

## Telehealth Services Covered and Included in CPT Code Set

Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>77427</b>	Radiation treatment management, 5 treatments	\$ -	\$196.33	5.44	5.44	✓			✓		
<b>80502</b>	Clinical pathology consultation; comprehensive	\$ -	\$72.90	2.11	2.02						
<b>87635</b>	COVID-19 laboratory testing	\$ -	\$ -	N/A	N/A		✓				✓
<b>88329</b>	Pathology consultation during surgery	\$ -	\$37.89	1.51	1.05						
<b>90785</b>	Interactive complexity (List separately in addition to the code for primary procedure)	\$ -	\$14.07	0.43	0.39	✓			✓		
<b>90791</b>	Psychiatric diagnostic evaluation	\$ -	\$127.76	4.03	3.54	✓			✓	✓	
<b>90792</b>	Psychiatric diagnostic evaluation with medical services	\$ -	\$142.91	4.46	3.96	✓			✓	✓	
<b>90832</b>	Psychotherapy, 30 minutes with patient	\$ -	\$63.88	1.97	1.77	✓			✓	✓	
<b>90833</b>	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ -	\$66.40	2.02	1.84	✓			✓	✓	
<b>90834</b>	Psychotherapy, 45 minutes with patient	\$ -	\$85.17	2.62	2.36	✓			✓	✓	
<b>90836</b>	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$2.53	\$84.09	2.56	2.33	✓			✓	✓	
<b>90837</b>	Psychotherapy, 60 minutes with patient	\$2.53	\$127.40	3.92	3.53	✓			✓	✓	
<b>90838</b>	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ -	\$110.43	3.36	3.06	✓			✓	✓	
<b>90839</b>	Psychotherapy for crisis; first 60 minutes	\$ -	\$133.17	4.09	3.69	✓			✓	✓	
<b>90840</b>	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	\$ -	\$63.88	1.96	1.77	✓			✓	✓	
<b>90845</b>	Psychoanalysis	\$ -	\$91.31	2.78	2.53	✓			✓	✓	
<b>90846</b>	Family psychotherapy (without the patient present), 50 minutes	\$ -	\$102.86	2.87	2.85	✓			✓	✓	
<b>90847</b>	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$113.68	\$106.83	2.97	2.96	✓			✓	✓	
<b>90853</b>	Group psychotherapy (other than of a multiple-family group)	\$55.58	\$25.26	0.78	0.7	✓			✓	✓	

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<b>90863</b>	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	\$ -	\$ -	0.76	0.71				✓	✓	
<b>90875</b>	Individual psychophysiological therapy incorporation biofeedback training	\$ -	\$ -	1.76	1.75						
<b>90885</b>	Psychiatric evaluation of hospital records, other psychiatric reports	\$ -	\$ -	1.43	1.43						
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<b>90887</b>	Interpretation or explanation of results of psychiatric, other medical examinations	\$ -	\$ -	2.5	2.16						
<b>90889</b>	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	\$ -	\$ -	0	0				✓		
<b>90951</b>	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$ -	\$959.98	26.6	26.6	✓			✓		
<b>90952</b>	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$ -	\$ -	0	0	✓			✓		
<b>90953</b>	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	\$ -	\$ -	0	0	✓			✓		
<b>90954</b>	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$18.41	\$832.59	23.07	23.07	✓			✓		
<b>90955</b>	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$37.17	\$469.16	13	13	✓			✓		
<b>90957</b>	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4	\$55.58	\$660.44	18.3	18.3	✓			✓		

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or more face-to-face visits by a physician or other qualified health care professional per month

<b>90958</b>	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$73.98	\$448.59	12.43	12.43	✓				✓	
<b>90959</b>	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	\$37.53	\$303.51	8.41	8.41	✓				✓	
<b>90960</b>	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$37.53	\$291.24	8.07	8.07	✓				✓	
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<b>90961</b>	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$86.98	\$244.69	6.78	6.78	✓				✓	
<b>90962</b>	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	\$76.15	\$188.75	5.23	5.23	✓				✓	
<b>90963</b>	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$ -	\$557.95	15.46	15.46	✓				✓	
<b>90964</b>	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$ -	\$487.93	13.52	13.52	✓				✓	
<b>90965</b>	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$15.52	\$466.28	12.92	12.92	✓				✓	
<b>90966</b>	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	\$29.59	\$244.33	6.77	6.77	✓				✓	

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<b>90967</b>	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	\$ -	\$18.41	0.51	0.51	✓			✓		
<b>90968</b>	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	\$ -	\$16.24	0.45	0.45	✓			✓		
<b>90969</b>	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	\$48.00	\$15.52	0.43	0.43	✓			✓		
<b>90970</b>	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	\$156.99	\$8.30	0.23	0.23	✓			✓		
<b>92227</b>	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	\$126.31	\$13.71	0.38	0.38				✓		
<b>92228</b>	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	\$63.88	\$34.65	0.96	0.96				✓		
<b>92507</b>	Treatment of speech, language, voice, communication and/or auditory processing disorder	\$ -	\$81.20	2.25	2.25	✓	✓	✓	✓	✓	✓
<b>92521</b>	Evaluation of speech fluency (e.g., stuttering, cluttering)	\$ -	\$115.85	3.21	3.21	✓		✓	✓	✓	✓
<b>92522</b>	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	\$ -	\$94.55	2.62	2.62	✓		✓	✓	✓	✓
<b>92523</b>	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	\$ -	\$198.49	5.5	5.5	✓		✓	✓	✓	✓
<b>92524</b>	Behavioral and qualitative analysis of voice and resonance	\$ -	\$92.39	2.56	2.56	✓		✓	✓	✓	✓
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<b>92526</b>	Treatment of swallowing dysfunction and/or oral function for feeding	\$ -	\$89.50	2.48	2.48		✓	✓			✓
<b>92606</b>	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	\$ -	\$ -	2.39	2.05						✓
<b>92609</b>	Therapeutic service(s) for the use of speech-generating device, including programming and modification	\$ -	\$111.16	3.08	3.08						✓
<b>93228</b>	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	\$27.43	\$27.43	0.76	0.76				✓		

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<b>93229</b>	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	\$715.66	\$715.66	19.83	19.83						✓
<b>93268</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	\$203.55	\$203.55	5.64	5.64						✓
<b>93270</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	\$9.02	\$9.02	0.25	0.25						✓
<b>93271</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	\$168.54	\$168.54	4.67	4.67						✓
<b>93272</b>	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	\$25.98	\$25.98	0.72	0.72						✓
<b>93298</b>	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$28.15	\$28.15	0.78	0.78						✓
<b>94005</b>	Home ventilator management care plan oversight of a patient	\$ -	\$ -	2.63	2.63						
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<b>96040</b>	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	\$ -	\$ -	1.29	1.29						✓
<b>96105</b>	Assessment of aphasia and cognitive performance testing	\$ -	\$105.74	2.93	2.93			✓			
<b>96116</b>	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the	\$ -	\$86.62	2.76	2.4	✓			✓	✓	

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patient and time interpreting test results and preparing the report; first hour

<b>96121</b>	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional	\$ -	\$80.12	2.39	2.22		✓
<b>96127</b>	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	\$ -	\$5.05	0.14	0.14		✓
<b>96130</b>	Psychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$111.16	3.38	3.08	✓	✓
<b>96131</b>	Psychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$85.53	2.6	2.37	✓	✓
<b>96132</b>	Neuropsychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$109.71	3.78	3.04	✓	✓
<b>96133</b>	Neuropsychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$84.45	2.84	2.34	✓	✓
<b>96136</b>	Psychological or neuropsychological test administration and scoring	\$ -	\$25.26	1.33	0.7	✓	✓
<b>96137</b>	Psychological or neuropsychological test administration and scoring	\$27.43	\$19.85	1.22	0.55	✓	✓
<b>96138</b>	Psychological or neuropsychological test administration and scoring	\$715.66	\$38.62	1.07	1.07	✓	✓
<b>96139</b>	Psychological or neuropsychological test administration and scoring	\$203.55	\$38.62	1.07	1.07	✓	✓
<b>96156</b>	Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)	\$9.02	\$90.58	2.77	2.51	✓	✓
<b>96158</b>	Health behavior intervention, individual, face-to-face; initial 30 minutes	\$168.54	\$61.71	1.89	1.71		✓
<b>96159</b>	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$25.98	\$21.29	0.66	0.59	✓	✓
<b>96160</b>	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	\$2.53	\$2.53	0.07	0.07	✓	✓
<b>96161</b>	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	\$2.53	\$2.53	0.07	0.07	✓	✓
<b>96164</b>	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	\$42.22	\$9.02	0.28	0.25	✓	✓
<b>96165</b>	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$84.09	\$3.97	0.13	0.11	✓	✓

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96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	\$ -	\$66.04	2.03	1.83	✓			✓		
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$ -	\$23.46	0.72	0.65	✓			✓		
96170	Health behavior intervention, family (without the patient present)	\$ -	\$ -	2.3	2.19						
96171	Health behavior intervention, family (without the patient present)	\$ -	\$ -	0.84	0.8						
97110	Physical and occupational therapeutic procedure, one or more areas, 15 minutes	\$ -	\$31.40	0.87	0.87	✓	✓	✓	✓		✓
97112	Therapeutic procedure, one or more areas, 15 minutes	\$ -	\$36.09	1	1	✓		✓	✓		✓
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$23.10	\$31.04	0.86	0.86	✓		✓	✓		
97129	Therapeutic interventions that focus on cognitive function	\$44.39	\$24.18	0.68	0.67			✓			
97130	Each additional 15 minutes (use in conjunction with 97129)	\$66.40	\$23.46	0.65	0.65			✓			
97139	Therapeutic procedure, one or more areas, each 15 minutes	\$ -	\$ -	0	0						
97150	Therapeutic procedure(s), group (2 or more individuals)	\$18.77	\$18.77	0.52	0.52	✓					
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	\$ -	\$ -	0	0				✓	✓	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	\$ -	\$ -	0	0						
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	\$ -	\$ -	0	0				✓		
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	\$ -	\$ -	0	0				✓		
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	\$ -	\$ -	0	0				✓	✓	

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<b>97156</b>	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	\$ -	\$ -	0	0				✓	✓	
<b>97157</b>	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	\$ -	\$ -	0	0				✓	✓	
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<b>97158</b>	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	\$ -	\$ -	0	0				✓		
<b>97161</b>	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$140.75	\$87.70	2.43	2.43	✓	✓	✓	✓		✓
<b>97162</b>	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$189.11	\$87.70	2.43	2.43	✓	✓	✓	✓		✓
<b>97163</b>	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or	\$223.76	\$87.70	2.43	2.43	✓		✓	✓		✓



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measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

<b>97164</b>	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$61.35	\$60.27	1.67	1.67	✓	✓	✓	✓	✓
<b>97165</b>	Occupational therapy evaluation, low complexity	\$97.08	\$93.11	2.58	2.58	✓	✓	✓	✓	✓
<b>97166</b>	Occupational therapy evaluation, moderate complexity	\$137.14	\$92.75	2.57	2.57	✓	✓	✓	✓	✓
<b>97167</b>	Occupational therapy evaluation, high complexity	\$197.77	\$92.75	2.57	2.57	✓	✓	✓	✓	✓
<b>97168</b>	Occupational therapy re-evaluation	\$ -	\$64.24	1.78	1.78	✓	✓	✓	✓	✓
<b>97530</b>	Therapeutic activities, one-to-one patient contact, 15 minutes	\$ -	\$40.42	1.12	1.12	✓	✓			✓
<b>97535</b>	Physical and occupational therapy self-care/home management training, 15 minutes	\$55.58	\$35.01	0.97	0.97	✓	✓	✓	✓	✓

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<b>97542</b>	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes	\$33.92	\$33.92	0.94	0.94	✓					
<b>97750</b>	Physical and occupational therapy physical performance test	\$131.01	\$35.73	0.99	0.99	✓		✓	✓		
<b>97755</b>	Physical and occupational therapy assistive technology assessment	\$185.86	\$39.34	1.09	1.09	✓		✓	✓		
<b>97760</b>	Physical and occupational therapy orthotic management and training, first encounter	\$226.28	\$50.53	1.4	1.4	✓		✓	✓		
<b>97761</b>	Physical and occupational therapy prosthetic training, first encounter	\$55.58	\$42.95	1.19	1.19	✓		✓	✓		
<b>97802</b>	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$85.53	\$34.65	1.06	0.96	✓			✓		
<b>97803</b>	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$131.01	\$29.23	0.92	0.81	✓			✓		
<b>97804</b>	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	\$182.61	\$16.24	0.48	0.45	✓			✓		
<b>98960</b>	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient	\$ -	\$ -	0.77	0.77				✓		

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<b>98961</b>	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	\$ -	\$ -	0.37	0.37					✓	
<b>98962</b>	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	\$ -	\$ -	0.27	0.27					✓	
<b>98966</b>	Telephone assessment and management services from a qualified non-physician healthcare professional to establish a patient, parent or guardian	\$ -	\$ -	0.4	0.37					✓	✓
<b>98967</b>	Telephone assessment and management services from a qualified non-physician healthcare professional to establish a patient, parent or guardian	\$ -	\$ -	0.78	0.74					✓	✓
<b>98968</b>	Telephone assessment and management services from a qualified non-physician healthcare professional to establish a patient, parent or guardian	\$ -	\$ -	1.14	1.1					✓	✓
<b>98970</b>	Qualified nonphysician healthcare professional online digital evaluation and management services for establishing a patient	\$ -	\$ -	0	0					✓	✓
<b>98971</b>	Qualified nonphysician healthcare professional online digital evaluation and management services for establishing a patient	\$ -	\$ -	0	0					✓	✓
<b>98972</b>	Qualified nonphysician healthcare professional online digital evaluation and management services for establishing a patient	\$ -	\$ -	0	0					✓	✓
<b>99024</b>	Postoperative follow-up visit, normally included in the surgical package	\$ -	\$ -	0	0						
<b>Code</b>	<b>Long Description</b>	<b>Non-Facility Price*</b>	<b>Facility Price*</b>	<b>RVU (Non-Facility)</b>	<b>RVU (Facility)</b>	<b>Medicare</b>	<b>Cigna</b>	<b>United</b>	<b>Humana</b>	<b>Aetna</b>	<b>Anthem</b>
<b>99201</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	\$ -	\$27.07	1.29	0.75	✓		✓	✓		
<b>99202</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$ -	\$51.61	2.14	1.43	✓		✓	✓		

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<b>99203</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$ -	\$77.23	3.03	2.14	✓	✓	✓			
<b>99204</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$ -	\$132.09	4.63	3.66	✓	✓	✓			
<b>99205</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$ -	\$172.51	5.85	4.78	✓	✓	✓			
<b>99211</b>	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$ -	\$9.38	0.65	0.26	✓	✓	✓			
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99212</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	\$ -	\$26.35	1.28	0.73	✓	✓	✓			

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<b>99213</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$ -	\$52.33	2.11	1.45	✓	✓	✓			
<b>99214</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	\$ -	\$80.48	3.06	2.23	✓	✓	✓			
<b>99215</b>	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	\$ -	\$113.68	4.11	3.15	✓	✓	✓			
<b>99217</b>	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]	\$ -	\$73.98	2.05	2.05	✓					✓
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99218</b>	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	\$ -	\$101.77	2.82	2.82	✓					✓

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Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

<b>99219</b>	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$138.22	3.83	3.83	✓	✓
<b>99220</b>	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$188.39	5.22	5.22	✓	✓
<b>99221</b>	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$103.94	2.88	2.88	✓	✓
<b>99222</b>	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$140.39	3.89	3.89	✓	✓

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$206.07	5.71	5.71	✓			✓		
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	\$ -	\$40.42	1.12	1.12	✓			✓		
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	\$ -	\$73.98	2.05	2.05	✓			✓		
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	\$ -	\$106.46	2.95	2.95	✓			✓		

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<b>99231</b>	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$40.06	1.11	1.11	✓			✓		
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99232</b>	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$73.62	2.04	2.04	✓			✓		
<b>99233</b>	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$106.10	2.94	2.94	✓			✓		
<b>99234</b>	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$136.06	3.77	3.77	✓			✓		

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<b>99235</b>	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$172.15	4.77	4.77	✓				✓	
<b>99236</b>	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$221.59	6.14	6.14	✓				✓	
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99238</b>	Hospital discharge day management; 30 minutes or less	\$ -	\$74.34	2.06	2.06	✓				✓	
<b>99239</b>	Hospital discharge day management; more than 30 minutes	\$ -	\$108.99	3.02	3.02	✓				✓	
<b>99241</b>	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$ -	\$ -	1.35	0.93					✓	
<b>99242</b>	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$ -	\$ -	2.55	1.96					✓	



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<b>99243</b>	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	\$ -	\$ -	3.49	2.74				✓		
<b>99244</b>	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$ -	\$ -	5.23	4.41				✓		
<b>99245</b>	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	\$ -	\$ -	6.37	5.45				✓		
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99251</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$ -	1.41	1.41				✓		
<b>99252</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low	\$ -	\$ -	2.13	2.13				✓		

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	severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.										
<b>99253</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$ -	3.29	3.29						✓
<b>99254</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$ -	4.79	4.79						✓
<b>99255</b>	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$ -	5.76	5.76						✓
<b>99281</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.	\$73.62	\$23.10	0.64	0.64	✓					✓
<b>Code</b>	<b>Long Description</b>	<b>Non-Facility Price*</b>	<b>Facility Price*</b>	<b>RVU (Non-Facility)</b>	<b>RVU (Facility)</b>	<b>Medicare</b>	<b>Cigna</b>	<b>United</b>	<b>Humana</b>	<b>Aetna</b>	<b>Anthem</b>

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<b>99282</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$106.10	\$44.39	1.23	1.23	✓	✓
<b>99283</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$136.06	\$66.40	1.84	1.84	✓	✓
<b>99284</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	\$172.15	\$121.98	3.38	3.38	✓	✓
<b>99285</b>	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$221.59	\$177.20	4.91	4.91	✓	✓
<b>99291</b>	Critical care, evaluation and management	\$74.34	\$226.64	7.89	6.28	✓	✓
<b>99292</b>	Critical care, evaluation and management	\$108.99	\$114.04	3.49	3.16	✓	✓
<b>99304</b>	Initial nursing facility care, per day	\$ -	\$92.03	2.55	2.55	✓	✓
<b>99305</b>	Initial nursing facility care, per day	\$ -	\$131.73	3.65	3.65	✓	✓
<b>99306</b>	Initial nursing facility care, per day	\$ -	\$169.98	4.71	4.71	✓	✓

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	\$ -	\$44.75	1.24	1.24	✓			✓		
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	\$ -	\$70.37	1.95	1.95	✓			✓		
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	\$284.75	\$92.75	2.57	2.57	✓			✓		
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	\$125.95	\$136.78	3.79	3.79	✓			✓		
99315	Nursing facility discharge day management	\$94.19	\$74.71	2.07	2.07	✓			✓		
99316	Nursing facility discharge day management	\$94.92	\$107.19	2.97	2.97	✓			✓		

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	\$ -	\$97.80	2.71	2.71				✓		
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	\$ -	\$55.58	1.54	1.54				✓		
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	\$ -	\$80.84	2.24	2.24				✓		
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	\$ -	\$140.75	3.9	3.9				✓		

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<b>99327</b>	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	\$ -	\$189.11	5.24	5.24	✓			✓		
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99328</b>	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	\$ -	\$223.76	6.2	6.2	✓			✓		
<b>99334</b>	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	\$187.67	\$61.35	1.7	1.7	✓			✓		
<b>99335</b>	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	\$247.94	\$97.08	2.69	2.69	✓			✓		

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<b>99336</b>	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	\$ -	\$137.14	3.8	3.8	✓			✓		
<b>99337</b>	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	\$ -	\$197.77	5.48	5.48	✓			✓		
<b>99339</b>	Individual physician supervision of a patient (patient not present)	\$ -	\$ -	2.19	2.19						✓
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>99340</b>	Individual physician supervision of a patient (patient not present)	\$ -	\$ -	3.05	3.05						✓
<b>99341</b>	Home visit for the evaluation and management of a new patient	\$ -	\$55.58	1.54	1.54	✓					✓
<b>99342</b>	Home visit for the evaluation and management of a new patient	\$ -	79.76	2.21	2.21	✓					✓
<b>99343</b>	Home visit for the evaluation and management of a new patient	\$92.03	\$131.01	3.63	3.63	✓					✓
<b>99344</b>	Home visit for the evaluation and management of a new patient	\$131.73	\$185.86	5.15	5.15	✓					✓
<b>99345</b>	Home visit for the evaluation and management of a new patient	\$169.98	\$226.28	6.27	6.27	✓					✓
<b>99347</b>	Home visit for the evaluation and management of an established patient	\$44.75	\$55.58	1.54	1.54	✓					✓
<b>99348</b>	Home visit for the evaluation and management of an established patient	\$70.37	\$85.53	2.37	2.37	✓					✓
<b>99349</b>	Home visit for the evaluation and management of an established patient	\$92.75	\$131.01	3.63	3.63	✓					✓
<b>99350</b>	Home visit for the evaluation and management of an established patient	\$136.78	\$182.61	5.06	5.06	✓					✓
<b>99374</b>	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family	\$ -	\$ -	1.98	1.61						✓

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member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

<b>99375</b>	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	\$ -	\$ -	2.96	2.53						✓
<b>99377</b>	Supervision of a hospice patient (patient not present)	\$ -	\$ -	1.98	1.61						✓
<b>99378</b>	Supervision of a hospice patient (patient not present)	\$ -	\$ -	2.96	2.53						✓
<b>99379</b>	Supervision of a nursing facility patient (patient not present)	\$ -	\$ -	1.98	1.61						✓
<b>99380</b>	Supervision of a nursing facility patient (patient not present)	\$ -	\$ -	2.96	2.53						✓
<b>99387</b>	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	\$ -	\$ -	4.72	3.67						✓
<b>Code</b>	<b>Long Description</b>	<b>Non-Facility Price*</b>	<b>Facility Price*</b>	<b>RVU (Non-Facility)</b>	<b>RVU (Facility)</b>	<b>Medicare</b>	<b>Cigna</b>	<b>United</b>	<b>Humana</b>	<b>Aetna</b>	<b>Anthem</b>
<b>99397</b>	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	\$ -	\$ -	3.87	2.93						✓
<b>99406</b>	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$244.69	\$12.63	0.43	0.35	✓					✓
<b>99407</b>	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$188.75	\$26.71	0.82	0.74	✓					✓
<b>99408</b>	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$ -	\$ -	1.02	0.95						✓



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<b>99409</b>	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	\$ -	\$ -	1.98	1.91						✓	
<b>99415</b>	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	\$466.28	\$10.11	0.28	0.28						✓	
<b>99416</b>	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	\$244.33	\$4.33	0.12	0.12						✓	
<b>99421</b>	Online digital evaluation and management services for an established patient	\$18.41	\$13.35	0.43	0.37				✓	✓	✓	
<b>99422</b>	Online digital evaluation and management services for an established patient	\$16.24	\$27.43	0.86	0.76				✓	✓	✓	
<b>99423</b>	Online digital evaluation and management services for an established patient	\$15.52	\$43.67	1.39	1.21				✓	✓	✓	
<b>99441</b>	Telephone assessment and management service by a physician or other qualified healthcare professional to establish a patient, parent or guardian not related to E/M service provided within the past seven days or leading to an E/M service or procedure within 24 hours or the soonest available appointment	\$ -	\$ -	0.4	0.37						✓	✓
<b>99442</b>	Telephone assessment and management service by a physician or other qualified healthcare professional to establish a patient, parent or guardian not related to E/M service provided within the past seven days or leading to an E/M service or procedure within 24 hours or the soonest available appointment	\$ -	\$ -	0.78	0.74						✓	✓
<b>99443</b>	Telephone assessment and management service by a physician or other qualified healthcare professional to establish a patient, parent or guardian not related to E/M service provided within the past seven days or leading to an E/M service or procedure within 24 hours or the soonest available appointment	\$ -	\$ -	1.14	1.1						✓	✓
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem	
<b>99446</b>	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	\$ -	\$18.41	0.51	0.51				✓			

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<b>99447</b>	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	\$ -	\$37.17	1.03	1.03		✓
<b>99448</b>	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	\$ -	\$55.58	1.54	1.54		✓
<b>99449</b>	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	\$ -	\$73.98	2.05	2.05		✓
<b>99451</b>	Interprofessional telephone/internet/electronic health	\$ -	\$37.53	1.04	1.04		
<b>99452</b>	Interprofessional telephone/internet/electronic health	\$ -	\$37.53	1.04	1.04		
<b>99453</b>	Remote monitoring of physiologic parameter(s)	\$ -	\$18.77	0.52	0.52		
<b>99454</b>	Remote monitoring of physiologic parameter(s)	\$ -	\$62.44	1.73	1.73		
<b>99457</b>	Remote physiologic monitoring treatment management services	\$ -	\$32.84	1.43	0.91		
<b>99458</b>	Remote physiologic monitoring treatment management services	\$ -	\$32.84	1.17	0.91		
<b>99461</b>	Initial care, per day, for evaluation and management of normal newborn infant	\$ -	\$64.24	2.57	1.78		
<b>99468</b>	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	\$ -	\$937.61	25.98	25.98	✓	✓
<b>99469</b>	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	\$ -	\$406.01	11.25	11.25	✓	✓
<b>99471</b>	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$ -	\$811.66	22.49	22.49	✓	✓
<b>99472</b>	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$ -	\$410.34	11.37	11.37	✓	✓
<b>99473</b>	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	\$ -	\$11.19	0.31	0.31	✓	✓
<b>99475</b>	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	\$33.20	\$571.30	15.83	15.83	✓	✓
<b>99476</b>	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	\$17.32	\$353.68	9.8	9.8	✓	✓
<b>99477</b>	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	\$93.11	\$356.20	9.87	9.87	✓	✓

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	\$92.75	\$140.03	3.88	3.88	✓			✓		
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	\$92.75	\$127.04	3.52	3.52	✓			✓		
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	\$64.24	\$121.98	3.38	3.38	✓			✓		
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (e.g., home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	\$ -	\$184.78	7.35	5.12	✓			✓		
99484	Care management services for behavioral health conditions	\$13.71	\$32.84	1.33	0.91						
99489	Complex chronic care management services	\$34.65	\$26.35	1.24	0.73						
99490	Chronic care management services	\$ -	\$32.84	1.17	0.91						
99491	Chronic care management services	\$ -	\$84.09	2.33	2.33						
99492	Initial psychiatric collaborative care management	\$ -	\$90.22	4.35	2.5						
99493	Subsequent psychiatric collaborative care management	\$ -	\$81.20	3.5	2.25						
99494	Initial or subsequent psychiatric collaborative care management	\$ -	\$43.31	1.77	1.2						

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<b>99495</b>	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	\$ -	\$125.59	5.2	3.48	✓			✓		
<b>99496</b>	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	\$ -	\$165.65	6.87	4.59	✓			✓		
<b>Code</b>	<b>Long Description</b>	<b>Non-Facility Price*</b>	<b>Facility Price*</b>	<b>RVU (Non-Facility)</b>	<b>RVU (Facility)</b>	<b>Medicare</b>	<b>Cigna</b>	<b>United</b>	<b>Humana</b>	<b>Aetna</b>	<b>Anthem</b>
<b>99497</b>	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	\$ -	\$80.48	2.41	2.23	✓			✓		
<b>99498</b>	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	\$ -	\$75.79	2.11	2.1	✓			✓		
<b>0362T</b>	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	\$ -	\$ -	0	0					✓	
<b>0373T</b>	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior									✓	
<b>B97.29</b>	Virtual or in-person visit for treatment of a confirmed COVID-19 case	\$ -	\$ -	N/A	N/A		✓				
<b>G0076</b>	Brief (20 minutes) care management home visit for a new patient	\$ -	\$57.02	1.58	1.58						
<b>G0077</b>	Limited (30 minutes) care management visit for a new patient	\$ -	\$81.20	2.25	2.25						
<b>G0078</b>	Moderate (45 minutes) care management visit for a new patient	\$ -	\$133.89	3.71	3.71						
<b>G0079</b>	Comprehensive (60 minutes) care management visit for a new patient	\$ -	\$187.67	5.2	5.2						
<b>G0080</b>	Extensive (75 minutes) care management visit for a new patient	\$ -	\$227.73	6.31	6.31						
<b>G0081</b>	Brief (20 minutes) care management home visit for an existing patient	\$ -	\$57.02	1.58	1.58						

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<b>G0082</b>	Limited (30 minutes) care management home visit for an existing patient	\$ -	\$86.62	2.4	2.4						
<b>G0083</b>	Moderate (45 minutes) care management home visit for an existing patient	\$ -	\$132.81	3.68	3.68						
<b>G0084</b>	Comprehensive (60 minutes) care management home visit for an existing patient		\$184.42	5.11	5.11						
<b>G0085</b>	Extensive (75 minutes) care management home visit for an existing patient	\$46.56	\$227.73	6.31	6.31						
<b>G0086</b>	Limited (30 minutes) care management home care plan oversight	\$77.23	\$79.04	2.19	2.19						
<b>G0087</b>	Comprehensive (60 minutes) care management home care plan oversight	\$109.35	\$110.07	3.05	3.05						
<b>G0108</b>	Diabetes outpatient self-management training services, individual, per 30 minutes	\$167.09	\$57.02	1.58	1.58	✓					✓
<b>G0109</b>	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	\$211.12	\$15.88	0.44	0.44	✓					✓
<b>G0270</b>	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	\$23.46	\$29.23	0.92	0.81	✓					✓
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>G0296</b>	Counseling visit to discuss need for lung cancer screening using low dose CT scan (ldct) (service is for eligibility determination and shared decision making)	\$46.19	\$27.79	0.83	0.77	✓					✓
<b>G0337</b>	Hospice evaluation and counseling services, pre-election	\$ -	\$ -	2.08	2.08						
<b>G0396</b>	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	\$110.43	\$33.92	1.02	0.94	✓					✓
<b>G0397</b>	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	\$148.33	\$66.04	1.91	1.83	✓					✓
<b>G0406</b>	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	\$73.98	\$39.70	1.1	1.1	✓					✓
<b>G0407</b>	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	\$76.15	\$73.26	2.03	2.03	✓					✓
<b>G0408</b>	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	\$92.75	\$105.38	2.92	2.92	✓					✓
<b>G0409</b>	Social work and psychological services	\$937.61	\$13.35	0.37	0.37						
<b>G0420</b>	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	\$406.01	\$114.40	3.17	3.17	✓					✓
<b>G0421</b>	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	\$26.71	\$26.71	0.74	0.74	✓					✓
<b>G0425</b>	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	\$410.34	\$101.77	2.82	2.82	✓					✓

## Telehealth Services Covered and Included in CPT Code Set

<b>G0426</b>	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	\$11.19	\$138.22	3.83	3.83	✓			✓		
<b>G0427</b>	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	\$571.30	\$204.99	5.68	5.68	✓			✓		
<b>G0436</b>	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	\$ -	\$ -	N/A	N/A	✓					
<b>G0437</b>	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	\$ -	\$ -	N/A	N/A	✓					
<b>G0438</b>	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	\$140.03	\$172.87	4.79	4.79	✓			✓		
<b>G0439</b>	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	\$127.04	\$117.29	3.25	3.25	✓			✓		
<b>G0442</b>	Annual alcohol misuse screening, 15 minutes	\$121.98	\$9.74	0.51	0.27	✓			✓		
<b>G0443</b>	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	\$265.26	\$24.18	0.74	0.67	✓			✓		
<b>G0444</b>	Annual depression screening, 15 minutes	\$42.59	\$9.74	0.51	0.27	✓			✓		
<b>G0445</b>	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	\$ -	\$24.18	0.78	0.67	✓			✓		
<b>G0446</b>	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	\$31.40	\$24.18	0.74	0.67	✓			✓		
<b>G0447</b>	Face-to-face behavioral counseling for obesity, 15 minutes	\$36.09	\$24.18	0.74	0.67	✓			✓		
<b>Code</b>	<b>Long Description</b>	<b>Non-Facility Price*</b>	<b>Facility Price*</b>	<b>RVU (Non-Facility)</b>	<b>RVU (Facility)</b>	<b>Medicare</b>	<b>Cigna</b>	<b>United</b>	<b>Humana</b>	<b>Aetna</b>	<b>Anthem</b>
<b>G0459</b>	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	\$31.04	\$42.59	1.18	1.18	✓			✓		
<b>G0506</b>	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	\$18.77	\$46.56	1.76	1.29	✓			✓		
<b>G0508</b>	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	\$87.70	\$214.37	5.94	5.94	✓			✓		
<b>G0509</b>	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	\$87.70	\$197.77	5.48	5.48	✓			✓		
<b>G0513</b>	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	\$87.70	\$62.80	1.85	1.74	✓			✓		

## Telehealth Services Covered and Included in CPT Code Set

<b>G0514</b>	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code g0513 for additional 30 minutes of preventive service)	\$60.27	\$62.80	1.84	1.74	✓			✓		
<b>G2001</b>	Brief (20 minutes) in-home visit for new patient post-discharge	\$85.53	\$79.04	2.19	2.19						
<b>G2002</b>	Limited (30 minutes) in-home visit for new patient post-discharge	\$131.01	\$110.07	3.05	3.05						
<b>G2003</b>	Moderate (45 minutes) in-home visit for new patient post-discharge	\$33.92	\$131.01	3.71	3.71						
<b>G2004</b>	Comprehensive (60 minutes) in-home visit for new patient post-discharge	\$35.73	\$185.86	5.2	5.2						
<b>G2005</b>	Extensive (75 minutes) in-home visit for new patient post-discharge	\$39.34	\$226.28	6.31	6.31						
<b>G2006</b>	Brief (20 minutes) in-home visit for an existing patient post-discharge	\$50.53	\$55.58	1.58	1.58						
<b>G2007</b>	Limited (30 minutes) in-home visit for an existing patient post-discharge	\$42.95	\$85.53	2.4	2.4						
<b>G2008</b>	Moderate (45 minutes) in-home visit for an existing patient post-discharge	\$55.58	\$131.01	3.68	3.68						
<b>G2009</b>	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge	\$79.76	\$182.61	5.11	5.11						
<b>G2010</b>	Remotely evaluating a video or image submitted by an established patient, interpretation and follow-up	\$131.01	\$9.38	0.34	0.26				✓	✓	✓
<b>G2012</b>	Virtual check-in or other brief check-in for a technology-based service	\$226.28	\$13.35	0.41	0.37		✓	✓	✓	✓	
<b>G2011</b>	Alcohol and /or substance (other than tobacco) abuse structured assessment	\$185.86	\$17.32	0.48	0.48						
<b>G2013</b>	Extensive (75 minutes) in-home visit for an existing patient post-discharge	\$55.58	\$226.28	6.31	6.31						
<b>G2014</b>	Limited (30 minutes) care plan oversight	\$79.04	\$79.04	2.19	2.19						
<b>G2015</b>	comprehensive (60 mins) care plan oversight	\$110.07	\$110.07	3.05							
<b>G2058</b>	Chronic care management services, each 20 minutes	\$182.61	\$28.51	1.05	0.79						
<b>G2061</b>	Qualified non-physician healthcare professionals doing an online assessment for established patients	\$226.28	\$12.27	0.34	0.34					✓	✓
<b>G2062</b>	Qualified non-physician healthcare professionals doing an online assessment for established patients	\$79.04	\$21.65	0.6	0.6					✓	✓
Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>G2063</b>	Qualified non-physician healthcare professionals doing an online assessment for established patients	\$110.07	\$33.56	0.94	0.93				✓	✓	
<b>G2064</b>	Comprehensive care management services for a single high-risk disease	\$ -	\$78.68	2.55	2.18						
<b>G2065</b>	Comprehensive care management services for a single high-risk disease	\$ -	\$39.70	1.1	1.1						
<b>G2077</b>	Periodic assessment; assessing periodically	\$ -	\$ -	0	0						

## Telehealth Services Covered and Included in CPT Code Set

<b>G2086</b>	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	\$145.44	\$301.35	11.45	8.35	✓	✓
<b>G2087</b>	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	\$160.96	\$293.77	10.21	8.14	✓	✓
<b>G2088</b>	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	\$71.10	\$35.01	1.94	0.97	✓	✓
<b>G9016</b>	Smoking cessation counseling, individual	\$ -	\$ -	0	0		
<b>G9187</b>	Bundled payments for care improvement initiative home visit for patient assessment	\$94.55	\$44.39	1.23	1.23		
<b>G9481</b>	Remote in-home visit for evaluation and management of a new patient	\$92.39	\$19.13	0.53	0.53		
<b>G9482</b>	Remote in-home visit for evaluation and management of a new patient	\$141.47	\$36.81	1.02	1.02		
<b>G9483</b>	Remote in-home visit for evaluation and management of a new patient	\$121.26	\$55.94	1.55	1.55		
<b>G9484</b>	Remote in-home visit for evaluation and management of a new patient	\$147.61	\$95.64	2.65	2.65		
<b>G9485</b>	Remote in-home visit for evaluation and management of a new patient	\$70.74	\$124.51	3.45	3.45		
<b>G9486</b>	Remote in-home visit for evaluation and management of an established patient	\$100.33	\$19.13	0.53	0.53		
<b>G9487</b>	Remote in-home visit for evaluation and management of an established patient	\$103.58	\$37.89	1.05	1.05		
<b>G9488</b>	Remote in-home visit for evaluation and management of an established patient	\$107.19	\$58.10	1.61	1.61		
<b>G9489</b>	Remote in-home visit for evaluation and management of an established patient	\$28.15	\$81.56	2.26	2.26		
<b>G9490</b>	CMS innovation center models, home visit for patient assessment	\$ -	\$44.75	1.24	1.24		
<b>G9978</b>	Remote in-home visit for the evaluation and management of a new patient	\$102.49	\$27.07	0.75	0.75		
<b>G9868</b>	Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation	\$ -	\$28.87	0.8	0.8		
<b>G9869</b>	Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation	\$ -	\$38.62	1.07	1.07		
<b>G9870</b>	Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation	\$ -	\$48.36	1.34	1.34		
<b>G9873</b>	First Medicare diabetes prevention program (MDPP) core session	\$ -	\$ -	0	0		
<b>G9874</b>	Four total Medicare diabetes prevention program (MDPP) core session	\$ -	\$ -	0	0		

Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
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## Telehealth Services Covered and Included in CPT Code Set

<b>G9875</b>	Nine total Medicare diabetes prevention program (MDPP) core session	\$ -	\$ -	0	0		
<b>G9876</b>	Two Medicare diabetes prevention program (MDPP) core maintenance session (MS)	\$ -	\$ -	0	0		
<b>G9877</b>	Two Medicare diabetes prevention program (MDPP) core maintenance session (MS)	\$ -	\$ -	0	0		
<b>G9890</b>	Bridge payment: a one-time payment for the first Medicare diabetes prevention program (MDPP) core session, core maintenance session	\$ -	\$ -	0	0		
<b>G9978</b>	Remote in-home visit for the evaluation and management of a new patient	\$102.49	\$27.07	0.75	0.75		
<b>G9979</b>	Remote in-home visit for the evaluation and management of a new patient	\$48.00	\$51.61	1.43	1.43		
<b>G9980</b>	Remote in-home visit for the evaluation and management of a new patient	\$44.03	\$77.23	2.14	2.14		
<b>G9981</b>	Remote in-home visit for the evaluation and management of a new patient	\$38.62	\$132.09	3.66	3.66		
<b>G9982</b>	Remote in-home visit for the evaluation and management of a new patient	\$38.62	\$172.51	4.78	4.78		
<b>G9983</b>	Remote in-home visit for evaluation and management of an established patient	\$99.97	\$26.35	0.73	0.73		
<b>G9984</b>	Remote in-home visit for evaluation and management of an established patient	\$68.21	\$52.33	1.45	1.45		
<b>G9985</b>	Remote in-home visit for evaluation and management of an established patient	\$23.82	\$80.48	2.23	2.23		
<b>G9986</b>	Remote in-home visit for evaluation and management of an established patient	\$10.11	\$113.68	3.15	3.15		
<b>G9987</b>	Bundled payments for care improvement advanced (BPCI advanced) model home visit for patient assessment performed	\$4.69	\$44.39	1.23	1.23		
<b>H0001</b>	Alcohol and/or drug assessment	\$ -	\$ -	0	0		
<b>H0015</b>	Alcohol and/or drug services	\$ -	\$ -	0	0		✓
<b>H0031</b>	Mental health assessment, by nonphysician	\$ -	\$ -	0	0		✓
<b>H0035</b>	Mental health partial hospitalization, treatment, less than 24 hours	\$ -	\$ -	0	0		✓
<b>H2012</b>	Per hour behavioral health day treatment	\$ -	\$ -	0	0		✓ ✓
<b>H2017</b>	Psychosocial rehabilitation services	\$ -	\$ -	0	0		
<b>H2019</b>	Therapeutic behavioral services, per 15 minutes	\$ -	\$ -	0	0		✓
<b>H2020</b>	Therapeutic behavioral services, per diem	\$ -	\$ -	0	0		
<b>H2036</b>	Per diem alcohol and/or another drug treatment program	\$ -	\$ -	0	0		✓
<b>S0265</b>	Genetic counseling, under physician supervision, each 15 minutes	\$ -	\$ -	0	0		
<b>S0270</b>	Physician management of patient home care, standard monthly care rate (per 30 days)	\$ -	\$ -	0	0		
<b>S0272</b>	Physician management of patient home care, episodic care monthly case (per 30 days)	\$ -	\$ -	0	0		
<b>S0311</b>	Comprehensive management and care coordination for advanced illness, per calendar month	\$ -	\$ -	0	0		
<b>S0320</b>	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	\$ -	\$ -	0	0		✓

## Telehealth Services Covered and Included in CPT Code Set

Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
<b>S9140</b>	Diabetic management program, follow-up visit to non-MD provider	\$ -	\$ -	0	0						
<b>S9141</b>	Diabetic management program, follow-up visit to MD provider	\$ -	\$ -	0	0						
<b>S9152</b>	Speech therapy, re-evaluation	\$ -	\$ -	0	0						
<b>S9441</b>	Asthma education, non-physician provider, per session	\$ -	\$ -	0	0						
<b>S9445</b>	Patient education, not otherwise classified, non-physician provider, individual, per session	\$ -	\$ -	0	0						
<b>S9446</b>	Patient education, not otherwise classified, non-physician provider, group, per session	\$ -	\$ -	0	0						
<b>S9453</b>	Smoking cessation classes, non-physician provider, per session	\$ -	\$ -	0	0						
<b>S9480</b>	Per diem intensive outpatient psychiatric services	\$ -	\$ -	0	0						✓
<b>S9482</b>	Family stabilization services, per 15 minutes	\$ -	\$ -	0	0						
<b>T1014</b>	Telehealth transmission, per minute, professional services bill separately	\$ -	\$ -	0	0						
<b>U0001</b>	COVID-19 laboratory testing	\$ -	\$ -	N/A	N/A		✓				
<b>U0002</b>	COVID-19 laboratory testing	\$ -	\$ -	N/A	N/A		✓				✓
<b>U07.1</b>	Virtual or in-person visit for treatment of a confirmed COVID-19 case	\$ -	\$ -	N/A	N/A		✓				
<b>V5362</b>	Speech screening	\$ -	\$ -	0	0						
<b>V5363</b>	Language screening	\$ -	\$ -	0	0						
<b>Z03.818</b>	Virtual or face-to-face visit for screening for suspected or likely COVID-19 exposure	\$ -	\$ -	N/A	N/A		✓				
<b>Z20.828</b>	Virtual or face-to-face visit for screening for suspected or likely COVID-19 exposure	\$ -	\$ -	N/A	N/A		✓				