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## Telemedicine/Telephone Services Payment Policy

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### Policy Statement

This document outlines the delivery of clinical health-care services by use of real time, two-way synchronous audio, video, telephone-audio-only communications or electronic media or other telecommunications technology including, but not limited to: online adaptive interviews, remote patient monitoring devices, audiovisual communications, including the application of secure video conferencing technology to provide or support healthcare delivery, which facilitate the assessment, diagnosis, counseling and prescribing treatment, and care management of a patient's health care while such patient is at an originating site and the healthcare provider is at a distant site, consistent with applicable federal laws and regulations.

For purposes of this document, the terms telemedicine and telehealth are used interchangeably.

### Scope

This policy applies to:

☒ **Medicaid** *excluding Extended Family Planning (EFP)*

☒ **INTEGRITY**

☒ **Commercial**

### Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.



### Coverage Requirements

Neighborhood provides coverage for services when delivered through telemedicine/telephone, as defined by Rhode Island laws, the Office of the Health Insurance Commissioner (OHIC), and State of Rhode Island government program contracts.

Telemedicine/Telephone Services are covered when the following criteria are met:

- The patient must be present at the time of service
- Services must be medically necessary and clinically appropriate to be provided through telemedicine.
- The communication of information exchanged between the physician or other qualified healthcare professional and the patient during the course of the telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.
- Treatment must meet the same standard of care as, and be an appropriate substitute for, a face-to-face encounter.
- Services must be within the provider's scope of license.

### Coverage Limitations

- Subsequent hospital services are limited to 1 telehealth visit every 3 days.
- Subsequent nursing facility care services are limited to 1 telehealth visit every 14 days.

### Coverage Exclusions

- Services rendered via e-mail or facsimile (fax)
- Services rendered on social networking platforms including, but not limited to:
  - Facebook
  - Twitch
  - TikTok
- Telemedicine/Telephone services delivered on the same day as a face-to-face visit by the same provider and for the same condition.
- Patient communication incidental to an office visit, including, but not limited to
  - Reporting of test results
  - Provision of educational materials
  - Patient follow-up calls or "check-ins"
- Administrative services, including, but not limited to:
  - Scheduling
  - Appointment reminders
  - Medication refills
  - Ordering of diagnostic or laboratory tests
- Telemedicine/Telephone services conducted by any office staff, RN's, LPN's.
- Automated computer program used to diagnose and/or treat ocular or refractive conditions



### **Excluded Provider Types**

It is not medically appropriate or reasonable for the following provider types to provide any Telephone and/or Telemedicine services (this may not be an all inclusive list):

- Acupuncture
- Ambulance service
- Ambulatory surgical facility
- Audiologist
- Certified registered nurse first assist
- Chiropractors
- Dental specialties
- Durable medical equipment supplier
- General hospital
- Home infusion
- Laboratory
- Pathology
- Pharmacy
- Psychiatric hospital
- Radiologists
- Rehabilitation hospital
- Renal/Dialysis facility
- Retail based clinic
- Skilled nursing facility

### **Claim Submission**

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

All claims for telemedicine services must be billed on a professional claim.

### **Documentation Requirements**

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.



### Reimbursement

Neighborhood will reimburse telemedicine/telephone only services at 100% of the in-office allowable amount for any services meeting the criteria of this policy.

### Member Responsibility

**Commercial** plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

### Coding

This policy may be applicable to the codes listed below. However, inclusion of a code does not guarantee coverage or reimbursement. Please refer to the provider's contract for definitive guidance, as contractual terms may override this list

### Telemedicine Services

The following modifiers and place of service are required for codes noted in the coding grid below:

- Claims for services provided via **telemedicine** (see Approved for Audio/Visual Visit column) must be billed with place of service 10 when patient is located in their home and modifier 95 **or** place of service 02 when patient is not located in their home and modifier 95 (Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System).
- Claims for services provided via **telephone only** (see Approved for Audio Only Visit column) must only be filed with place of service 02 or 10 and no modifier.

**For example, CPT 77427 is allowed to be billed as an Audio/Visual visit (with modifier 95) but not allowed to be billed as an Audio only visit (without a modifier).**

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
77427	Radiation treatment management, 5 treatments	All	Yes	No
90785	Interactive complexity (List separately in addition to the code for primary procedure)	All	Yes	Yes
90791	Psychiatric diagnostic evaluation	All	Yes	Yes
90792	Psychiatric diagnostic evaluation with medical services	All	Yes	Yes
90832	Psychotherapy, 30 minutes with patient	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	All	Yes	Yes
90834	Psychotherapy, 45 minutes with patient	All	Yes	Yes
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	All	Yes	Yes
90837	Psychotherapy, 60 minutes with patient	All	Yes	Yes
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	All	Yes	Yes
90839	Psychotherapy for crisis; first 60 minutes	All	Yes	Yes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	All	Yes	Yes
90845	Psychoanalysis	INTEGRITY & Commercial	Yes	Yes
90846	Family psychotherapy (without the patient present), 50 minutes	All	Yes	Yes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	All	Yes	Yes
90853	Group psychotherapy (other than of a multiple-family group)	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>90951</b>	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	All	Yes	No
<b>90952</b>	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	All	Yes	No
<b>90953</b>	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	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>90954</b>	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	All	Yes	No
<b>90955</b>	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	All	Yes	No
<b>90956</b>	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	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>90957</b>	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	All	Yes	No
<b>90958</b>	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	All	Yes	No
<b>90959</b>	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	All	Yes	No
<b>90960</b>	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	All	Yes	No



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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	All	Yes	No
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	All	Yes	No
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	All	Yes	No
90964	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	All	Yes	No
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	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	All	Yes	No
90967	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	All	Yes	No
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	All	Yes	No
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	All	Yes	No
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	All	Yes	No
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	All	Yes	No
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	All	Yes	No

<b>CPT/HCPC</b>	<b>Description</b>	<b>Line of Business</b>	<b>Approved for Audio/Visual Visit</b>	<b>Approved for Audio Only Visit</b>
<b>92012</b>	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	All	Yes	No
<b>92014</b>	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	All	Yes	No
<b>92507</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	All	Yes	Yes
<b>92508</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	All	Yes	Yes
<b>92521</b>	Evaluation of speech fluency (eg, stuttering, cluttering)	All	Yes	Yes
<b>92522</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	All	Yes	Yes
<b>92523</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	All	Yes	Yes
<b>92524</b>	Behavioral and qualitative analysis of voice and resonance	All	Yes	Yes
<b>92526</b>	Treatment of swallowing dysfunction and/or oral function for feeding	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
92550	Tympanometry and reflex threshold measurements	All	Yes	No
92552	Pure tone audiometry (threshold); air only	All	Yes	No
92553	Pure tone audiometry (threshold); air and bone	All	Yes	No
92555	Speech audiometry threshold;	All	Yes	No
92556	Speech audiometry threshold; with speech recognition	All	Yes	No
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	All	Yes	No
92563	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	All	Yes	No
92565	Stenger test, pure tone	All	Yes	No
92567	Tympanometry (impedance testing)	All	Yes	No
92568	Acoustic reflex testing, threshold	All	Yes	No
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	All	Yes	No
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	All	Yes	No
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	All	Yes	No
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	All	Yes	No
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	All	Yes	No
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	All	Yes	No
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	All	Yes	No
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	All	Yes	No
92609	Therapeutic services for the use of speech-generating device, including programming and modification	All	Yes	No
92610	Evaluation of oral and pharyngeal swallowing function	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	All	Yes	No
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	All	Yes	No
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	All	Yes	No
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	All	Yes	No
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	All	Yes	No
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	All	Yes	No
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	All	Yes	No
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	All	Yes	No
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	All	Yes	No
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>94626</b>	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	All	Yes	No
<b>94664</b>	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	All	Yes	No
<b>95970</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	All	Yes	No



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>95971</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	All	Yes	No
<b>95972</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	other qualified health care professional			
<b>95983</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>95984</b>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	All	Yes	No
<b>96105</b>	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	All	Yes	Yes
<b>96110</b>	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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	All	Yes	Yes
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	All	Yes	Yes
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	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>96121</b>	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; each additional hour (List separately in addition to code for primary procedure)	All	Yes	Yes
<b>96125</b>	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	All	Yes	Yes
<b>96127</b>	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>96130</b>	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	All	Yes	Yes
<b>96131</b>	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)	All	Yes	Yes
<b>96132</b>	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	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>96133</b>	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)	All	Yes	Yes
<b>96136</b>	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	All	Yes	Yes
<b>96137</b>	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)	All	Yes	Yes
<b>96138</b>	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>96139</b>	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)	All	Yes	Yes
<b>96156</b>	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	All	Yes	Yes
<b>96158</b>	Health behavior intervention, individual, face-to-face; initial 30 minutes	All	Yes	Yes
<b>96159</b>	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	All	Yes	Yes
<b>96160</b>	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	All	Yes	Yes
<b>96161</b>	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	All	Yes	Yes
<b>96164</b>	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	All	Yes	Yes



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>96165</b>	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	All	Yes	Yes
<b>96167</b>	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	All	Yes	Yes
<b>96168</b>	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	All	Yes	Yes
<b>96170</b>	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	All	Yes	Yes
<b>96171</b>	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	All	Yes	Yes
<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	All	Yes	No
<b>97112</b>	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	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	All	Yes	No
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	All	Yes	No
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	All	Yes	No
97150	Therapeutic procedure(s), group (2 or more individuals)	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>97151</b>	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	All	Yes	No
<b>97152</b>	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	All	Yes	No
<b>97153</b>	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	All	Yes	No
<b>97154</b>	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	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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	All	Yes	No
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	All	Yes	No
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	All	Yes	No
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	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>97163</b>	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
<b>97164</b>	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	All	Yes	No



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>97168</b>	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
<b>97530</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	All	Yes	No
<b>97535</b>	Self-care/home management training (eg, 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	All	Yes	Yes
<b>97542</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	All	Yes	No
<b>97750</b>	Physical performance test or measurement (eg, musculoskeletal, functional	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	capacity), with written report, each 15 minutes			
<b>97755</b>	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	All	Yes	No
<b>97760</b>	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	All	Yes	No
<b>97761</b>	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	All	Yes	No
<b>97763</b>	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	All	Yes	No
<b>97802</b>	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	All	Yes	Yes
<b>97803</b>	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	All	Yes	Yes
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	All	Yes	No
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	All	Yes	No
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	All	Yes	No
99199	Unlisted special service, procedure or report ( <b>Doula services only</b> )	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	face with the patient and/or family.			
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>99205</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
<b>99211</b>	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services	All	Yes	Yes



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	All	Yes	Yes
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. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	face-to-face with the patient and/or family			
<b>99214</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family	All	Yes	Yes
99221	Initial hospital 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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	at the bedside and on the patient's hospital floor or unit.			
99222	Initial hospital 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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
99223	Initial hospital 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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	All	Yes	No
99231	Subsequent hospital 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; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	minutes are spent at the bedside and on the patient's hospital floor or unit.			
99232	Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	minutes are spent at the bedside and on the patient's hospital floor or unit.			
99233	Subsequent hospital 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 high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	bedside and on the patient's hospital floor or unit.			
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, 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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low	All	Yes	No



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.			
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	minutes are spent at the bedside and on the patient's hospital floor or unit.			
<b>99236</b>	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	the patient's hospital floor or unit.			
99238	Hospital discharge day management; 30 minutes or less	All	Yes	Yes
99239	Hospital discharge day management; more than 30 minutes	All	Yes	Yes
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually the presenting problems are self limited or minor	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; an expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity	All	Yes	No
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; an expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	All	Yes	No
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>99291</b>	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	All	Yes	No
<b>99292</b>	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)	All	Yes	No
<b>99304</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>99305</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	All	Yes	No
<b>99306</b>	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; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>99307</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	All	Yes	Yes
<b>99308</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has	All	Yes	Yes



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.			
<b>99309</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>99310</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	All	Yes	Yes
<b>99315</b>	Nursing facility discharge day management; 30 minutes or less	All	Yes	No
<b>99316</b>	Nursing facility discharge day management; more than 30 minutes	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	are spent face-to-face with the patient and/or family.			
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	All	Yes	No
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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	face-to-face with the patient and/or family.			
<b>99350</b>	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. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	are spent face-to-face with the patient and/or family.			
<b>99406</b>	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	All	Yes	Yes
<b>99407</b>	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	All	Yes	Yes
<b>99468</b>	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	All	Yes	No
<b>99469</b>	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	All	Yes	No



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
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	All	Yes	No
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	All	Yes	No
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	All	Yes	No
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	All	Yes	No
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	All	Yes	No
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	All	Yes	No
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	All	Yes	No
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	All	Yes	No
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, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	<p>motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.</p>			
99495	<p>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-</p>	INTEGRITY	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	to-face visit, within 14 calendar days of discharge			
<b>99496</b>	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	INTEGRITY	Yes	No
<b>99497</b>	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	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>99498</b>	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	All	Yes	Yes
<b>99502</b>	Home visit for newborn care and assessment	All	Yes	No
<b>0362T</b>	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	All	Yes	Yes
<b>0373T</b>	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G0011</b>	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	All	Yes	Yes
<b>G0108</b>	Diabetes outpatient self-management training services, individual, per 30 minute	All	Yes	Yes
<b>G0109</b>	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	All	Yes	Yes
<b>G0155</b>	Services of clinical social worker in home health or hospice settings, each 15 minutes	All	Yes	No
<b>G0156</b>	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	All	Yes	No
<b>G0270</b>	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	All	Yes	Yes
<b>G0296</b>	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G0299</b>	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	All	Yes	No
<b>G0316</b>	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes)	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G0317</b>	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)	All	Yes	Yes
<b>G0318</b>	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management	All	Yes	Yes



CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
	codes 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes)			
<b>G0396</b>	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	All	Yes	Yes
<b>G0397</b>	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	All	Yes	Yes
<b>G0406</b>	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	All	Yes	Yes
<b>G0407</b>	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	All	Yes	Yes

<b>CPT/HCPC</b>	<b>Description</b>	<b>Line of Business</b>	<b>Approved for Audio/Visual Visit</b>	<b>Approved for Audio Only Visit</b>
<b>G0408</b>	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	All	Yes	Yes
<b>G0420</b>	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour	All	Yes	Yes
<b>G0421</b>	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour	All	Yes	Yes
<b>G0422</b>	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	All	Yes	No
<b>G0423</b>	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	All	Yes	No
<b>G0425</b>	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	All	Yes	Yes
<b>G0426</b>	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	All	Yes	Yes
<b>G0427</b>	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	All	Yes	Yes
<b>G0438</b>	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G0439</b>	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	All	Yes	Yes
<b>G0442</b>	Annual alcohol misuse screening, 15 minutes	All	Yes	Yes
<b>G0443</b>	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	All	Yes	Yes
<b>G0444</b>	Annual depression screening, 15 minutes	All	Yes	Yes
<b>G0445</b>	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	All	Yes	Yes
<b>G0446</b>	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	All	Yes	Yes
<b>G0447</b>	Face-to-face behavioral counseling for obesity, 15 minutes	All	Yes	Yes
<b>G0459</b>	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	All	Yes	Yes
<b>G0466</b>	Federally qualified health center (FQHC) visit, new patient	INTEGRITY & Commercial	Yes	Yes
<b>G0467</b>	Federally qualified health center (FQHC) visit, established patient	INTEGRITY & Commercial	Yes	Yes
<b>G0468</b>	Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)	INTEGRITY & Commercial	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G0506</b>	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	All	Yes	Yes
<b>G0508</b>	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	All	Yes	No
<b>G0509</b>	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	All	Yes	No
<b>G0513</b>	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	All	Yes	Yes
<b>G0514</b>	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G2211</b>	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)	All	Yes	Yes
<b>G2212</b>	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>G9685</b>	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project	All	Yes	No
<b>H0001</b>	Alcohol and/or drug assessment	Medicaid	Yes	Yes
<b>H0004</b>	Behavioral health counseling and therapy, per 15 minutes	Medicaid	Yes	Yes
<b>H0019</b>	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Medicaid & INTEGRITY	Yes	No
<b>H0020</b>	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	All	Yes	Yes
<b>H0031</b>	Mental health assessment, by nonphysician	Medicaid & INTEGRITY	Yes	Yes
<b>H0036</b>	Community psychiatric supportive treatment, face-to-face, per 15 minutes	All	Yes	No
<b>H0037</b>	Community psychiatric supportive treatment program, per diem	Medicaid & INTEGRITY	Yes	No
<b>H0038</b>	Self-help/peer services, per 15 minutes	Medicaid & INTEGRITY	Yes	Yes
<b>H0040</b>	Assertive community treatment program, per diem	Medicaid & INTEGRITY	Yes	No
<b>H0046</b>	Early Intervention Supervision	All	Yes	No
<b>H2000</b>	Comprehensive multidisciplinary evaluation	All	Yes	No

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>H2010</b>	Comprehensive medication services, per 15 minutes	Medicaid & INTEGRITY	Yes	Yes
<b>H2011</b>	Crisis intervention service, per 15 minutes	Medicaid & INTEGRITY	Yes	Yes
<b>H2021</b>	Community-based wrap-around services, per 15 minutes <b>(Cedar Care Suppliers only)</b>	Medicaid	Yes	Yes
<b>H2023</b>	Supported employment, per 15 minutes	Medicaid & INTEGRITY	Yes	Yes
<b>S5125</b>	Attendant care services; per 15 minutes	All	Yes	No
<b>S9152</b>	Speech therapy, re-evaluation	All	Yes	No
<b>S9445</b>	Patient education, not otherwise classified, nonphysician provider, individual, per session <b>(Doula services only)</b>	All	Yes	Yes
<b>S9446</b>	Patient education, not otherwise classified, non-physician provider, group, per session	All	Yes	No
<b>S9485</b>	Crisis intervention mental health services, per diem	Medicaid & INTEGRITY	Yes	Yes
<b>T1000</b>	Private duty/independent nursing service(s), licensed, up to 15 minutes	All	Yes	No
<b>T1001</b>	Nursing assessment/evaluation	All	Yes	No
<b>T1002</b>	RN services, up to 15 minutes	All	Yes	No
<b>T1003</b>	LPN/LVN services, up to 15 minutes	All	Yes	No
<b>T1013</b>	Sign language or oral interpretive services, per 15 minutes	All	Yes	Yes
<b>T1016</b>	Case management, each 15 minutes	All	Yes	Yes
<b>T1017</b>	Targeted case management, each 15 minutes	All	Yes	Yes

CPT/HCPC	Description	Line of Business	Approved for Audio/Visual Visit	Approved for Audio Only Visit
<b>T1019</b>	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	All	Yes	No
<b>T1023</b>	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	All	Yes	No
<b>T1024</b>	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	All	Yes	No
<b>T1027</b>	Family training and counseling for child development, per 15 minutes	All	Yes	No
<b>T1031</b>	Nursing care, in the home, by licensed practical nurse, per diem	All	Yes	No
<b>T2017</b>	Habilitation, residential, waiver; 15 minutes	All	Yes	No
<b>T2021</b>	Day habilitation, waiver; per 15 minutes	All	Yes	No

### Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding





and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

### Document History

Date	Action
09/01/2025	Added Behavioral Health coding
04/18/2025	Updated coding grid for January 2025 code load
12/11/2024	Annual Policy Review Date
07/01/2024	Policy Update: updated coding grid to show 99441-99443 as audio only, N/A for audio/visual
01/01/2024	Policy Revision: Updated coding section to align with CMS and EOHHS guidance, removed section on waiving cost share for 99211 and 99212
04/18/2023	Policy Revision: Removed preventative medicine services section effective 5/12/23. Effective 7/1/23: Updated T1016 from telemedicine only to telemedicine & audio. Added CPTs T1017 and H2000 to coding grid
01/27/2023	Policy Revision: Updated coding section to clarify requirements, added Doula service CPTs to Coding Grid and allowed Established E/M codes for Audio Only for PCPs effective 7/1/22
07/01/2022	Policy updates from 5/01/22 revision effectuated.
05/01/2022	Policy Update & Review: Combine Telemedicine and Temporary Telemedicine Policies and update language/coding to align with current CMS, EOHHS, OHIC guidance.
01/20/2022	Policy update to include new POS 10 per CMS effective 4/1/22.
04/13/2021	Formatting Updates. No content changes.
05/07/2020	Formatting Updates.
04/13/2020	Update: Add code Q3014.
03/03/2020	Policy update, added Medicaid wording, Medicare coding, and format change.
12/31/2018	Policy Effective.