

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 06/01/2022 - EmblemHealth/ConnectiCare will consider Virtual Care/Telehealth services for reimbursement when they are rendered via audio and video and reported with either place of service POS 02 or 10 only. *Note: For EmblemHealth/Connecticare Medicare Advantage plans, this requirement will go into effect at the end of the Public Health Emergency (PHE), however providers should continue to use the appropriate telehealth modifiers.*

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Reimbursement for telehealth (telemedicine) services 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.

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)
- 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

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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) and 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.
- 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.

COVID-19:

- During COVID-19 Public Health Emergency state and/or federal mandates and guidelines may apply.

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Coding:

Modifiers

Effective 06/01/2022 - Modifiers below will not be required to identify Telehealth services but are accepted as informational if reported on claims with eligible Telehealth services. If billed in a place of service outside of POS 02/10 they will deny. (Applicable to Medicare after the PHE ends)

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	Temporary Addition for the PHE for the COVID-19 Pandemic
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family			
98960	Education and training for patient self-management by a qualified provider, each 30 minutes; individual patient			
98961	Education and training for patient self-management by a qualified provider, each 30 minutes; 2-4 patients			
98962	Education and training for patient self-management by a qualified provider, each 30 minutes; 5-8 patients			
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			

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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			
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			
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			
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			
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			
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored (Applicable to Physicians, NPs, PAs, Midwives, Dentists, RNs)			
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes			
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes			
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes			
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes			
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes			

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Code	Short Descriptor	Audio only allowed?	Comments	Temporary Addition for the PHE for the COVID-19 Pandemic
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		
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		
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		
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		
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		
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		
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			
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			
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			

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99458	Remote physiologic monitoring treatment management services; each additional 20 minutes			
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)			
0362T	Bhv id suprt assmt ea 15 min			Yes
0373T	Adapt bhv tx ea 15 min			Yes
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	
77427	Radiation tx management x5			Yes
90785	Psytx complex interactive	Yes		
90791	Psych diagnostic evaluation	Yes		
90792	Psych diag eval w/med srvcs	Yes		
90832	Psytx w pt 30 minutes	Yes		
90833	Psytx w pt w e/m 30 min	Yes		
90834	Psytx w pt 45 minutes	Yes		
90836	Psytx w pt w e/m 45 min	Yes		
90837	Psytx w pt 60 minutes	Yes		
90838	Psytx w pt w e/m 60 min	Yes		
90839	Psytx crisis initial 60 min	Yes		
90840	Psytx crisis ea addl 30 min	Yes		
90845	Psychoanalysis	Yes		
90846	Family psytx w/o pt 50 min	Yes		
90847	Family psytx w/pt 50 min	Yes		
90853	Group psychotherapy	Yes		
90875	Psychophysiological therapy		Non-covered service	Yes
90951	Esrd serv 4 visits p mo <2yr			
90952	Esrd serv 2-3 vsts p mo <2yr			
90953	Esrd serv 1 visit p mo <2yrs			Yes
90954	Esrd serv 4 vsts p mo 2-11			
90955	Esrd srv 2-3 vsts p mo 2-11			
90956	Esrd srv 1 visit p mo 2-11			Yes
90957	Esrd srv 4 vsts p mo 12-19			
90958	Esrd srv 2-3 vsts p mo 12-19			
90959	Esrd serv 1 vst p mo 12-19			Yes

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90960	Esrd srv 4 visits p mo 20+			
90961	Esrd srv 2-3 vsts p mo 20+			
90962	Esrd serv 1 visit p mo 20+			Yes
90963	Esrd home pt serv p mo <2yrs			
90964	Esrd home pt serv p mo 2-11			
90965	Esrd home pt serv p mo 12-19			
90966	Esrd home pt serv p mo 20+			
90967	Esrd svc pr day pt <2			
90968	Esrd svc pr day pt 2-11			
90969	Esrd svc pr day pt 12-19			
90970	Esrd svc pr day pt 20+			
92002	Eye exam new patient			Yes
92004	Eye exam new patient			Yes
92012	Eye exam establish patient			Yes
92014	Eye exam&tx estab pt 1/>vst			Yes
92507	Speech/hearing therapy	Yes		Yes
92508	Speech/hearing therapy	Yes		Yes
92521	Evaluation of speech fluency	Yes		Yes
92522	Evaluate speech production	Yes		Yes
92523	Speech sound lang comprehen	Yes		Yes
92524	Behavral qualit analys voice	Yes		Yes
92526	Oral function therapy			Yes
92550	Tympanometry & reflex thresh			Yes
92552	Pure tone audiometry air			Yes
92553	Audiometry air & bone			Yes
92555	Speech threshold audiometry			Yes
92556	Speech audiometry complete			Yes
92557	Comprehensive hearing test			Yes
92563	Tone decay hearing test			Yes
92565	Stenger test pure tone			Yes
92567	Tympanometry			Yes
92568	Acoustic refl threshold tst			Yes
92570	Acoustic immitance testing			Yes
92587	Evoked auditory test limited			Yes
92588	Evoked auditory tst complete			Yes
92601	Cochlear implt f/up exam <7			Yes
92602	Reprogram cochlear implt <7			Yes
92603	Cochlear implt f/up exam 7/>			Yes

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92604	Reprogram cochlear implt 7/>			Yes
92607	Ex for speech device rx 1hr			Yes
92608	Ex for speech device rx addl			Yes
92609	Use of speech device service			Yes
92610	Evaluate swallowing function			Yes
92625	Tinnitus assessment			Yes
92626	Eval aud funcj 1st hour			Yes
92627	Eval aud funcj ea addl 15			Yes
93750	Interrogation vad in person			Yes
93797	Cardiac rehab			Yes
93798	Cardiac rehab/monitor			Yes
94002	Vent mgmt inpat init day			Yes
94003	Vent mgmt inpat subq day			Yes
94004	Vent mgmt nf per day			Yes
94005	Home vent mgmt supervision		Bundled code	Yes
94625	Phy/qhp op pulm rhb w/o mntr			Yes
94626	Phy/qhp op pulm rhb w/ mntr			Yes
94664	Evaluate pt use of inhaler			Yes
95970	Alys npgt w/o prgrmg			Yes
95971	Alys smpl sp/pn npgt w/prgrm			Yes
95972	Alys cplx sp/pn npgt w/prgrm			Yes
95983	Alys brn npgt prgrmg 15 min			Yes
95984	Alys brn npgt prgrmg addl 15			Yes
96105	Assessment of aphasia			Yes
96110	Developmental screen w/score		Non-covered service	Yes
96112	Devel tst phys/qhp 1st hr			Yes
96113	Devel tst phys/qhp ea addl			Yes
96116	Nubhvl xm phys/qhp 1st hr	Yes		
96121	Nubhvl xm phy/qhp ea addl hr	Yes		
96125	Cognitive test by hc pro			Yes
96127	Brief emotional/behav assmt	Yes		Yes
96130	Psycl tst eval phys/qhp 1st	Yes		Yes
96131	Psycl tst eval phys/qhp ea	Yes		Yes
96132	Nrpsyc tst eval phys/qhp 1st	Yes		Yes
96133	Nrpsyc tst eval phys/qhp ea	Yes		Yes
96136	Psycl/nrpsyc tst phy/qhp 1st	Yes		Yes
96137	Psycl/nrpsyc tst phy/qhp ea	Yes		Yes

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96138	Psycl/nrpsyc tech 1st	Yes		Yes
96139	Psycl/nrpsyc tst tech ea	Yes		Yes
96156	Hlth bhv assmt/reassessment	Yes		
96158	Hlth bhv ivntj indiv 1st 30	Yes		
96159	Hlth bhv ivntj indiv ea addl	Yes		
96160	Pt-focused hlth risk assmt	Yes		
96161	Caregiver health risk assmt	Yes		
96164	Hlth bhv ivntj grp 1st 30	Yes		
96165	Hlth bhv ivntj grp ea addl	Yes		
96167	Hlth bhv ivntj fam 1st 30	Yes		
96168	Hlth bhv ivntj fam ea addl	Yes		
96170	Hlth bhv ivntj fam wo pt 1st		Non-covered service	Yes
96171	Hlth bhv ivntj fam w/o pt ea		Non-covered service	Yes
97110	Therapeutic exercises			Yes
97112	Neuromuscular reeducation			Yes
97116	Gait training therapy			Yes
97129	Ther ivntj 1st 15 min			Yes
97130	Ther ivntj ea addl 15 min			Yes
97150	Group therapeutic procedures			Yes
97151	Bhv id assmt by phys/qhp			Yes
97152	Bhv id suprt assmt by 1 tech			Yes
97153	Adaptive behavior tx by tech			Yes
97154	Grp adapt bhv tx by tech			Yes
97155	Adapt behavior tx phys/qhp			Yes
97156	Fam adapt bhv tx gdn phy/qhp			Yes
97157	Mult fam adapt bhv tx gdn			Yes
97158	Grp adapt bhv tx by phy/qhp			Yes
97161	Pt eval low complex 20 min			Yes
97162	Pt eval mod complex 30 min			Yes
97163	Pt eval high complex 45 min			Yes
97164	Pt re-eval est plan care			Yes
97165	Ot eval low complex 30 min			Yes
97166	Ot eval mod complex 45 min			Yes
97167	Ot eval high complex 60 min			Yes
97168	Ot re-eval est plan care			Yes
97530	Therapeutic activities			Yes
97535	Self care mngmt training	Yes		Yes

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97542	Wheelchair mngmt training			Yes
97750	Physical performance test			Yes
97755	Assistive technology assess			Yes
97760	Orthotic mgmt&traing 1st enc			Yes
97761	Prosthetic traing 1st enc			Yes
97802	Medical nutrition indiv in	Yes		
97803	Med nutrition indiv subseq	Yes		
97804	Medical nutrition group	Yes		
99202	Office/outpatient visit new			
99203	Office/outpatient visit new			
99204	Office/outpatient visit new			
99205	Office/outpatient visit new			
99211	Office/outpatient visit est			
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	
99212	Office/outpatient visit est			
99213	Office/outpatient visit est			
99214	Office/outpatient visit est			
99215	Office/outpatient visit est			
99217	Observation care discharge			Yes
99218	Initial observation care			Yes
99219	Initial observation care			Yes
99220	Initial observation care			Yes
99221	Initial hospital care			Yes
99222	Initial hospital care			Yes
99223	Initial hospital care			Yes
99224	Subsequent observation care			Yes
99225	Subsequent observation care			Yes
99226	Subsequent observation care			Yes
99231	Subsequent hospital care			
99232	Subsequent hospital care			
99233	Subsequent hospital care			
99234	Observ/hosp same date			Yes
99235	Observ/hosp same date			Yes
99236	Observ/hosp same date			Yes
99238	Hospital discharge day			Yes
99239	Hospital discharge day			Yes
99281	Emergency dept visit			Yes

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99282	Emergency dept visit			Yes
99283	Emergency dept visit			Yes
99284	Emergency dept visit			Yes
99285	Emergency dept visit			Yes
99291	Critical care first hour			Yes
99292	Critical care addl 30 min			Yes
99304	Nursing facility care init			Yes
99305	Nursing facility care init			Yes
99306	Nursing facility care init			Yes
99307	Nursing fac care subseq			
99308	Nursing fac care subseq			
99309	Nursing fac care subseq			
99310	Nursing fac care subseq			
99315	Nursing fac discharge day			Yes
99316	Nursing fac discharge day			Yes
99324	Domicil/r-home visit new pat			Yes
99325	Domicil/r-home visit new pat			Yes
99326	Domicil/r-home visit new pat			Yes
99327	Domicil/r-home visit new pat			Yes
99328	Domicil/r-home visit new pat			Yes
99334	Domicil/r-home visit est pat			
99335	Domicil/r-home visit est pat			
99336	Domicil/r-home visit est pat			Yes
99337	Domicil/r-home visit est pat			Yes
99341	Home visit new patient			Yes
99342	Home visit new patient			Yes
99343	Home visit new patient			Yes
99344	Home visit new patient			Yes
99345	Home visit new patient			Yes
99347	Home visit est patient			
99348	Home visit est patient			
99349	Home visit est patient			Yes
99350	Home visit est patient			Yes
99354	Prolong e&m/psyctx serv o/p	Yes		
99355	Prolong e&m/psyctx serv o/p	Yes		
99356	Prolonged service inpatient	Yes		
99357	Prolonged service inpatient	Yes		
99406	Behav chng smoking 3-10 min	Yes		

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99407	Behav chng smoking > 10 min	Yes		
99441	Phone e/m phys/qhp 5-10 min	Yes		Yes
99442	Phone e/m phys/qhp 11-20 min	Yes		Yes
99443	Phone e/m phys/qhp 21-30 min	Yes		Yes
99468	Neonate crit care initial			Yes
99469	Neonate crit care subsq			Yes
99471	Ped critical care initial			Yes
99472	Ped critical care subsq			Yes
99473	Self-meas bp pt educaj/train			Yes
99475	Ped crit care age 2-5 init			Yes
99476	Ped crit care age 2-5 subsq			Yes
99477	Init day hosp neonate care			Yes
99478	Ic lbw inf < 1500 gm subsq			Yes
99479	Ic lbw inf 1500-2500 g subsq			Yes
99480	Ic inf pbw 2501-5000 g subsq			Yes
99483	Assmt & care pln pt cog imp			
99495	Trans care mgmt 14 day disch			
99496	Trans care mgmt 7 day disch			
99497	Advncd care plan 30 min	Yes		
99498	Advncd care plan addl 30 min	Yes		
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	Yes
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	Yes
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	Yes
G0108	Diab manage trn per indiv	Yes	Medicare Only	
G0109	Diab manage trn ind/group	Yes	Medicare Only	
G0270	Mnt subs tx for change dx	Yes	Medicare Only	
G0296	Visit to determ ldct elig	Yes	Medicare Only	
G0396	Alcohol/subs interv 15-30mn	Yes	Medicare Only	
G0397	Alcohol/subs interv >30 min	Yes	Medicare Only	
G0406	Inpt/tele follow up 15	Yes	Medicare Only	

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G0407	Inpt/tele follow up 25	Yes	Medicare Only	
G0408	Inpt/tele follow up 35	Yes	Medicare Only	
G0410	Grp psych partial hosp 45-50		Medicare Only	Yes
G0420	Ed svc ckd ind per session	Yes	Medicare Only	
G0421	Ed svc ckd grp per session	Yes	Medicare Only	
G0422	Intens cardiac rehab w/exerc		Medicare Only	Yes
G0423	Intens cardiac rehab no exer		Medicare Only	Yes
G0424	Pulmonary rehab w exer		Medicare Only	
G0425	Inpt/ed teleconsult30	Yes	Medicare Only	
G0426	Inpt/ed teleconsult50	Yes	Medicare Only	
G0427	Inpt/ed teleconsult70	Yes	Medicare Only	
G0438	Ppps, initial visit	Yes	Medicare Only	
G0438	Ppps, initial visit		Medicare Only	
G0439	Ppps, subseq visit	Yes	Medicare Only	
G0439	Ppps, subseq visit		Medicare Only	
G0442	Annual alcohol screen 15 min	Yes	Medicare Only	
G0443	Brief alcohol misuse counsel	Yes	Medicare Only	
G0444	Depression screen annual	Yes	Medicare Only	
G0445	High inten beh couns std 30m	Yes	Medicare Only	
G0446	Intens behave ther cardio dx	Yes	Medicare Only	
G0447	Behavior counsel obesity 15m	Yes	Medicare Only	
G0459	Telehealth inpt pharm mgmt	Yes	Medicare Only	
G0506	Comp assess care plan ccm svc	Yes	Medicare Only	
G0508	Crit care telehea consult 60		Medicare Only	
G0509	Crit care telehea consult 50		Medicare Only	
G0513	Prolong prev svcs, first 30m	Yes	Medicare Only	
G0514	Prolong prev svcs, addl 30m	Yes	Medicare Only	
G2010	E-VISIT		Medicare Only	
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional		Medicare Only	
G2061	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes		Medicare Only	
G2062	Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes		Medicare Only	

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

Code	Short Descriptor	Audio only allowed?	Comments	Temporary Addition for the PHE for the COVID-19 Pandemic
G2063	Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes; 5-10 minutes of medical discussion		Medicare Only	
G2086	Off base opioid tx 70min	Yes	Medicare Only	
G2087	Off base opioid tx, 60 m	Yes	Medicare Only	
G2088	Off base opioid tx, add30	Yes	Medicare Only	
G2211	Complex E/M visit add on	Yes	Bundled code	
G2212	Prolong outpt/office vis	Yes		
G9685	Acute nursing facility care		Medicare Only	Yes
G9800	The MDPP beneficiary achieved at least 5% weight loss		Not valid for Commercial plans	
S9083	Global fee urgent care centers		Not valid for Medicare	Yes
S9152	Speech therapy, re-eval		Not valid for Medicare	Yes
S9443	Lactation classes, nonphysician provider, per session		Medicaid Only	Yes
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session		Medicaid Only	Yes
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session		Medicaid Only	Yes
S9470	Nutritional counseling, dietitian visit		Not valid for Medicare	Yes

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

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

Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	01/2022	<ul style="list-style-type: none"> Updated policy Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number
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.