

Reimbursement Policy:

Telehealth and Virtual Care Services

(Commercial, Medicare and Medicaid)

| POLICY NUMBER | EFFECTIVE DATE: | APPROVED BY |
|---------------|-----------------|--------------------------------------|
| RPC20220020 | 6/01/2022 | RPC (Reimbursement Policy Committee) |

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

Telehealth/Telemedicine: Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store- and-forward technology.

Policy Statement:

This policy describes reimbursement for Telehealth and virtual care services. For the purpose of understanding the terms in this policy, Telehealth/Telemedicine and virtual care services occur when the Physician, or Other Qualified Health Care Professional, and the patient are not at the same site. Virtual health encompasses all synchronous, asynchronous, and remote physiologic monitoring (RPM) care between health care professionals and patients. This includes Telehealth/Telemedicine, Communication Technology-Based Services (CTBS), E-visits, Virtual Check-ins, interprofessional telephone/internet/electronic health record consultations, etc. Specifically, Telehealth/Telemedicine services only include live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology (synchronous only). The terms Telehealth and Telemedicine are used interchangeably in this policy.

Reimbursement Guidelines:

Effective 1/1/2024: EmblemHealth/ConnectiCare Medicare Advantage Plans will consider Virtual Care/Telehealth services for reimbursement when they are rendered via audio and/or video (subject to list below) and reported with either place of service **POS 02 or 10 only**.

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

Effective 06/01/2022 - EmblemHealth/ConnectiCare Commercial and Medicaid plans will consider Virtual Care/Telehealth services for reimbursement when they are rendered via audio and/or video (subject to list below) and reported with either place of service POS 02 or 10 only.

Reimbursement for telehealth (telemedicine) services in POS 02 is calculated using a reduced Practice Expense (PE) Relative Value Unit (RVU). The other elements (such as work RVU) of the payment are identical. Each health specialty is limited to codes on the policy on their fee schedules and/or within their scope of practice.

| Place of Service | Description |
|---|---|
| POS- 02 | Telehealth Provided Other than in Patient’s Home – The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. |
| POS - 10 (Effective 01/01/2022) | Telehealth Provided in Patient’s Home – The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. |
| POS – 11 <i>(Effective 05/11/2023 for Medicaid plans only- allowable only with code Q3014)</i> | Telehealth provided in a private practice or office setting (other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF)). |

Distant Site

The Distant Site is where the rendering provider is located during a telehealth encounter and is reported on the claim with POS 02 or 10 in Box 24B on the 1500 claim form.

Originating Site Requirements

The Originating Site is where the member/patient is located during a telehealth encounter. The plan recognizes the CMS-designated Originating Sites considered eligible for furnishing telehealth services to a patient located in an Originating Site.

The Originating Site may submit a claim for the services of the facility with code Q3014. Note that if the originating site is the home, no facility fee may be billed.

Examples of CMS Originating Sites:

- The office of a physician or practitioner
- A hospital (inpatient or outpatient)
- A critical access hospital (CAH)

Reimbursement Policy:

Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A hospital-based or critical access hospital-based renal dialysis center (including satellites)

NOTE: Independent renal dialysis facilities are not eligible Originating Sites

- A skilled nursing facility (SNF)
- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home

Practitioners

EmblemHealth/ConnectiCare allow the state-designated practitioners eligible to be reimbursed for Telehealth services.

Examples of practitioners:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

Other Types of Virtual Health Communication Technology-Based Services (CTBS) and Remote Physiologic Monitoring (RPM)

These services are eligible for to be considered for reimbursement under this policy and are described in the CMS Physician Fee Schedule (PFS) however are not considered 'telehealth' by CMS therefore should not be reported with POS 02 or 10 and/or a Telehealth modifier:

- (Electronic Visits) E-Visits
- Virtual Check-Ins
- Remote Physiologic Monitoring
- Interprofessional Telephone/Internet/Electronic Health Record Consultations

Exclusions and Limitations:

The following services are excluded from reimbursement:

- Services rendered through email, text or by fax.
- Telemedicine that occurs the same day as a face-to-face visit, when performed by the same provider and for the same condition. Services rendered within the past 7 days or 24 hours after telehealth/telemedicine visits will be considered bundled.

Reimbursement Policy:

Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

- Patient communications incidental to E/M services, including, but not limited to reporting of test results or provision of educational materials.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.

Coding:

Modifiers

The modifiers below will be required for facility claims billed on UB-04 to identify Telehealth services. If the appropriate modifiers are not appended, claims may deny. For professional claims on a CMS-1500 form, the place of service of 02/10 identifies the services as telehealth and thus the modifiers will be considered informational.

| Telehealth Modifier | Description |
|---------------------|---|
| 93 | Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System |
| 95 | Synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system. |
| FR | The supervising practitioner was present through two-way, audio/video communication technology |
| FQ | The service was furnished using audio-only communication technology |
| GT | Telehealth service rendered via interactive audio and video telecommunication systems. |
| GQ | Telehealth service rendered via asynchronous telecommunications system (For use with Medicaid only) |
| G0 | Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. |

Services allowed via Telehealth

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|--------------------------------------|--------------------------------------|---------------------|----------|--------------------------|
| 90901 <i>(effective 1/1/2024)</i> | Biofeedback training by any modality | | | Provisional |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|--------------------------------------|---|---------------------|----------|--------------------------|
| 96040 | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family | | | Permanent |
| 97537 <i>(effective 1/1/2024)</i> | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes | | | Provisional |
| 97763 <i>(effective 1/1/2024)</i> | 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 | | | Provisional |
| 98960 | Education and training for patient self-management by a qualified provider, each 30 minutes; individual patient | | | Permanent |
| 98961 | Education and training for patient self-management by a qualified provider, each 30 minutes; 2-4 patients | | | Permanent |
| 98962 | Education and training for patient self-management by a qualified provider, each 30 minutes; 5-8 patients | | | Permanent |
| 98966 | Telephone E&M provided by a non-physician not related to an E/M service 7days prior or in the next 24hrs 5-10 minutes | | | Permanent |
| 98967 | Telephone E&M provided by a non-physician not related to an an E/M service 7days prior or in the next 24hrs 11-20 minutes | | | Permanent |
| 98968 | Telephone E&M provided by a non-physician not related to an an E/M service 7days prior or in the next 24hrs 21-30 minutes | | | Permanent |
| 98970 | Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | | | Permanent |
| 98971 | Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | | | Permanent |
| 98972 | Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes | | | Permanent |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|---------------------------------------|---|---------------------|---------------|--------------------------|
| 99050 <i>(effective 5/11/2023)</i> | Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service | | Medicaid Only | Provisional |
| 99051 <i>(effective 5/11/2023)</i> | Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service | | Medicaid Only | Provisional |
| 99091 | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored (Applicable to Physicians, NPs, PAs, Midwives, Dentists, RNs) | | | Permanent |
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes | | | Permanent |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes | | | Permanent |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | | | Permanent |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | | | Permanent |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes | | | Permanent |
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 5-10 minutes of medical consultative discussion and review | Yes | | Permanent |
| 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 11-20 minutes of medical consultative discussion and review | Yes | | Permanent |
| 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 21-30 minutes of medical consultative discussion and review | Yes | | Permanent |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|----------|---|---------------------|---------------|--------------------------|
| 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 31 minutes or more of medical consultative discussion and review | Yes | | Permanent |
| 99451 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, 5 minutes or more of medical consultative time | Yes | | Permanent |
| 99452 | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes | Yes | | Permanent |
| 99453 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment | | | Permanent |
| 99454 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days | | | Permanent |
| 99457 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes | | | Permanent |
| 99458 | Remote physiologic monitoring treatment management services; each additional 20 minutes | | | Permanent |
| 99474 | Self-measured blood pressure using a device validated for clinical accuracy; separate self- measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings) | | | Permanent |
| 0362T | Bhv id suprt assmt ea 15 min | | | Provisional |
| 0373T | Adapt bhv tx ea 15 min | | | Provisional |
| 0403T-GQ | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day | | Medicaid Only | |

Reimbursement Policy:

Telehealth and Virtual Care Services

(Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|---------------------------------------|--|---------------------|---------------------|--------------------------|
| 0488T <i>(effective 5/11/2023)</i> | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day | Yes | Medicaid Only | Provisional |
| 77427 | Radiation tx management x5 | | | Provisional |
| 90785 | Psytx complex interactive | Yes | | Permanent |
| 90791 | Psych diagnostic evaluation | Yes | | Permanent |
| 90792 | Psych diag eval w/med srvcs | Yes | | Permanent |
| 90832 | Psytx w pt 30 minutes | Yes | | Permanent |
| 90833 | Psytx w pt w e/m 30 min | Yes | | Permanent |
| 90834 | Psytx w pt 45 minutes | Yes | | Permanent |
| 90836 | Psytx w pt w e/m 45 min | Yes | | Permanent |
| 90837 | Psytx w pt 60 minutes | Yes | | Permanent |
| 90838 | Psytx w pt w e/m 60 min | Yes | | Permanent |
| 90839 | Psytx crisis initial 60 min | Yes | | Permanent |
| 90840 | Psytx crisis ea addl 30 min | Yes | | Permanent |
| 90845 | Psychoanalysis | Yes | | Permanent |
| 90846 | Family psytx w/o pt 50 min | Yes | | Permanent |
| 90847 | Family psytx w/pt 50 min | Yes | | Permanent |
| 90853 | Group psychotherapy | Yes | | Permanent |
| 90875 | Psychophysiological therapy | | Non-covered service | Provisional |
| 90951 | Esrd serv 4 visits p mo <2yr | | | Permanent |
| 90952 | Esrd serv 2-3 vsts p mo <2yr | | | Permanent |
| 90953 | Esrd serv 1 visit p mo <2yrs | | | Provisional |
| 90954 | Esrd serv 4 vsts p mo 2-11 | | | Permanent |
| 90955 | Esrd srv 2-3 vsts p mo 2-11 | | | Permanent |
| 90956 | Esrd srv 1 visit p mo 2-11 | | | Provisional |
| 90957 | Esrd srv 4 vsts p mo 12-19 | | | Permanent |
| 90958 | Esrd srv 2-3 vsts p mo 12-19 | | | Permanent |
| 90959 | Esrd serv 1 vst p mo 12-19 | | | Provisional |
| 90960 | Esrd srv 4 visits p mo 20+ | | | Permanent |
| 90961 | Esrd srv 2-3 vsts p mo 20+ | | | Permanent |
| 90962 | Esrd serv 1 visit p mo 20+ | | | Provisional |
| 90963 | Esrd home pt serv p mo <2yrs | | | Permanent |
| 90964 | Esrd home pt serv p mo 2-11 | | | Permanent |
| 90965 | Esrd home pt serv p mo 12-19 | | | Permanent |
| 90966 | Esrd home pt serv p mo 20+ | | | Permanent |
| 90967 | Esrd svc pr day pt <2 | | | Permanent |

Reimbursement Policy:
Telehealth and Virtual Care Services
(Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|-------|------------------------------|---------------------|----------|--------------------------|
| 90968 | Esrd svc pr day pt 2-11 | | | Permanent |
| 90969 | Esrd svc pr day pt 12-19 | | | Permanent |
| 92002 | Eye exam new patient | | | Provisional |
| 92004 | Eye exam new patient | | | Provisional |
| 90970 | Esrd svc pr day pt 20+ | | | Permanent |
| 92012 | Eye exam establish patient | | | Provisional |
| 92014 | Eye exam&tx estab pt 1/>vst | | | Provisional |
| 92507 | Speech/hearing therapy | Yes | | Provisional |
| 92508 | Speech/hearing therapy | Yes | | Provisional |
| 92521 | Evaluation of speech fluency | Yes | | Provisional |
| 92522 | Evaluate speech production | Yes | | Provisional |
| 92523 | Speech sound lang comprehen | Yes | | Provisional |
| 92524 | Behavral qualit analys voice | Yes | | Provisional |
| 92526 | Oral function therapy | | | Provisional |
| 92550 | Tympanometry & reflex thresh | | | Provisional |
| 92552 | Pure tone audiometry air | | | Provisional |
| 92553 | Audiometry air & bone | | | Provisional |
| 92555 | Speech threshold audiometry | | | Provisional |
| 92556 | Speech audiometry complete | | | Provisional |
| 92557 | Comprehensive hearing test | | | Provisional |
| 92563 | Tone decay hearing test | | | Provisional |
| 92565 | Stenger test pure tone | | | Provisional |
| 92567 | Tympanometry | | | Provisional |
| 92568 | Acoustic refl threshold tst | | | Provisional |
| 92570 | Acoustic imittance testing | | | Provisional |
| 92587 | Evoked auditory test limited | | | Provisional |
| 92588 | Evoked auditory tst complete | | | Provisional |
| 92601 | Cochlear implt f/up exam <7 | | | Provisional |
| 92602 | Reprogram cochlear implt <7 | | | Provisional |
| 92603 | Cochlear implt f/up exam 7/> | | | Provisional |
| 92604 | Reprogram cochlear implt 7/> | | | Provisional |
| 92607 | Ex for speech device rx 1hr | | | Provisional |
| 92608 | Ex for speech device rx addl | | | Provisional |
| 92609 | Use of speech device service | | | Provisional |
| 92610 | Evaluate swallowing function | | | Provisional |
| 92625 | Tinnitus assessment | | | Provisional |
| 92626 | Eval aud funcj 1st hour | | | Provisional |
| 92627 | Eval aud funcj ea addl 15 | | | Provisional |
| 93750 | Interrogation vad in person | | | Provisional |
| 93797 | Cardiac rehab | | | Provisional |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|-------|------------------------------|---------------------|---------------------|--------------------------|
| 93798 | Cardiac rehab/monitor | | | Provisional |
| 94002 | Vent mgmt inpat init day | | | Provisional |
| 94003 | Vent mgmt inpat subq day | | | Provisional |
| 94004 | Vent mgmt nf per day | | | Provisional |
| 94005 | Home vent mgmt supervision | | Bundled code | Provisional |
| 94625 | Phy/qhp op pulm rhb w/o mntr | | | Provisional |
| 94626 | Phy/qhp op pulm rhb w/ mntr | | | Provisional |
| 94664 | Evaluate pt use of inhaler | | | Provisional |
| 95970 | Alys npgt w/o prgrmg | | | Provisional |
| 95971 | Alys smpl sp/pn npgt w/prgrm | | | Provisional |
| 95972 | Alys cplx sp/pn npgt w/prgrm | | | Provisional |
| 95983 | Alys brn npgt prgrmg 15 min | | | Provisional |
| 95984 | Alys brn npgt prgrmg adtl 15 | | | Provisional |
| 96105 | Assessment of aphasia | | | Provisional |
| 96110 | Developmental screen w/score | | Non-covered service | Provisional |
| 96112 | Devel tst phys/qhp 1st hr | | | Provisional |
| 96113 | Devel tst phys/qhp ea adtl | | | Provisional |
| 96116 | Nubhvl xm phys/qhp 1st hr | Yes | | Permanent |
| 96121 | Nubhvl xm phy/qhp ea adtl hr | Yes | | Permanent |
| 96125 | Cognitive test by hc pro | | | Provisional |
| 96127 | Brief emotional/behav assmt | Yes | | Provisional |
| 96130 | Psycl tst eval phys/qhp 1st | Yes | | Provisional |
| 96131 | Psycl tst eval phys/qhp ea | Yes | | Provisional |
| 96132 | Nrpsyc tst eval phys/qhp 1st | Yes | | Provisional |
| 96133 | Nrpsyc tst eval phys/qhp ea | Yes | | Provisional |
| 96136 | Psycl/nrpsyc tst phy/qhp 1st | Yes | | Provisional |
| 96137 | Psycl/nrpsyc tst phy/qhp ea | Yes | | Provisional |
| 96138 | Psycl/nrpsyc tech 1st | Yes | | Provisional |
| 96139 | Psycl/nrpsyc tst tech ea | Yes | | Provisional |
| 96156 | Hlth bhv assmt/reassessment | Yes | | Permanent |
| 96158 | Hlth bhv ivntj indiv 1st 30 | Yes | | Permanent |
| 96159 | Hlth bhv ivntj indiv ea adtl | Yes | | Permanent |
| 96160 | Pt-focused hlth risk assmt | Yes | | Permanent |
| 96161 | Caregiver health risk assmt | Yes | | Permanent |
| 96164 | Hlth bhv ivntj grp 1st 30 | Yes | | Permanent |
| 96165 | Hlth bhv ivntj grp ea adtl | Yes | | Permanent |
| 96167 | Hlth bhv ivntj fam 1st 30 | Yes | | Permanent |
| 96168 | Hlth bhv ivntj fam ea adtl | Yes | | Permanent |

Reimbursement Policy:
Telehealth and Virtual Care Services
(Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|-------|------------------------------|---------------------|---------------------|--------------------------|
| 96170 | Hlth bhv ivntj fam wo pt 1st | | Non-covered service | Provisional |
| 96171 | Hlth bhv ivntj fam w/o pt ea | | Non-covered service | Provisional |
| 97110 | Therapeutic exercises | | | Provisional |
| 97112 | Neuromuscular reeducation | | | Provisional |
| 97116 | Gait training therapy | | | Provisional |
| 97129 | Ther ivntj 1st 15 min | | | Provisional |
| 97130 | Ther ivntj ea addl 15 min | | | Provisional |
| 97150 | Group therapeutic procedures | | | Provisional |
| 97151 | Bhv id assmt by phys/qhp | | | Provisional |
| 97152 | Bhv id suprt assmt by 1 tech | | | Provisional |
| 97153 | Adaptive behavior tx by tech | | | Provisional |
| 97154 | Grp adapt bhv tx by tech | | | Provisional |
| 97155 | Adapt behavior tx phys/qhp | | | Provisional |
| 97156 | Fam adapt bhv tx gdn phy/qhp | | | Provisional |
| 97157 | Mult fam adapt bhv tx gdn | | | Provisional |
| 97158 | Grp adapt bhv tx by phy/qhp | | | Provisional |
| 97161 | Pt eval low complex 20 min | | | Provisional |
| 97162 | Pt eval mod complex 30 min | | | Provisional |
| 97163 | Pt eval high complex 45 min | | | Provisional |
| 97164 | Pt re-eval est plan care | | | Provisional |
| 97165 | Ot eval low complex 30 min | | | Provisional |
| 97166 | Ot eval mod complex 45 min | | | Provisional |
| 97167 | Ot eval high complex 60 min | | | Provisional |
| 97168 | Ot re-eval est plan care | | | Provisional |
| 97530 | Therapeutic activities | | | Provisional |
| 97535 | Self care mngment training | Yes | | Provisional |
| 97542 | Wheelchair mngment training | | | Provisional |
| 97750 | Physical performance test | | | Provisional |
| 97755 | Assistive technology assess | | | Provisional |
| 97760 | Orthotic mgmt&traing 1st enc | | | Provisional |
| 97761 | Prosthetic traing 1st enc | | | Provisional |
| 97802 | Medical nutrition indiv in | Yes | | Permanent |
| 97803 | Med nutrition indiv subseq | Yes | | Permanent |
| 97804 | Medical nutrition group | Yes | | Permanent |
| 99202 | Office/outpatient visit new | | | Permanent |
| 99203 | Office/outpatient visit new | | | Permanent |
| 99204 | Office/outpatient visit new | | | Permanent |
| 99205 | Office/outpatient visit new | | | Permanent |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|----------|---|---------------------|---------------|--------------------------|
| 99211 | Office/outpatient visit est | | | Permanent |
| 99211-GQ | Office or other outpatient visit for the evaluation and management of an established patient (Applicable to Physicians, NPs, PAs, Midwives, Dentists, RNs) | Yes | Medicaid Only | Permanent |
| 99212 | Office/outpatient visit est | | | Permanent |
| 99213 | Office/outpatient visit est | | | Permanent |
| 99214 | Office/outpatient visit est | | | Permanent |
| 99215 | Office/outpatient visit est | | | Permanent |
| 99221 | Initial hospital inpatient or observation care | | | Provisional |
| 99222 | Initial hospital inpatient or observation care | | | Provisional |
| 99223 | Initial hospital inpatient or observation care | | | Provisional |
| 99231 | Subsequent hospital inpatient or observation care | | | Permanent |
| 99232 | Subsequent hospital inpatient or observation care | | | Permanent |
| 99233 | Subsequent hospital inpatient or observation care | | | Permanent |
| 99234 | Observ/hosp same date | | | Provisional |
| 99235 | Observ/hosp same date | | | Provisional |
| 99236 | Observ/hosp same date | | | Provisional |
| 99238 | Hospital discharge day | | | Provisional |
| 99239 | Hospital discharge day | | | Provisional |
| 99281 | Emergency dept visit | | | Provisional |
| 99282 | Emergency dept visit | | | Provisional |
| 99283 | Emergency dept visit | | | Provisional |
| 99284 | Emergency dept visit | | | Provisional |
| 99285 | Emergency dept visit | | | Provisional |
| 99291 | Critical care first hour | | | Provisional |
| 99292 | Critical care addl 30 min | | | Provisional |
| 99304 | Nursing facility care init | | | Provisional |
| 99305 | Nursing facility care init | | | Provisional |
| 99306 | Nursing facility care init | | | Provisional |
| 99307 | Nursing fac care subseq | | | Permanent |
| 99308 | Nursing fac care subseq | | | Permanent |
| 99309 | Nursing fac care subseq | | | Permanent |
| 99310 | Nursing fac care subseq | | | Permanent |
| 99315 | Nursing fac discharge day | | | Provisional |
| 99316 | Nursing fac discharge day | | | Provisional |
| 99341 | Home visit new patient | | | Provisional |
| 99342 | Home visit new patient | | | Provisional |
| 99344 | Home visit new patient | | | Provisional |
| 99345 | Home visit new patient | | | Provisional |
| 99347 | Home visit est patient | | | Permanent |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|---------------------------------------|---|---------------------|---------------|--------------------------|
| 99348 | Home visit est patient | | | Permanent |
| 99349 | Home visit est patient | | | Provisional |
| 99350 | Home visit est patient | | | Provisional |
| 99406 | Behav chng smoking 3-10 min | Yes | | Permanent |
| 99407 | Behav chng smoking > 10 min | Yes | | Permanent |
| 99429 | Medicaid COVID-19 Counseling (under age 21 only) | Yes | Medicaid Only | Permanent |
| 99441 | Phone e/m phys/qhp 5-10 min | Yes | | Provisional |
| 99442 | Phone e/m phys/qhp 11-20 min | Yes | | Provisional |
| 99443 | Phone e/m phys/qhp 21-30 min | Yes | | Provisional |
| 99468 | Neonate crit care initial | | | Provisional |
| 99469 | Neonate crit care subsq | | | Provisional |
| 99471 | Ped critical care initial | | | Provisional |
| 99472 | Ped critical care subsq | | | Provisional |
| 99473 | Self-meas bp pt educaj/train | | | Provisional |
| 99475 | Ped crit care age 2-5 init | | | Provisional |
| 99476 | Ped crit care age 2-5 subsq | | | Provisional |
| 99477 | Init day hosp neonate care | | | Provisional |
| 99478 | Ic lbw inf < 1500 gm subsq | | | Provisional |
| 99479 | Ic lbw inf 1500-2500 g subsq | | | Provisional |
| 99480 | Ic inf pbw 2501-5000 g subsq | | | Provisional |
| 99483 | Assmt & care pln pt cog imp | | | Permanent |
| 99495 | Trans care mgmt 14 day disch | | | Permanent |
| 99496 | Trans care mgmt 7 day disch | | | Permanent |
| 99497 | Advncd care plan 30 min | Yes | | Permanent |
| 99498 | Advncd care plan addl 30 min | Yes | | Permanent |
| D1320 <i>(effective 5/11/2023)</i> | Tobacco counseling for the control and prevention of oral disease. | Yes | Medicaid | Provisional |
| D9991 | Dental case management - addressing appointment compliance barriers; Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers. (Medicaid only, temporary code for telephone visits) (Dentists only) | Yes | Medicaid Only | Provisional |
| D9995 | Teledentistry - synchronous; real-time encounter; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. (Dentists only) | Yes | Medicaid Only | Provisional |
| D9996 | Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review; Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. (Dentists only) | | Medicaid Only | Provisional |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|--------------------------------------|--|---------------------|----------------------------|--------------------------|
| G0108 | Diab manage trn per indiv | Yes | Medicare and Medicaid Only | Permanent |
| G0109 | Diab manage trn ind/group | Yes | Medicare and Medicaid Only | Permanent |
| G0136 <i>(effective 1/1/2024)</i> | Admin SDOH risk assmt tool, 5-15 min | | | Permanent |
| G0270 | Mnt subs tx for change dx | Yes | Medicare Only | Permanent |
| G0296 | Visit to determ ldct elig | Yes | Medicare Only | Permanent |
| G0316 <i>(effective 1/1/2024)</i> | Prolonged hospital inpatient or observation care | | | Permanent |
| G0317 <i>(effective 1/1/2024)</i> | Prolonged nursing facility evaluation and management service | | | Permanent |
| G0318 <i>(effective 1/1/2024)</i> | Prolonged home or residence evaluation and management | | | Permanent |
| G0396 | Alcohol/subs interv 15-30mn | Yes | Medicare Only | Permanent |
| G0397 | Alcohol/subs interv >30 min | Yes | Medicare Only | Permanent |
| G0406 | Inpt/tele follow up 15 | Yes | Medicare Only | Permanent |
| G0407 | Inpt/tele follow up 25 | Yes | Medicare Only | Permanent |
| G0408 | Inpt/tele follow up 35 | Yes | Medicare Only | Permanent |
| G0410 | Grp psych partial hosp 45-50 | | Medicare Only | Yes Provisional |
| G0420 | Ed svc ckd ind per session | Yes | Medicare Only | Permanent |
| G0421 | Ed svc ckd grp per session | Yes | Medicare Only | Permanent |
| G0422 | Intens cardiac rehab w/exerc | | Medicare Only | Provisional |
| G0423 | Intens cardiac rehab no exer | | Medicare Only | Provisional |
| G0425 | Inpt/ed teleconsult30 | Yes | Medicare Only | Permanent |
| G0426 | Inpt/ed teleconsult50 | Yes | Medicare Only | Permanent |
| G0427 | Inpt/ed teleconsult70 | Yes | Medicare Only | Permanent |
| G0438 | Ppps, initial visit | Yes | Medicare Only | Permanent |
| G0438 | Ppps, initial visit | | Medicare Only | Permanent |
| G0439 | Ppps, subseq visit | Yes | Medicare Only | Permanent |
| G0439 | Ppps, subseq visit | | Medicare Only | Permanent |
| G0442 | Annual alcohol screen 15 min | Yes | Medicare Only | Permanent |
| G0443 | Brief alcohol misuse counsel | Yes | Medicare Only | Permanent |
| G0444 | Depression screen annual | Yes | Medicare Only | Permanent |
| G0445 | High inten beh couns std 30m | Yes | Medicare Only | Permanent |
| G0446 | Intens behave ther cardio dx | Yes | Medicare Only | Permanent |
| G0447 | Behavior counsel obesity 15m | Yes | Medicare Only | Permanent |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|--------------------------------------|---|---------------------|--|--------------------------|
| G0459 | Telehealth inpt pharm mgmt | Yes | Medicare Only | Permanent |
| G0506 | Comp assess care plan ccm svc | Yes | Medicare Only | Permanent |
| G0508 | Crit care telehea consult 60 | | Medicare Only | Permanent |
| G0509 | Crit care telehea consult 50 | | Medicare Only | Permanent |
| G0513 | Prolong prev svcs, first 30m | Yes | Medicare Only | Permanent |
| G0514 | Prolong prev svcs, addl 30m | Yes | Medicare Only | Permanent |
| G2010 | E-VISIT | | Medicare Only | Permanent |
| G2012 | Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional | | Medicare & Medicaid Only | Permanent |
| G2086 | Off base opioid tx 70min | Yes | Medicare Only | Permanent |
| G2087 | Off base opioid tx, 60 m | Yes | Medicare Only | Permanent |
| G2088 | Off base opioid tx, add30 | Yes | Medicare Only | Permanent |
| G2211 | Complex E/M visit add on | Yes | -Bundled through 12/31/2023 -Medicare only effective 1/1/2024 | Permanent |
| G2212 | Prolong outpt/office vis | Yes | | Permanent |
| G2252 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion | | Medicaid Only | Provisional |
| G3002 <i>(effective 1/1/2024)</i> | Chronic pain tx monthly b | | | Permanent |
| G3003 <i>(effective 1/1/2024)</i> | Addition 15m pain mang | | | Permanent |
| G9685 | Acute nursing facility care | | Medicare Only | Provisional |
| S9083 | Global fee urgent care centers | | Not valid for Medicare | Provisional |
| S9152 | Speech therapy, re-eval | | Not valid for Medicare | Provisional |
| S9443 | Lactation classes, nonphysician provider, per session | | Not valid for Medicare | Provisional |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Code | Short Descriptor | Audio only allowed? | Comments | Permanent or Provisional |
|-------|---|---------------------|------------------------|--------------------------|
| S9445 | Patient education, not otherwise classified, nonphysician provider, individual, per session | | Medicaid Only | Provisional |
| S9446 | Patient education, not otherwise classified, nonphysician provider, group, per session | | Medicaid Only | Provisional |
| S9470 | Nutritional counseling, dietitian visit | | Not valid for Medicare | Provisional |

References:

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
4. Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

Revision History

| Company(ies) | DATE | REVISION |
|------------------------------|--------|--|
| EmblemHealth ConnectiCare | 2/2024 | <ul style="list-style-type: none"> • Correction to 1/2024 revision note; removed comment from codes 99441-99443 stating <i>Non-covered by Medicare effective 10/01/2023</i> |
| EmblemHealth ConnectiCare | 1/2024 | <ul style="list-style-type: none"> • Updated code G2211 in Services allowed via Telehealth table to indicate that code will be applicable to Medicare Only effective 1/1/2024. • Correction to previous revision dated 11/2023: 99441-99443 non-coverage applicable to <i>Medicare only effective 10/10/2023</i> |

Reimbursement Policy: Telehealth and Virtual Care Services (Commercial, Medicare and Medicaid)

| Company(ies) | DATE | REVISION |
|------------------------------|---------|---|
| EmblemHealth ConnectiCare | 11/2023 | <ul style="list-style-type: none"> Updates effective 5/11/2023: <ul style="list-style-type: none"> Indicated Medicaid coverage of POS 11 (for code Q3014 <i>only</i>) Addition of codes 0488T, 99050, 99051, and G2252 to Services Allowed via Telehealth table - <i>Applicable to Medicaid only</i> Indicated non-coverage of codes 99441-99443 effective 10/10/2023 - <i>Applicable to Medicaid only</i> Addition of codes 90901, 97537, 97763, G0136, G0316, G0317, G0318, G3002, G3003 effective 1/1/2024 – <i>Applicable to all lines of business</i> Updated column title “Temporary Addition for the PHE for the COVID-19 Pandemic (will remain covered through 12/31/2023)” to “Permanent or Provisional.” Updated corresponding cells accordingly. |
| EmblemHealth ConnectiCare | 6/2023 | <ul style="list-style-type: none"> Updated Reimbursement Guidelines effective date to 12/31/2023 |
| EmblemHealth ConnectiCare | 5/2023 | <ul style="list-style-type: none"> Updated Reimbursement Guidelines effective 5/12/2023 Updated to clarify codes included as ‘Temporary Addition for the PHE for the COVID-19 Pandemic’ will remain covered through 12/31/2023 Added CPT Code 99429 to Services allowed via Telehealth Table <i>Applicable to Medicaid only</i> |
| EmblemHealth ConnectiCare | 2/2023 | <ul style="list-style-type: none"> Removed codes G2061-G2063 and G9800 deleted as of 1/1/2021 Removed code G0424 deleted as of 1/1/2022 Removed codes deleted as of 1/1/2023: 99217-99220, 99224-99226, 99324-99328, 99334-99337, 99343, and 99354-99357 Updated code descriptions for 99221-99223 and 99231-99236. |

Reimbursement Policy:
Telehealth and Virtual Care Services
(Commercial, Medicare and Medicaid)

| Company(ies) | DATE | REVISION |
|------------------------------|--------|--|
| EmblemHealth ConnectiCare | 4/2022 | <ul style="list-style-type: none"> EmblemHealth/ConnectiCare Medicare Advantage Plans: Added clarification that POS requirements in this policy will go into effect at the end of the Public Health Emergency (PHE), however providers should continue to use the appropriate telehealth modifiers. |
| EmblemHealth ConnectiCare | 1/2022 | <ul style="list-style-type: none"> Updated policy Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number |