

## 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](http://emblemhealth.com) and [connecticare.com](http://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. *Telehealth services must be provided via a HIPAA compliant telehealth platform.*

## 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.

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#### Reimbursement Guidelines:

**Effective 1/1/2025:** EmblemHealth/ConnectiCare have aligned with CMS and will not recognize new CPT Codes 98000-98015, for all lines of business, to ensure payment parity. Instead, CMS has assigned these codes a procedure status indicator of "I", which means there is a more specific code (i.e., existing office/outpatient E/M codes 99202-99215) to be used for Medicare.

There are no changes to place of service (POS) and/or modifier reporting requirements for audio and/or video services.

**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**.

**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.

Place of Service	Description
<b>POS- 02</b>	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. This place of service reimburses the facility rate.
<b>POS - 10</b> (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. This place of service reimburses the non-facility rate.
<b>POS – 11</b> (Effective 05/11/2023 for Medicaid plans only- allowable only with code Q3014)	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)).

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#### 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
- Pharmacy

#### **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
- Pharmacists

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#### 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.
- 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

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Telehealth Modifier	Description
<b>95</b>	Synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system.
<b>FR</b>	The supervising practitioner was present through two-way, audio/video communication technology
<b>FQ</b>	The service was furnished using audio-only communication technology
<b>GT</b>	Telehealth service rendered via interactive audio and video telecommunication systems.
<b>GQ</b>	Telehealth service rendered via asynchronous telecommunications system (For use with Medicaid only)
<b>G0</b>	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
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	
0488T	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
90901 (effective 1/1/2024)	Biofeedback training by any modality			Provisional
97537 (effective 1/1/2024)	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

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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
97763 <b>(effective 1/1/2024)</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			Provisional
98960	Education and training for patient self-management by a qualified provider, each 30 minutes; individual patient			Provisional
98961	Education and training for patient self-management by a qualified provider, each 30 minutes; 2-4 patients			Provisional
98962	Education and training for patient self-management by a qualified provider, each 30 minutes; 5-8 patients			Provisional
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	Yes		Permanent
98967	Telephone E&M provided by a non-physician not related to an E/M service 7days prior or in the next 24hrs 11-20 minutes	Yes		Permanent
98968	Telephone E&M provided by a non-physician not related to an E/M service 7days prior or in the next 24hrs 21-30 minutes	Yes		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
99050	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	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service		Medicaid Only	Provisional

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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or 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
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes		Commercial Only	Permanent
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes		Commercial Only	Permanent
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes		Commercial Only	Permanent
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes		Commercial Only	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



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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
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
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



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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
90785	Psytx complex interactive	Yes		Permanent
90791	Psych diagnostic evaluation	Yes		Permanent
90792	Psych diag eval w/med srvc	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
90968	Esrd svc pr day pt 2-11			Permanent
90969	Esrd svc pr day pt 12-19			Permanent
90970	Esrd svc pr day pt 20+			Permanent
92002	Eye exam new patient			Provisional
92004	Eye exam new patient			Provisional
92012	Eye exam establish patient			Provisional

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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or 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 immitance 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
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

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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or 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 addl 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 addl			Provisional
96116	Nubhvl xm phys/qhp 1st hr	Yes		Permanent
96121	Nubhvl xm phy/qhp ea addl 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 addl	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 addl	Yes		Permanent
96167	Hlth bhv ivntj fam 1st 30	Yes		Permanent
96168	Hlth bhv ivntj fam ea addl	Yes		Permanent
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

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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or 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
98000 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded		Not Accepted Please use 99202	Provisional

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Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
98001 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Not Accepted Please use 99203	Provisional
98002 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.		Not Accepted Please use 99204	Provisional
98003 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.		Not Accepted Please use 99205	Provisional
98004 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.		Not Accepted Please use 99212	Provisional
98005 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.		Not Accepted Please use 99213	Provisional
98006 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.		Not Accepted Please use 99214	Provisional

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98007 (effective 1/1/2025)	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.		Not Accepted  Please use 99215	Provisional
98016 (effective 1/1/2025)	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.			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
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

## Reimbursement Policy:

### Telehealth and Virtual Care Services

#### (Commercial, Medicare and Medicaid)

Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or 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
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 (Deleted effective 1/1/2025)	Phone e/m phys/qhp 5-10 min	Yes	Non-covered by Medicaid effective 10/10/2023	Provisional
99442 (Deleted effective 1/1/2025)	Phone e/m phys/qhp 11-20 min	Yes	Non-covered by Medicaid effective 10/10/2023	Provisional
99443 (Deleted effective 1/1/2025)	Phone e/m phys/qhp 21-30 min	Yes	Non-covered by Medicaid effective 10/10/2023	Provisional
99468	Neonate crit care initial			Provisional
99469	Neonate crit care subseq			Provisional
99471	Ped critical care initial			Provisional
99472	Ped critical care subseq			Provisional



## Reimbursement Policy:

### Telehealth and Virtual Care Services

#### (Commercial, Medicare and Medicaid)

Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or 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	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
G0011 (effective 9/30/2024)	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15 to 30 minutes		Medicare Only	Permanent
G0013 (effective 9/30/2024)	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		Medicare Only	Permanent
G0108	Diab manage trn per indiv	Yes	Medicare and Medicaid Only	Permanent
G0109	Diab manage trn ind/group	Yes	Medicare and Medicaid Only	Permanent

## Reimbursement Policy:

### Telehealth and Virtual Care Services

#### (Commercial, Medicare and Medicaid)

Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
G0136 (effective 1/1/2024)	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 (effective 1/1/2024)	Prolonged hospital inpatient or observation care			Permanent
G0317 (effective 1/1/2024)	Prolonged nursing facility evaluation and management service			Permanent
G0318 (effective 1/1/2024)	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	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
G0439	Ppps, subseq visit	Yes	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
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

## Reimbursement Policy:

### Telehealth and Virtual Care Services

#### (Commercial, Medicare and Medicaid)

Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
G0514	Prolong prev svcs, addl 30m	Yes	Medicare Only	Permanent
G0539 (effective 1/1/2025)	Initial caregiver training, 30 min		Medicare Only	Provisional
G0540 (effective 1/1/2025)	Training for caregiver add 15		Medicare Only	Provisional
G0541 (effective 1/1/2025)	Training for caregiver, no pt present, initial 30		Medicare Only	Provisional
G0542 (effective 1/1/2025)	Caregiver training, with patient, face to face, 15 min		Medicare Only	Provisional
G0543 (effective 1/1/2025)	Group train w/o patient		Medicare Only	Provisional
G0544 (effective 1/1/2025)	Post d/c phone follow up		Medicare Only	Provisional
G2010	E-VISIT		Medicare Only	Permanent
G2012 (Deleted effective 1/1/2025)	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional		Medicare 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

## Reimbursement Policy:

### Telehealth and Virtual Care Services

### (Commercial, Medicare and Medicaid)

Code	Short Descriptor	Audio only allowed ?	Comments	Permanent or Provisional
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 (effective 1/1/2024)	Chronic pain tx monthly b			Permanent
G3003 (effective 1/1/2024)	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
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
T1032 (effective 4/1/2025)	Services provided by a doula birth worker		Medicaid Only	Permanent
T1033 (effective 4/1/2025)	Services provided by a doula birth worker, per diem		Medicaid Only	Permanent

## 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

## Reimbursement Policy:

### Telehealth and Virtual Care Services

#### (Commercial, Medicare and Medicaid)

4. Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files
5. Federal Register/ Centers for Medicare and Medicaid Services, CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies.

<https://www.federalregister.gov/d/2024-25382/page-97792>

6. Federal Register/ Centers for Medicare and Medicaid Services, CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, **starting on page 80**

<https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other>

#### Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	1/2025	<ul style="list-style-type: none"> <li>Updated <b>effective 1/1/2025</b>: <ul style="list-style-type: none"> <li>Addition of new codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98016, G0539, G0540, G0541, G0542, G0543, G0544</li> <li>Addition of codes 99401, 99402, 99403, and 99404 - <i>Applicable to Commercial only</i></li> <li>Indicated deletion of codes 99441, 99442, 99443, G2012</li> <li>Removed deleted code 96040</li> </ul> </li> </ul>
EmblemHealth ConnectiCare	1/2025	<ul style="list-style-type: none"> <li>Updated to include Doula codes T1032 and T1033 to Services Allowed via Telehealth table- <i>Applicable to Medicaid only</i>, <b>effective 4/1/2025</b></li> </ul>
EmblemHealth ConnectiCare	1/2025	<ul style="list-style-type: none"> <li>Updated to include PrEP codes G0011 and G0013 to Services Allowed via Telehealth table- <i>Applicable to Medicare only</i>, <b>effective 9/30/2024</b></li> </ul>
EmblemHealth ConnectiCare	9/2024	<ul style="list-style-type: none"> <li>Policy updated with following corrections: <ul style="list-style-type: none"> <li>Updated codes 98960, 98961, and 98962 from Permanent to Provisional</li> <li>Removed duplicate entries for codes G0438 and G0439</li> </ul> </li> </ul>
EmblemHealth ConnectiCare	7/2024	<ul style="list-style-type: none"> <li>Policy updated to include "Pharmacy" (Originating Sites) / "Pharmacists" (Practitioner Examples) <b>effective 6/04/2024</b>.</li> </ul>
EmblemHealth ConnectiCare	2/2024	<ul style="list-style-type: none"> <li><b>Correction to 1/2024 revision note</b>; removed comment from codes 99441-99443 stating <i>Non-covered by Medicare effective 10/01/2023</i></li> </ul>

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### Telehealth and Virtual Care Services

### (Commercial, Medicare and Medicaid)

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	1/2024	<ul style="list-style-type: none"> <li>Updated code G2211 in Services allowed via Telehealth table to indicate that code will be applicable to Medicare Only <b>effective 1/1/2024</b>.</li> <li><b>Correction to previous revision dated 11/2023:</b> 99441-99443 non-coverage applicable to Medicare only effective 10/10/2023</li> </ul>
EmblemHealth ConnectiCare	11/2023	<ul style="list-style-type: none"> <li>Updates <b>effective 5/11/2023</b>: <ul style="list-style-type: none"> <li>Indicated Medicaid coverage of POS 11 (for code Q3014 <i>only</i>)</li> <li>Addition of codes 0488T, 99050, 99051, and G2252 to Services Allowed via Telehealth table - <i>Applicable to Medicaid only</i></li> </ul> </li> <li>Indicated non-coverage of codes 99441-99443 <b>effective 10/10/2023</b> - <i>Applicable to Medicaid only</i></li> <li>Addition of codes 90901, 97537, 97763, G0136, G0316, G0317, G0318, G3002, G3003 <b>effective 1/1/2024</b> – <i>Applicable to all lines of business</i></li> <li>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.</li> </ul>
EmblemHealth ConnectiCare	6/2023	<ul style="list-style-type: none"> <li>Updated Reimbursement Guidelines effective date to 12/31/2023</li> </ul>
EmblemHealth ConnectiCare	5/2023	<ul style="list-style-type: none"> <li>Updated Reimbursement Guidelines effective 5/12/2023</li> <li>Updated to clarify codes included as ‘Temporary Addition for the PHE for the COVID-19 Pandemic’ will remain covered through 12/31/2023</li> <li>Added CPT Code 99429 to Services allowed via Telehealth Table <i>Applicable to Medicaid only</i></li> </ul>
EmblemHealth ConnectiCare	2/2023	<ul style="list-style-type: none"> <li>Removed codes G2061-G2063 and G9800 deleted as of 1/1/2021</li> <li>Removed code G0424 deleted as of 1/1/2022</li> <li>Removed codes deleted as of 1/1/2023: 99217-99220, 99224-99226, 99324-99328, 99334-99337, 99343, and 99354-99357</li> <li>Updated code descriptions for 99221-99223 and 99231-99236.</li> </ul>

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Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	4/2022	<ul style="list-style-type: none"> <li>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.</li> </ul>
EmblemHealth ConnectiCare	1/2022	<ul style="list-style-type: none"> <li>Updated policy</li> <li>Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number</li> </ul>