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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Interactive complexity code	90785	GT
Psychiatric diagnostic evaluation	90791	GT
Psychiatric diagnostic evaluation with medical services	90792	GT
Psychotherapy, 30 minutes with patient and/or family member	90832	GT
Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	90833	GT
Psychotherapy, 45 minutes with patient and/or family member	90834	GT
Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	90836	GT
Psychotherapy, 60 minutes with patient and/or family member.	90837	GT
Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	90838	GT
Psychotherapy for crisis, first 60 minutes	90839	GT
Psychotherapy for crisis (each additional 30 minutes) - list separately in addition to primary service CPT code.	90840	GT
Family Psychotherapy (without the patient present)	90846	GT
Family Psychotherapy (with the patient present)	90847	GT
Multiple-family group psychotherapy	90849	GT
Group psychotherapy	90853	GT
Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	90887	GT
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 4 or more face-to-face visits by a physician or other qualified health care professional per month	90951	
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	90952	

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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	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 2-3 face-to-face visits by a physician or other qualified health care professional per month	90955	
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	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 2-3 face-to-face visits by a physician or other qualified health care professional per month	90958	
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	90960	
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	90961	
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	90963	
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	90964	

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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	90967	
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	90968	
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	90969	
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	90970	
Neurobehavioral status examination	96116	
Neuropsychological testing, interpretation, and report by psychologist or physician, first 60 minutes	96132	GT
Neuropsychological testing, interpretation, and report by psychologist or physician, additional 60 minutes	96133	GT
Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	96156	
Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	
Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96159	
Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	96160	
Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	96161	
Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	96164	
Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	96167	

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96168	
Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	96170	
Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96171	
Behavior treatment by protocol administered by technician, each 15 minutes	97153	GT
Group behavior treatment by protocol administered by technician, each 15 minutes, per recipient	97154	GT
Behavior treatment with protocol modification administered by physician or other qualified health care professional, each 15 minutes	97155	GT
Family behavior treatment guidance administered by qualified health care professional, each 15 minutes, single family	97156	GT
Family behavior treatment guidance administered by qualified health care professional, 15 minutes, per family	97157	GT
Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97802	
Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97803	
Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	97804	
Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	97810	GT
Acupuncture, 1 or more needles; without electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	97811	GT
Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	97813	GT

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98966	
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	98967	
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	98968	
Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	98970	
Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	98971	
Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	98972	
Office or other outpatient visits	99201 – 99215	
Subsequent hospital care services	99231– 99233	
Subsequent nursing facility care services	99307-99310	

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	99354	
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	99355	
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	99356	
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	99357	
Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	99366	GT
Medical team conference with nonphysician health care professionals, 30 minutes or more	99368	GT
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	99406	
Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	99407	
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	99421	
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	99422	
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	99423	
Transitional care management services with moderate medical decision complexity	99495	

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	99441	
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	99442	
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	99443	
Interprofessional telephone/Internet/electronic health record 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	99446	
Interprofessional telephone/Internet/electronic health record 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	99447	

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Interprofessional telephone/Internet/electronic health record 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	99448	
Interprofessional telephone/Internet/electronic health record 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	99449	
Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	99451	
Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	99452	
Transitional care management services with high medical decision complexity	99496	
Advance Care Planning, 30 minutes	99497	
Advance Care Planning, additional 30 minutes	99498	
Individual and group diabetes self-management training services	G0108 – G0109	
Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0177	GT
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	G0270	
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making	G0296	

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	G0396, G0397	
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406– G0408	
Individual and group kidney disease education services	G0420– G0421	
Telehealth consultations, emergency department or initial inpatient	G0425– G0427	
Smoking cessation services	G0436, G0437	
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	G0438	
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	G0439	
Annual alcohol misuse screening, 15 minutes	G0442	
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443	
Annual depression screening, 15 minutes	G0444	
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	G0445	
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446	
Face-to-face behavioral counseling for obesity, 15 minutes	G0447	
Telehealth Pharmacologic Management	G0459	
Comprehensive assessment of and care planning for patients requiring chronic care management	G0506	
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	G0508	
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0509	
Prolonged preventive services	G0513, G0514	

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	G2012	
Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	G2061	
Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	G2062	
Qualified nonphysician qualified health care professional assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	G2063	
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	G2086	
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	G2087	
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)	G2088	
Behavioral health counseling and therapy, per 15 minutes	H0004	GT
Alcohol/Drug services; acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	H0011	GT
Alcohol/Drug services; sub-acute, clinically managed detoxification. (outpatient ASAM Level III.2-D)	H0012	GT
Alcohol/Drug services; acute (H0013), clinically managed detoxification. (outpatient ASAM Level III.2-D)	H0013	GT
Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (Ambulatory ASAM Level II-D).	H0014	GT

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Telehealth Code Descriptions	Code	Modifier Needed to Bill as Telehealth
Alcohol and/or drug services; Intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan).	H0015	GT
Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	GT
Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	H0020	GT
Mental health assessment, by non-physician.	H0031	GT
Mental health assessment, by non-physician	H0031	GT
Mental health service plan development by non-physician.	H0032	GT
Medication training and support, per 15 minutes.	H0034	GT
Medication Training/Support, per 15 min	H0034	GT
Community psychiatric supportive treatment, face-to-face, per 15 minutes.	H0036	GT
Self-help/peer services, per 15 min	H0038	GT
Home Based and Behavioral Habilitation 60 minutes. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan.	H0046	GT
Mental health assessment, by non-physician with CANS.	H2000	GT
Skills training and development, per 15 min	H2014	GT
Supported Employment, per 15 min	H2023	GT
Activity therapy, per 15 min	H2032	GT
Multi-systemic therapy for juveniles, per 15 min	H2033	GT
Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	J0572	GT
Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	J0574	GT
Haloperidol decanoate injection	J1631	GT
Telehealth originating site facility fee	Q3014	
Preadmission screening and resident review (PASSR) Level I identification screening, per screen	T2010	GT
Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	T2011	GT