Updated: 12/1/2022

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| **Telehealth Code Description** | **Code** | **Modifier Needed** |
| Radiation treatment management, 5 treatments | 77427 |  |
| 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 | 90951-90962 |  |
| End-Stage Renal Disease (ESRD)-related services for home dialysis per full month | 90963-90967 |  |
| End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day | 90968-90970 |  |
| Eye Exam New Patient | 92002-92004 |  |
| Eye Exam Established Patient | 92012-92014 |  |
| Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | 92507 |  |
| Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals | 92508 |  |
| Evaluation of speech fluency | 92521 |  |
| Evaluation of speech sound production | 92522 |  |
| Evaluation of speech sound production; with evaluation of language comprehension and expression | 92523 |  |
| Behavioral and qualitative analysis of voice and resonance | 92524 |  |
| Treatment of swallowing dysfunction and/or oral function for feeding | 92526 |  |
| Tympanometry and reflex threshold measurements | 92550 |  |
| Pure tone audiometry (threshold); air only | 92552 |  |
| Pure tone audiometry (threshold); air and bone | 92553 |  |
| Speech audiometry threshold; | 92555 |  |
| Speech audiometry threshold; with speech recognition | 92556 |  |
| Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | 92557 |  |
| Tone decay test | 92563 |  |
| Stenger test, pure tone | 92565 |  |
| Tympanometry (impedance testing) | 92567 |  |
| Acoustic reflex testing, threshold | 92568 |  |
| Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing | 92570 |  |
| Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report | 92587 |  |
| Hearing aid examination and selection; monaural | 92590 |  |
| Hearing aid examination and selection; binaural | 92591 |  |
| Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming | 92601 |  |
| Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming | 92602 |  |
| Diagnostic analysis of cochlear implant, age 7 years or older; with programming | 92603 |  |
| Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming | 92604 |  |
| Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour | 92607 |  |
| Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) | 92608 |  |
| Therapeutic services for the use of speech-generating device, including programming and modification | 92609 |  |
| Evaluation of oral and pharyngeal swallowing function | 92610 |  |
| Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour | 92626 |  |
| Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure) | 92627 |  |
| Auditory rehabilitation; prelingual hearing loss | 92630 |  |
| Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report | 93750 |  |
| Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) | 93797 |  |
| Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) | 93798 |  |
| Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing | 94002-94004 |  |
| Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more | 94005 |  |
| Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device | 94664 |  |
| Electronic analysis of implanted neurostimulator pulse generator/transmitter | 95970-95972 |  |
| Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional | 95983 |  |
| Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) | 95984 |  |
| Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument | 96110 |  |
| Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour | 96112 |  |
| Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) | 96113 |  |
| Neurobehavioral status examination | 96116 |  |
| Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, 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; each additional hour | 96121 |  |
| Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | 96125 |  |
| Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument | 96127 |  |
| Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 96130 | GT |
| Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour | 96131 | GT |
| 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 |
| Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | 96136 | GT |
| Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes | 96137 | GT |
| 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 |  |
| Therapeutic procedure, 1 or more areas, each 15 minutes | 97110 |  |
| Therapeutic procedure, 1 or more areas, each 15 minutes | 97112 |  |
| Therapeutic procedure, 1 or more areas, each 15 minutes; gait training | 97116 |  |
| Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes | 97129 |  |
| Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes | 97130 |  |
| Therapeutic procedure(s), group (2 or more individuals) | 97150 |  |
| Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes | 97151 | GT |
| Behavior identification-supporting assessment, administered by one technician, each 15 minutes | 97152 | GT |
| 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 |
| 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 | 97158 |  |
| Physical therapy evaluation | 97161-97163 |  |
| Re-evaluation of physical therapy established plan of care | 97164 |  |
| Occupational therapy evaluation | 97165-97167 |  |
| Re-evaluation of occupational therapy established plan of care | 97168 |  |
| Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | 97530 |  |
| Self-care/home management training | 97535 |  |
| Wheelchair management (eg, assessment, fitting, training), each 15 minutes | 97542 |  |
| Physical performance test or measurement | 97750 |  |
| Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes | 97755 |  |
| Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | 97760 |  |
| Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | 97761 |  |
| 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 |  |
| 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  Only covered under telehealth when billed with diagnosis Z91.81 | 98961 | 95 |
| 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  Only covered under telehealth when billed with diagnosis Z91.81 | 98962 | 95 |
| 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 | 98966-98968 |  |
| 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 | 98970-98972 |  |
| Office or other outpatient visits | 99201 - 99215 |  |
| Observation care discharge day management | 99217 |  |
| Initial Observation Care | 99218 -99220 |  |
| Initial Hospital Care | 99221 - 99222 |  |
| Subsequent Observation Care | 99224 - 99226 |  |
| Subsequent hospital care services | 99231 - 99233 |  |
| Observation Hospital Same Day | 99234 - 99236 |  |
| Emergency Department visits | 99281 - 99285 |  |
| Critical Care Services | 99291 - 99292 |  |
| Nursing Facility Initial Care | 99304 - 99306 |  |
| Subsequent nursing facility care services | 99307 - 99310 |  |
| Nursing Facility Discharge Day | 99315-99316 |  |
| Domiciliary / Rest Home new patient | 99324-99326 |  |
| Domiciliary / Rest Home new patient | 99327-99328 |  |
| Domiciliary / Rest Home Established Patient | 99334-99337 |  |
| Home Visit New Patient | 99341-99345 |  |
| Home Visit Established Patient | 99347-99350 |  |
| 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 |
| Initial Preventive Medicine Services | 99381 - 99387 |  |
| Periodic Preventive Medicine Services | 99391 - 99397 |  |
| 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 |  |
| Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes | 99408 |  |
| Online digital evaluation and management service, for an established patient, for up to 7 days | 99421-99423 |  |
| 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: | 99441-99443 |  |
| 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; | 99446-99449 |  |
| 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 |  |
| Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center. | 99461 |  |
| Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger | 99468 |  |
| Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger | 99469 |  |
| 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 | 99471 |  |
| 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 | 99472 |  |
| Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration | 99473 |  |
| 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 | 99475 |  |
| 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 | 99476 |  |
| Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who require intensive observation, frequent interventions, and other intensive care services | 99477 |  |
| 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) | 99478 |  |
| Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) | 99479 |  |
| Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams) | 99480 |  |
| Assmt & care pln pt cog imp | 99483 |  |
| Transitional care management services with moderate medical decision complexity | 99495 |  |
| 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 |  |
| 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 |  |
| Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual | G0410 |  |
| Individual and group kidney disease education services | G0420-G0421 |  |
| Intensive cardiac rehab | G0422-G0423 |  |
| Pulmonary Rehab | G0424 |  |
| 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, including: 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 |  |
| Remote evaluation of recorded video and/or images submitted by an established patient | G2010 |  |
| Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only | G2025 |  |
| 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 |  |
| Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact | G2212 |  |
| Alcohol and/or drug assessment | H0001 | GT |
| Behavioral health screening to determine eligibility for admission to treatment program | H0002 | GT |
| Behavioral health counseling and therapy, per 15 minutes | H0004 | GT |
| Alcohol and/or drug services; group counseling by a clinician | H0005 | GT |
| Alcohol and/or drug services; case management | H0006 | GT |
| 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 |
| Alcohol and/or drug services; medical/somatic | H0016 | 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 |
| Community psychiatric supportive treatment, face-to-face, per 15 minutes. | H0036 | GT |
| Self-help/peer services, per 15 min | H0038 | GT |
| Assertive community treatment, face-to-face, per 15 minutes | H0039 | 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 a non-physician with CANS. | H2000 | GT |
| Skills training and development, per 15 min | H2014 | GT |
| Psychosocial rehabilitation services, per diem | H2018 | GT |
| Supported Employment, per 15 min | H2023 | GT |
| Activity therapy, per 15 min | H2032 | GT |
| Exercise classes, nonphysician provider, per session  Only covered under telehealth when billed with diagnosis Z91.81 | S9451 | 95 |
| Nutritional counseling, dietitian visit | S9470 |  |
| Alcohol and/or substance abuse services, family/couple counseling | T1006 | GT |
| Sign language or oral interpretive services, per 15 minutes | T1013 | GT |
| Case management, each 15 minutes | T1016 | GT |
| Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter | T1023 | GT |
| 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 |
| Fall prevention programs are only covered when billed with diagnosis code Z91.81 for telehealth services. | 98961, 98962,  S9451 | 95 |