier GT*, *modifier 95* or *POS code 02*.

Humana commercial plans allow *telehealth* and *interprofessional telephone or internet assessment and management services* with the following exception:

- Internet-only telehealth services, Current Procedural Terminology (CPT®) codes 99421-99423, 99444 and 98969-98972, are not allowed unless provided pursuant to a Humana telehealth vendor partnership or when required by an applicable state mandate.

Medicaid Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

Humana Medicaid plans allow *telehealth* services consistent with federal law and state Medicaid agency requirements.

Definitions of *Italicized Terms*

- ***Additional telehealth services:*** Telehealth services provided by an MA plan, beginning in plan year 2020, under Section 1852(m) of the Social Security Act and which are treated as a basic benefit rather than a supplemental benefit.
- ***Electronic information and telecommunication technology:*** Technologies and devices which enable secure electronic communications and information exchange and typically involve the application of secure real-time audio/video conferencing or similar services, remote monitoring, or store and forward medical data technology to provide or support health care services.
- ***Interprofessional telephone or internet assessment and management service:*** A telephone or internet consultation in which a patient's treating physician or other qualified health care professional requests the opinion and or treatment advice of a physician with specific specialty expertise to assist the treating physician or other qualified health care professional in the diagnosis and or management of the patient's problem without the need for the patient's face-to-face contact with the consultant. (CPT codes 99446 through 99449)
- ***Modifier 95:*** Services delivered via telemedicine.
- ***Modifier GT:*** Services delivered via interactive video and video telecommunication systems. (For Medicare, effective January 1, 2018, modifier GT is only appropriate for use by critical access hospitals.)
- ***Original Medicare telehealth services:*** Telehealth services covered by Original Medicare under Section 1834(m) of the Social Security Act.
- ***Place of service code 02:*** The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
- ***Supplemental benefit:*** A primarily health-related item or service, covered as a benefit by a specific MA plan, that Medicare part A, B and D would not cover as a benefit. A supplemental benefit is distinguished from such extended offerings as riders.
- ***Supplemental telehealth services:*** Telehealth services provided by an MA plan as a supplemental benefit before plan year 2020.
- ***Telehealth:*** A means to deliver health care services to a patient at a different physical location than the health professional using electronic information or telecommunications technologies consistent with applicable state and federal law. Telehealth services include telemedicine services and are also known as virtual visits.

References

- Social Security Administration website. Social Security Act. [Title 18, Section 1834](https://www.ssa.gov). <https://www.ssa.gov>.
- Social Security Administration website. Social Security Act. [Title 18, Section 1852](https://www.ssa.gov). <https://www.ssa.gov>.
- U.S. Government Publishing Office website. Code of Federal Regulations. [Title 42, Section 410.78. Telehealth Services](https://www.govinfo.gov). <https://www.govinfo.gov>.



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- U.S. Government Publishing Office website. Code of Federal Regulations. [Title 42, Section 414.65. Payment for Telehealth Services](#). <https://www.govinfo.gov>.
- U.S. Government Publishing Office website. Federal Register, Vol. 84, No. 73. Department of Health and Human Services. [Final Rule CMS-4185-F](#). <https://www.govinfo.gov>.
- Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual. [Chapter 12, Section 190](#). <http://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. Medicare Learning Network. [Telehealth Services](#). <http://www.cms.gov>.
- Centers for Medicare & Medicaid Services website. Place of Service Code Set. [Place of Service Codes for Professional Claims](#). <http://www.cms.gov>.
- Centers for Medicare & Medicaid Services HCPCS Level II and associated publications and services.
- American Medical Association’s CPT and associated publications and services.

Note: Links to sources outside of Humana’s control are verified at the time of publication. Please report [broken links](#).

General Humana Resources

- [Availity](#) – Providers can register for access to information on a variety of topics such as eligibility, benefits, referrals, authorizations, claims and electronic remittances.
- [Claims processing edit notifications](#) – Alerts of upcoming claims payment changes are posted on the first Friday of each month.
- [Claims resources](#) – Providers can find information on referrals, authorizations, electronic claim submissions and more.
- [Education and news](#) – This page can help you find clinical guidelines, educational tools, Medicare and Medicaid resources, our provider magazine and other resources to help you do business with us.
- [Making it easier](#) – This page contains an educational series for providers and healthcare professionals.
- [Medical and pharmacy coverage policies](#) – Humana publishes determinations of coverage of medical procedures, devices and medications for the treatment of various conditions. There may be variances in coverage among plans.

Medicare Advantage Additional Telehealth Benefit Code List

The following list of procedure codes serves as a guide to assist providers in determining which services may be reimbursable under Humana’s Medicare Advantage additional telehealth benefit for 2020. This list is subject to termination or modification by Humana at any time, without notice. Printed versions of this document may be out of date and do not control. For the most current and only controlling version of this guide, refer to the most current version of this policy published at the following website: Humana.com/ClaimPaymentPolicies.

This list does not constitute medical advice, guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. It does not govern whether a procedure is covered under a specific member plan or policy, nor is it intended to address every claim situation. Claims payment and coverage may be affected by other factors, including but not limited to federal laws and regulations, the member’s Evidence of Coverage, provider contract terms, coverage policies, medical necessity, and Humana’s professional judgment. Humana has full and final discretionary authority for its interpretation and application. No part of this may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without express written permission from Humana.

A charge for any code in this list will not be reimbursed under Humana’s Medicare Advantage additional telehealth benefit if any applicable additional telehealth benefit criterion is not satisfied. Likewise, a charge for any code in this list will not be reimbursed under Humana’s Medicare Advantage additional telehealth benefit if any applicable criterion of that code is not satisfied.

Code Type	Code	Description	Primary Care	Urgent Care	Mental Health/ Substance Abuse
CPT	90785	Interactive complexity	X	X	
CPT	90791	Psychiatric diagnostic evaluation			X



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CPT	90792	Psychiatric diagnostic evaluation with medical services			X
CPT	90832	Psychotherapy, 30 minutes with patient			X
CPT	90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service			X
CPT	90834	Psychotherapy, 45 minutes with patient			X
CPT	90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service			X
CPT	90837	Psychotherapy, 60 minutes with patient			X
CPT	90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service			X
CPT	90839	Psychotherapy for crisis; first 60 minutes			X
CPT	90840	Psychotherapy for crisis; each additional 30 minutes			X
CPT	90845	Psychoanalysis			X
CPT	90846	Family psychotherapy (without the patient present), 50 minutes			X
CPT	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes			X
CPT	92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	X		
CPT	92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	X		
CPT	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events 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	X		
CPT	93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events 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	X		
CPT	93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	X		



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CPT	93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	X		
CPT	93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	X		
CPT	93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	X		
CPT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	X		X
CPT	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	X		X
CPT	96156	Health behavior assessment or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	X		X
CPT	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	X	X	X
CPT	96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes	X	X	X
CPT	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	X		X
CPT	96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	X		X
CPT	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	X		X
CPT	96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes	X		X
CPT	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	X		X
CPT	96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes	X		X
CPT	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	X		
CPT	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	X		



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CPT	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	X		
CPT	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.	X	X	X
CPT	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making.	X	X	X
CPT	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity.	X	X	X
CPT	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity.	X	X	X
CPT	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	X	X	X
CPT	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	X		X
CPT	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.	X		X
CPT	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity.	X		X
CPT	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity.	X		X
CPT	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	X		X
CPT	99217	Observation care discharge day management	X		X
CPT	99238	Hospital discharge day management; 30 minutes or less	X		X
CPT	99239	Hospital discharge day management; more than 30 minutes	X		X



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Code Type	Code	Description	Primary Care	Urgent Care	Mental Health/ Substance Abuse
CPT	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity.	X		
CPT	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.	X		
CPT	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.	X		
CPT	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making.	X		
CPT	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.	X		
CPT	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity.	X		
CPT	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity.	X		
CPT	99315	Nursing facility discharge day management; 30 minutes or less	X		
CPT	99316	Nursing facility discharge day management; more than 30 minutes	X		
CPT	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity.	X		
CPT	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.	X		
CPT	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity.	X		
CPT	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity.	X		



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Code Type	Code	Description	Primary Care	Urgent Care	Mental Health/ Substance Abuse
CPT	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.	X		
CPT	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.	X		
CPT	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making.	X		
CPT	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.	X		
CPT	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity.	X		
CPT	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity.	X		
CPT	99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.	X		
CPT	99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity.	X		
CPT	99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity.	X		
CPT	99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.	X		
CPT	99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.	X		



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CPT	99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making.	X		
CPT	99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.	X		
CPT	99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity.	X		
CPT	99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity.	X		
CPT	99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour			X
CPT	99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes			X
CPT	99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	X		
CPT	99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes	X		
CPT	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	X		
CPT	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	X		
CPT	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	X	X	
CPT	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	X		
CPT	99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour	X		



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CPT	99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes	X		
CPT	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	X		
CPT	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	X		
CPT	99423	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes	X		
CPT	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	X		
CPT	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	X		
CPT	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	X		
CPT	99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	X	X	
CPT	99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	X	X	



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CPT	99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	X	X	
CPT	99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	X	X	
CPT	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; Medical decision making of at least moderate complexity during the service period; Face-to-face visit, within 14 calendar days of discharge	X		
CPT	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; Medical decision making of high complexity during the service period; Face-to-face visit, within 7 calendar days of discharge	X		
CPT	99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	X		
CPT	99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes	X		
HCPCS Level II	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	X		
HCPCS Level II	G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	X		
HCPCS Level II	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	X		
HCPCS Level II	G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	X		
HCPCS Level II	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	X		



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Code Type	Code	Description	Primary Care	Urgent Care	Mental Health/ Substance Abuse
HCPCS Level II	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	X		
HCPCS Level II	G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	X		
HCPCS Level II	G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	X		
HCPCS Level II	G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	X		
HCPCS Level II	G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour	X		
HCPCS Level II	G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour	X		
HCPCS Level II	G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	X		
HCPCS Level II	G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	X		
HCPCS Level II	G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	X	X	
HCPCS Level II	G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	X	X	
HCPCS Level II	G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	X	X	
HCPCS Level II	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	X		
HCPCS Level II	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	X		
HCPCS Level II	G0442	Annual alcohol misuse screening, 15 minutes	X		
HCPCS Level II	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	X	X	
HCPCS Level II	G0444	Annual depression screening, 15 minutes	X		
HCPCS Level II	G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	X		
HCPCS Level II	G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services	X		
HCPCS Level II	G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes	X	X	
HCPCS Level II	G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	X		X
HCPCS Level II	G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	X		X



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Code Type	Code	Description	Primary Care	Urgent Care	Mental Health/ Substance Abuse
HCPCS Level II	G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes	X		X