

Telehealth Services Covered by CMS and National Payors

Last revised: June 2020

This guidance is for informational purposes only and is not intended to be and should not be construed as legal advice. Please consult with qualified counsel in connection with any fact-specific situation. You are responsible for understanding and implementing any payer requirements to obtain reimbursement for telehealth services. Please review your professional liability insurance to determine if telehealth encounters are covered by your policy. You are responsible for understanding and applying local state laws.

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
77427	Radiation treatment management, 5 treatments	\$ -	\$196.33	5.44	5.44	✓			✓		
80502	Clinical pathology consultation; comprehensive	\$ -	\$72.90	2.11	2.02						
87635	COVID-19 laboratory testing	\$ -	\$ -	N/A	N/A		✓				✓
88329	Pathology consultation during surgery	\$ -	\$37.89	1.51	1.05						
90785	Interactive complexity (List separately in addition to the code for primary procedure)	\$ -	\$14.07	0.43	0.39	✓			✓		
90791	Psychiatric diagnostic evaluation	\$ -	\$127.76	4.03	3.54	✓			✓	✓	
90792	Psychiatric diagnostic evaluation with medical services	\$ -	\$142.91	4.46	3.96	✓			✓	✓	
90832	Psychotherapy, 30 minutes with patient	\$ -	\$63.88	1.97	1.77	✓			✓	✓	
90833	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	✓			✓	✓	
90834	Psychotherapy, 45 minutes with patient	\$ -	\$85.17	2.62	2.36	✓			✓	✓	
90836	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	✓			✓	✓	
90837	Psychotherapy, 60 minutes with patient	\$2.53	\$127.40	3.92	3.53	✓			✓	✓	
90838	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	✓			✓	✓	
90839	Psychotherapy for crisis; first 60 minutes	\$ -	\$133.17	4.09	3.69	✓			✓	✓	
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	\$ -	\$63.88	1.96	1.77	✓			✓	✓	
90845	Psychoanalysis	\$ -	\$91.31	2.78	2.53	✓			✓	✓	
90846	Family psychotherapy (without the patient present), 50 minutes	\$ -	\$102.86	2.87	2.85	✓			✓	✓	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$113.68	\$106.83	2.97	2.96	✓			✓	✓	
90853	Group psychotherapy (other than of a multiple-family group)	\$55.58	\$25.26	0.78	0.7	✓			✓	✓	
90863	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				✓	✓	
90875	Individual psychophysiological therapy incorporation biofeedback training	\$ -	\$ -	1.76	1.75						
90885	Psychiatric evaluation of hospital records, other psychiatric reports	\$ -	\$ -	1.43	1.43						

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90887	Interpretation or explanation of results of psychiatric, other medical examinations	\$ -	\$ -	2.5	2.16						
90889	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				✓		
90951	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	✓			✓		
90952	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	✓			✓		
90953	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	✓			✓		
90954	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	✓			✓		
90955	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	✓			✓		
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$55.58	\$660.44	18.3	18.3	✓			✓		
90958	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	✓			✓		
90959	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	✓			✓		
90960	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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90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$86.98	\$244.69	6.78	6.78	✓			✓		
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	\$76.15	\$188.75	5.23	5.23	✓			✓		
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$ -	\$557.95	15.46	15.46	✓			✓		
90964	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	✓			✓		
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	\$15.52	\$466.28	12.92	12.92	✓			✓		
90966	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	✓			✓		
90967	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	✓			✓		
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	\$ -	\$16.24	0.45	0.45	✓			✓		
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	\$48.00	\$15.52	0.43	0.43	✓			✓		
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	\$156.99	\$8.30	0.23	0.23	✓			✓		
92227	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			✓			
92228	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			✓			
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder	\$ -	\$81.20	2.25	2.25	✓	✓	✓	✓		✓
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)	\$ -	\$115.85	3.21	3.21	✓		✓	✓		✓
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	\$ -	\$94.55	2.62	2.62	✓		✓	✓		✓
92523	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	✓		✓	✓		✓
92524	Behavioral and qualitative analysis of voice and resonance	\$ -	\$92.39	2.56	2.56	✓		✓	✓		✓

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92526	Treatment of swallowing dysfunction and/or oral function for feeding	\$ -	\$89.50	2.48	2.48		✓	✓			✓
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	\$ -	\$ -	2.39	2.05						✓
92609	Therapeutic service(s) for the use of speech-generating device, including programming and modification	\$ -	\$111.16	3.08	3.08						✓
93228	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				✓		
93229	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				✓		
93268	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				✓		
93270	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				✓		
93271	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				✓		
93272	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				✓		
93298	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				✓		
94005	Home ventilator management care plan oversight of a patient	\$ -	\$ -	2.63	2.63						

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96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	\$ -	\$ -	1.29	1.29				✓		
96105	Assessment of aphasia and cognitive performance testing	\$ -	\$105.74	2.93	2.93			✓			
96116	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 patient and time interpreting test results and preparing the report; first hour	\$ -	\$86.62	2.76	2.4	✓			✓	✓	
96121	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				✓		
96127	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				✓		
96130	Psychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$111.16	3.38	3.08	✓			✓		
96131	Psychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$85.53	2.6	2.37	✓			✓		
96132	Neuropsychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$109.71	3.78	3.04	✓			✓		
96133	Neuropsychological testing evaluation services by physician or other qualified healthcare professional	\$ -	\$84.45	2.84	2.34	✓			✓		
96136	Psychological or neuropsychological test administration and scoring	\$ -	\$25.26	1.33	0.7	✓			✓		
96137	Psychological or neuropsychological test administration and scoring	\$27.43	\$19.85	1.22	0.55	✓			✓		
96138	Psychological or neuropsychological test administration and scoring	\$715.66	\$38.62	1.07	1.07	✓			✓		
96139	Psychological or neuropsychological test administration and scoring	\$203.55	\$38.62	1.07	1.07	✓			✓		
96156	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	✓			✓		
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	\$168.54	\$61.71	1.89	1.71				✓		
96159	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	✓			✓		
96160	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	✓			✓		
96161	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	✓			✓		
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	\$42.22	\$9.02	0.28	0.25	✓			✓		
96165	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				✓	✓	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	\$ -	\$ -	0	0				✓	✓	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	\$ -	\$ -	0	0				✓	✓	

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97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	\$ -	\$ -	0	0				✓		
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$140.75	\$87.70	2.43	2.43	✓	✓	✓	✓		✓
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$189.11	\$87.70	2.43	2.43	✓	✓	✓	✓		✓
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$223.76	\$87.70	2.43	2.43	✓		✓	✓		✓
97164	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	✓		✓	✓		✓
97165	Occupational therapy evaluation, low complexity	\$97.08	\$93.11	2.58	2.58	✓	✓	✓	✓		✓
97166	Occupational therapy evaluation, moderate complexity	\$137.14	\$92.75	2.57	2.57	✓	✓	✓	✓		✓
97167	Occupational therapy evaluation, high complexity	\$197.77	\$92.75	2.57	2.57	✓		✓	✓		✓
97168	Occupational therapy re-evaluation	\$ -	\$64.24	1.78	1.78	✓		✓	✓		✓
97530	Therapeutic activities, one-to-one patient contact, 15 minutes	\$ -	\$40.42	1.12	1.12	✓		✓			✓
97535	Physical and occupational therapy self-care/home management training, 15 minutes	\$55.58	\$35.01	0.97	0.97	✓		✓	✓		✓

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97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes	\$33.92	\$33.92	0.94	0.94	✓					
97750	Physical and occupational therapy physical performance test	\$131.01	\$35.73	0.99	0.99	✓		✓	✓		
97755	Physical and occupational therapy assistive technology assessment	\$185.86	\$39.34	1.09	1.09	✓		✓	✓		
97760	Physical and occupational therapy orthotic management and training, first encounter	\$226.28	\$50.53	1.4	1.4	✓		✓	✓		
97761	Physical and occupational therapy prosthetic training, first encounter	\$55.58	\$42.95	1.19	1.19	✓		✓	✓		
97802	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	✓			✓		
97803	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	✓			✓		
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	\$182.61	\$16.24	0.48	0.45	✓			✓		
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient	\$ -	\$ -	0.77	0.77				✓		
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	\$ -	\$ -	0.37	0.37				✓		
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	\$ -	\$ -	0.27	0.27				✓		
98966	Telephone assessment and management services from a qualified non-physician healthcare professional to establish a patient, parent or guardian	\$ -	\$ -	0.4	0.37				✓	✓	
98967	Telephone assessment and management services from a qualified non-physician healthcare professional to establish a patient, parent or guardian	\$ -	\$ -	0.78	0.74				✓	✓	
98968	Telephone assessment and management services from a qualified non-physician healthcare professional to establish a patient, parent or guardian	\$ -	\$ -	1.14	1.1				✓	✓	
98970	Qualified nonphysician healthcare professional online digital evaluation and management services for establishing a patient	\$ -	\$ -	0	0				✓	✓	
98971	Qualified nonphysician healthcare professional online digital evaluation and management services for establishing a patient	\$ -	\$ -	0	0				✓	✓	
98972	Qualified nonphysician healthcare professional online digital evaluation and management services for establishing a patient	\$ -	\$ -	0	0				✓	✓	
99024	Postoperative follow-up visit, normally included in the surgical package	\$ -	\$ -	0	0						

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99201	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	✓		✓	✓		
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$ -	\$51.61	2.14	1.43	✓		✓	✓		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$ -	\$77.23	3.03	2.14	✓		✓	✓		
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$ -	\$132.09	4.63	3.66	✓		✓	✓		
99205	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	✓		✓	✓		
99211	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	✓		✓	✓		

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	\$ -	\$26.35	1.28	0.73	✓		✓	✓		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$ -	\$52.33	2.11	1.45	✓		✓	✓		
99214	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	✓		✓	✓		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	\$ -	\$113.68	4.11	3.15	✓		✓	✓		
99217	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	✓			✓		

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99218	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. 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.	\$ -	\$101.77	2.82	2.82	✓			✓		
99219	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	✓			✓		
99220	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	✓			✓		
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$103.94	2.88	2.88	✓			✓		
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/ or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$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	✓			✓		
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$40.06	1.11	1.11	✓			✓		

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$73.62	2.04	2.04	✓			✓		
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$106.10	2.94	2.94	✓			✓		
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$136.06	3.77	3.77	✓			✓		
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$172.15	4.77	4.77	✓			✓		
99236	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	✓			✓		

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99238	Hospital discharge day management; 30 minutes or less	\$ -	\$74.34	2.06	2.06	✓			✓		
99239	Hospital discharge day management; more than 30 minutes	\$ -	\$108.99	3.02	3.02	✓			✓		
99241	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				✓		
99242	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				✓		
99243	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				✓		
99244	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				✓		
99245	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				✓		

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99251	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				✓		
99252	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 severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ -	\$ -	2.13	2.13				✓		
99253	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				✓		
99254	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				✓		
99255	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				✓		
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other 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	✓			✓		

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99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other 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	✓			✓		
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other 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	✓			✓		
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other 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	✓			✓		
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other 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	✓			✓		
99291	Critical care, evaluation and management	\$74.34	\$226.64	7.89	6.28	✓			✓		
99292	Critical care, evaluation and management	\$108.99	\$114.04	3.49	3.16	✓			✓		
99304	Initial nursing facility care, per day	\$ -	\$92.03	2.55	2.55	✓			✓		
99305	Initial nursing facility care, per day	\$ -	\$131.73	3.65	3.65	✓			✓		
99306	Initial nursing facility care, per day	\$ -	\$169.98	4.71	4.71	✓			✓		

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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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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				✓		
99327	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	✓			✓		

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
99328	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	✓			✓		
99334	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	✓			✓		
99335	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	✓			✓		
99336	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	✓			✓		
99337	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	✓			✓		
99339	Individual physician supervision of a patient (patient not present)	\$ -	\$ -	2.19	2.19				✓		

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
99340	Individual physician supervision of a patient (patient not present)	\$ -	\$ -	3.05	3.05				✓		
99341	Home visit for the evaluation and management of a new patient	\$ -	\$55.58	1.54	1.54	✓			✓		
99342	Home visit for the evaluation and management of a new patient	\$ -	79.76	2.21	2.21	✓			✓		
99343	Home visit for the evaluation and management of a new patient	\$92.03	\$131.01	3.63	3.63	✓			✓		
99344	Home visit for the evaluation and management of a new patient	\$131.73	\$185.86	5.15	5.15	✓			✓		
99345	Home visit for the evaluation and management of a new patient	\$169.98	\$226.28	6.27	6.27	✓			✓		
99347	Home visit for the evaluation and management of an established patient	\$44.75	\$55.58	1.54	1.54	✓			✓		
99348	Home visit for the evaluation and management of an established patient	\$70.37	\$85.53	2.37	2.37	✓			✓		
99349	Home visit for the evaluation and management of an established patient	\$92.75	\$131.01	3.63	3.63	✓			✓		
99350	Home visit for the evaluation and management of an established patient	\$136.78	\$182.61	5.06	5.06	✓			✓		
99374	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; 15-29 minutes	\$ -	\$ -	1.98	1.61				✓		
99375	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				✓		
99377	Supervision of a hospice patient (patient not present)	\$ -	\$ -	1.98	1.61				✓		
99378	Supervision of a hospice patient (patient not present)	\$ -	\$ -	2.96	2.53				✓		
99379	Supervision of a nursing facility patient (patient not present)	\$ -	\$ -	1.98	1.61				✓		
99380	Supervision of a nursing facility patient (patient not present)	\$ -	\$ -	2.96	2.53				✓		
99387	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				✓		

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Code	Long Description	Non-Facility Price*	Facility Price*	RVU (Non-Facility)	RVU (Facility)	Medicare	Cigna	United	Humana	Aetna	Anthem
99397	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				✓		
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$244.69	\$12.63	0.43	0.35	✓			✓		
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$188.75	\$26.71	0.82	0.74	✓			✓		
99408	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				✓		
99409	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				✓		
99415	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				✓		
99416	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				✓		
99421	Online digital evaluation and management services for an established patient	\$18.41	\$13.35	0.43	0.37			✓	✓	✓	
99422	Online digital evaluation and management services for an established patient	\$16.24	\$27.43	0.86	0.76			✓	✓	✓	
99423	Online digital evaluation and management services for an established patient	\$15.52	\$43.67	1.39	1.21			✓	✓	✓	
99441	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				✓	✓	
99442	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				✓	✓	
99443	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				✓	✓	

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
99446	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				✓		
99447	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				✓		
99448	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				✓		
99449	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				✓		
99451	Interprofessional telephone/Internet/electronic health	\$ -	\$37.53	1.04	1.04						
99452	Interprofessional telephone/Internet/electronic health	\$ -	\$37.53	1.04	1.04						
99453	Remote monitoring of physiologic parameter(s)	\$ -	\$18.77	0.52	0.52						
99454	Remote monitoring of physiologic parameter(s)	\$ -	\$62.44	1.73	1.73						
99457	Remote physiologic monitoring treatment management services	\$ -	\$32.84	1.43	0.91						
99458	Remote physiologic monitoring treatment management services	\$ -	\$32.84	1.17	0.91						
99461	Initial care, per day, for evaluation and management of normal newborn infant	\$ -	\$64.24	2.57	1.78						
99468	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	✓			✓		
99469	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	✓			✓		
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$ -	\$811.66	22.49	22.49	✓			✓		
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$ -	\$410.34	11.37	11.37	✓			✓		
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	\$ -	\$11.19	0.31	0.31	✓			✓		
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	\$33.20	\$571.30	15.83	15.83	✓			✓		
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	\$17.32	\$353.68	9.8	9.8	✓			✓		
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	\$93.11	\$356.20	9.87	9.87	✓			✓		

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
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						
99495	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	✓			✓		
99496	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	✓			✓		

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
99497	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	✓			✓		
99498	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	✓			✓		
0362T	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				✓		
0373T	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								✓		
B97.29	Virtual or in-person visit for treatment of a confirmed COVID-19 case	\$ -	\$ -	N/A	N/A		✓				
G0076	Brief (20 minutes) care management home visit for a new patient	\$ -	\$57.02	1.58	1.58						
G0077	Limited (30 minutes) care management visit for a new patient	\$ -	\$81.20	2.25	2.25						
G0078	Moderate (45 minutes) care management visit for a new patient	\$ -	\$133.89	3.71	3.71						
G0079	Comprehensive (60 minutes) care management visit for a new patient	\$ -	\$187.67	5.2	5.2						
G0080	Extensive (75 minutes) care management visit for a new patient	\$ -	\$227.73	6.31	6.31						
G0081	Brief (20 minutes) care management home visit for an existing patient	\$ -	\$57.02	1.58	1.58						
G0082	Limited (30 minutes) care management home visit for an existing patient	\$ -	\$86.62	2.4	2.4						
G0083	Moderate (45 minutes) care management home visit for an existing patient	\$ -	\$132.81	3.68	3.68						
G0084	Comprehensive (60 minutes) care management home visit for an existing patient		\$184.42	5.11	5.11						
G0085	Extensive (75 minutes) care management home visit for an existing patient	\$46.56	\$227.73	6.31	6.31						
G0086	Limited (30 minutes) care management home care plan oversight	\$77.23	\$79.04	2.19	2.19						
G0087	Comprehensive (60 minutes) care management home care plan oversight	\$109.35	\$110.07	3.05	3.05						
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	\$167.09	\$57.02	1.58	1.58	✓			✓		
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	\$211.12	\$15.88	0.44	0.44	✓			✓		
G0270	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	✓			✓		

Telehealth Services Covered and Included in CPT Code Set

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G0296	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	✓			✓		
G0337	Hospice evaluation and counseling services, pre-election	\$ -	\$ -	2.08	2.08						
G0396	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	✓			✓		
G0397	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	✓			✓		
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	\$73.98	\$39.70	1.1	1.1	✓			✓		
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	\$76.15	\$73.26	2.03	2.03	✓			✓		
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	\$92.75	\$105.38	2.92	2.92	✓			✓		
G0409	Social work and psychological services	\$937.61	\$13.35	0.37	0.37						
G0420	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	✓			✓		
G0421	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	✓			✓		
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	\$410.34	\$101.77	2.82	2.82	✓			✓		
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	\$11.19	\$138.22	3.83	3.83	✓			✓		
G0427	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	✓			✓		
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	\$ -	\$ -	N/A	N/A	✓					
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	\$ -	\$ -	N/A	N/A	✓					
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	\$140.03	\$172.87	4.79	4.79	✓			✓		
G0439	Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit	\$127.04	\$117.29	3.25	3.25	✓			✓		
G0442	Annual alcohol misuse screening, 15 minutes	\$121.98	\$9.74	0.51	0.27	✓			✓		
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	\$265.26	\$24.18	0.74	0.67	✓			✓		
G0444	Annual depression screening, 15 minutes	\$42.59	\$9.74	0.51	0.27	✓			✓		
G0445	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	✓			✓		
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	\$31.40	\$24.18	0.74	0.67	✓			✓		
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	\$36.09	\$24.18	0.74	0.67	✓			✓		

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G0459	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	✓			✓		
G0506	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	✓			✓		
G0508	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	✓			✓		
G0509	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	✓			✓		
G0513	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	✓			✓		
G0514	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	✓			✓		
G2001	Brief (20 minutes) in-home visit for new patient post-discharge	\$85.53	\$79.04	2.19	2.19						
G2002	Limited (30 minutes) in-home visit for new patient post-discharge	\$131.01	\$110.07	3.05	3.05						
G2003	Moderate (45 minutes) in-home visit for new patient post-discharge	\$33.92	\$131.01	3.71	3.71						
G2004	Comprehensive (60 minutes) in-home visit for new patient post-discharge	\$35.73	\$185.86	5.2	5.2						
G2005	Extensive (75 minutes) in-home visit for new patient post-discharge	\$39.34	\$226.28	6.31	6.31						
G2006	Brief (20 minutes) in-home visit for an existing patient post-discharge	\$50.53	\$55.58	1.58	1.58						
G2007	Limited (30 minutes) in-home visit for an existing patient post-discharge	\$42.95	\$85.53	2.4	2.4						
G2008	Moderate (45 minutes) in-home visit for an existing patient post-discharge	\$55.58	\$131.01	3.68	3.68						
G2009	Comprehensive (60 minutes) in-home visit for an existing patient post-discharge	\$79.76	\$182.61	5.11	5.11						
G2010	Remotely evaluating a video or image submitted by an established patient, interpretation and follow-up	\$131.01	\$9.38	0.34	0.26			✓	✓	✓	
G2012	Virtual check-in or other brief check-in for a technology-based service	\$226.28	\$13.35	0.41	0.37		✓	✓	✓	✓	
G2011	Alcohol and /or substance (other than tobacco) abuse structured assessment	\$185.86	\$17.32	0.48	0.48						
G2013	Extensive (75 minutes) in-home visit for an existing patient post-discharge	\$55.58	\$226.28	6.31	6.31						
G2014	Limited (30 minutes) care plan oversight	\$79.04	\$79.04	2.19	2.19						
G2015	comprehensive (60 mins) care plan oversight	\$110.07	\$110.07	3.05							
G2058	Chronic care management services, each 20 minutes	\$182.61	\$28.51	1.05	0.79						
G2061	Qualified non-physician healthcare professionals doing an online assessment for established patients	\$226.28	\$12.27	0.34	0.34				✓	✓	
G2062	Qualified non-physician healthcare professionals doing an online assessment for established patients	\$79.04	\$21.65	0.6	0.6				✓	✓	

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
G2063	Qualified non-physician healthcare professionals doing an online assessment for established patients	\$110.07	\$33.56	0.94	0.93				✓	✓	
G2064	Comprehensive care management services for a single high-risk disease	\$ -	\$78.68	2.55	2.18						
G2065	Comprehensive care management services for a single high-risk disease	\$ -	\$39.70	1.1	1.1						
G2077	Periodic assessment; assessing periodically	\$ -	\$ -	0	0						
G2086	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	✓			✓		
G2087	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	✓			✓		
G2088	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	✓			✓		
G9016	Smoking cessation counseling, individual	\$ -	\$ -	0	0						
G9187	Bundled payments for care improvement initiative home visit for patient assessment	\$94.55	\$44.39	1.23	1.23						
G9481	Remote in-home visit for evaluation and management of a new patient	\$92.39	\$19.13	0.53	0.53						
G9482	Remote in-home visit for evaluation and management of a new patient	\$141.47	\$36.81	1.02	1.02						
G9483	Remote in-home visit for evaluation and management of a new patient	\$121.26	\$55.94	1.55	1.55						
G9484	Remote in-home visit for evaluation and management of a new patient	\$147.61	\$95.64	2.65	2.65						
G9485	Remote in-home visit for evaluation and management of a new patient	\$70.74	\$124.51	3.45	3.45						
G9486	Remote in-home visit for evaluation and management of an established patient	\$100.33	\$19.13	0.53	0.53						
G9487	Remote in-home visit for evaluation and management of an established patient	\$103.58	\$37.89	1.05	1.05						
G9488	Remote in-home visit for evaluation and management of an established patient	\$107.19	\$58.10	1.61	1.61						
G9489	Remote in-home visit for evaluation and management of an established patient	\$28.15	\$81.56	2.26	2.26						
G9490	CMS innovation center models, home visit for patient assessment	\$ -	\$44.75	1.24	1.24						
G9978	Remote in-home visit for the evaluation and management of a new patient	\$102.49	\$27.07	0.75	0.75						
G9868	Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation	\$ -	\$28.87	0.8	0.8						
G9869	Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation	\$ -	\$38.62	1.07	1.07						
G9870	Receipt and analysis of remove, asynchronous images for dermatologic and or ophthalmologic evaluation	\$ -	\$48.36	1.34	1.34						
G9873	First Medicare diabetes prevention program (MDPP) core session	\$ -	\$ -	0	0						
G9874	Four total Medicare diabetes prevention program (MDPP) core session	\$ -	\$ -	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
G9875	Nine total Medicare diabetes prevention program (MDPP) core session	\$ -	\$ -	0	0						
G9876	Two Medicare diabetes prevention program (MDPP) core maintenance session (MS)	\$ -	\$ -	0	0						
G9877	Two Medicare diabetes prevention program (MDPP) core maintenance session (MS)	\$ -	\$ -	0	0						
G9890	Bridge payment: a one-time payment for the first Medicare diabetes prevention program (MDPP) core session, core maintenance session	\$ -	\$ -	0	0						
G9978	Remote in-home visit for the evaluation and management of a new patient	\$102.49	\$27.07	0.75	0.75						
G9979	Remote in-home visit for the evaluation and management of a new patient	\$48.00	\$51.61	1.43	1.43						
G9980	Remote in-home visit for the evaluation and management of a new patient	\$44.03	\$77.23	2.14	2.14						
G9981	Remote in-home visit for the evaluation and management of a new patient	\$38.62	\$132.09	3.66	3.66						
G9982	Remote in-home visit for the evaluation and management of a new patient	\$38.62	\$172.51	4.78	4.78						
G9983	Remote in-home visit for evaluation and management of an established patient	\$99.97	\$26.35	0.73	0.73						
G9984	Remote in-home visit for evaluation and management of an established patient	\$68.21	\$52.33	1.45	1.45						
G9985	Remote in-home visit for evaluation and management of an established patient	\$23.82	\$80.48	2.23	2.23						
G9986	Remote in-home visit for evaluation and management of an established patient	\$10.11	\$113.68	3.15	3.15						
G9987	Bundled payments for care improvement advanced (BPCI advanced) model home visit for patient assessment performed	\$4.69	\$44.39	1.23	1.23						
H0001	Alcohol and/or drug assessment	\$ -	\$ -	0	0						
H0015	Alcohol and/or drug services	\$ -	\$ -	0	0					✓	
H0031	Mental health assessment, by nonphysician	\$ -	\$ -	0	0				✓		
H0035	Mental health partial hospitalization, treatment, less than 24 hours	\$ -	\$ -	0	0					✓	
H2012	Per hour behavioral health day treatment	\$ -	\$ -	0	0				✓	✓	
H2017	Psychosocial rehabilitation services	\$ -	\$ -	0	0						
H2019	Therapeutic behavioral services, per 15 minutes	\$ -	\$ -	0	0				✓		
H2020	Therapeutic behavioral services, per diem	\$ -	\$ -	0	0						
H2036	Per diem alcohol and/or another drug treatment program	\$ -	\$ -	0	0					✓	
S0265	Genetic counseling, under physician supervision, each 15 minutes	\$ -	\$ -	0	0						
S0270	Physician management of patient home care, standard monthly care rate (per 30 days)	\$ -	\$ -	0	0						
S0272	Physician management of patient home care, episodic care monthly case (per 30 days)	\$ -	\$ -	0	0						
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	\$ -	\$ -	0	0						
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	\$ -	\$ -	0	0				✓		
S9140	Diabetic management program, follow-up visit to non-MD provider	\$ -	\$ -	0	0						

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