Optima Health
A Service of Sentara

Coronavirus Disease 2019 (COVID-19)
Provider Frequently Asked Questions

BACKGROUND: Optima Health is closely monitoring the spread of the coronavirus (COVID-19) in the United States and its presence in Virginia. We have enacted our robust emergency management protocols and our dedicated team is on standby to monitor and follow COVID-19 closely in Virginia and North Carolina.

OMICRON VARIANT: Optima Health has been monitoring the new Omicron variant and determined the need to temporarily relax certain authorization requirements from January 12, 2022 through February 28, 2022. **Standard authorizations resumed March 1.**

IMPORTANT NOTE: Benefit flexibilities and accommodations for Optima Health commercial products and Medicare ended June 30, 2021. Standard member cost share resumed effective July 1, 2021. The return to our standard policies will not impact any of the CARES Act required accommodations; and cost share will continue to be waived for any items and services provided during a telehealth visit where a test was ordered. For Medicare, select flexibilities and accommodations will be in effect until the end of the Public Health Emergency (PHE).

Note: Optima Family Care and Optima Health Community Care Plans:

- The Department of Medical Assistance Services (DMAS) has waived certain program requirements, including specified service authorizations and prescription drug limitations and has also waived specific provider requirements, including some that are laid out in these FAQs.
- Please refer to all guidance issued by DMAS which can be found at: dmas.virginia.gov/#/emergencywaiver. DMAS added new guidance on 11/3/22.
- Medicaid or FAMIS member copays have been eliminated, effective March 13, 2020. No copay will be collected from any Medicaid or FAMIS member in order to encourage all members to receive medical care and treatment. This copayment suspension shall apply until the end of this health emergency and upon notice from the Department.
- In regard to DBHDS Updates and Guidance: DBHDS COVID-19 Resource Page is being regularly updated: dbhds.virginia.gov/covid19 and it includes CSB Functional and Operational Guidance.

Optima Health will defer to all Medicaid guidance.

Please use the codes referenced within this document. If you do not see the code you are most familiar with using, please contact your Optima Health Network Educator.

Providers shall submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service delivered. As a reminder, please do not bill codes during the COVID-19 pandemic that are not appropriate for your specialty.

For most policy and benefit exceptions, the defined time frame is March 7, 2020 – June 30, 2021. However, Optima Health has extended some exceptions through June 30, 2022.

Medicaid Note: The time frame as defined by the Governor's Emergency order began March 12 and will continue until amended by Executive Order.

Telehealth Services

Benefit	Products	Telehealth	Practitioner
Will waive member responsibility for COVID-19 related telehealth visit.	Medicare	Y	Y
	Medicaid	Y	Y
	Commercial	Y - Until 6/30/21	Y - Until 6/30/21
Will waive member responsibility for NON-COVID- 19 related telehealth visit.	Medicare	Y	Y
	Medicaid	Y	Y
	Commercial	Y - Until 6/30/21	Y - Until 6/30/21

*Waiving member responsibility ended June 30, 2021 for commercial. For Medicare, select flexibilities and accommodations will be in effect until the end of the PHE.

1. **Have you waived copay/coinsurance/deductibles for virtual/telehealth visits?**

   Yes, we waived member responsibility for commercial, Medicaid and Medicare telehealth visits from March 7, 2020 through June 30, 2021. This is for both COVID-19 related and non-related telehealth visits. This means we will pay in full, according to the contracted rate and providers do not need to collect member responsibility at the time of the visit. Note: Medicaid expiration dates are dictated by Executive Order.

2. **Will Optima Health waive copay/coinsurance/deductibles for COVID-19 testing?**

   Yes. We will waive all member responsibility for COVID-19 tests starting March 7, 2020. Additionally, we will waive member responsibility for serological tests for COVID-19 that are used to detect antibodies against the SARS-CoV-2 virus. Please bill either 86328, 87426 or 86769. CPT Code 87426 may be billed effective June 25, 2020.

3. **Will Optima Health allow COVID-19 testing prior to surgery or procedures?**

   Based on federal guidelines, Optima Health will cover testing prior to a procedure or surgery under our insurance plans. Please note that pre-operative testing is often included in the contracted reimbursement to the facilities and is not separately paid.

4. **Will Optima Health Cover COVID-19 diagnostic testing for commercial members?**

   Yes, coverage is available consistent with the terms of your health benefit plan. Please note that any excluded services (like testing required for employment) remain not covered. Additionally, Optima Health will waive all covered out-of-pocket member costs associated with COVID-19 diagnostic testing through the duration of the public health emergency for all commercial, Medicaid or Medicare Advantage members, including serological and antibody testing.

5. **Will Optima Health cover COVID-19 diagnostic testing when required by an employer as a condition of employment?**

   Tests required for employment are not covered services and should be managed through the employer's Occupational Health program. Please refer to your plan document for additional details on excluded services.

6. **Will Optima Health waive copay/coinsurance/deductibles for office, urgent care and emergency room visits that are related to COVID-19?**

   Starting March 18, 2020, we will waive member responsibility for all office, urgent care and emergency room visit claims with a COVID-19 related diagnosis. You must utilize the following diagnosis codes to enable us to identify these claims 7. Will Optima Health waive copay/coinsurance/deductibles for COVID-19 related treatment?

ICD-10-CM for COVID-19	ICD-10-CM Description	COVID-19 Status
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	Exposure to COVID-19
Z11.59	Encounter for screening for other viral diseases	Screening for COVID-19

7. Will Optima Health waive copay/coinsurance/deductibles for COVID-19 related treatment?

From April 1, 2020 through June 30, 2021, we waived member responsibility for all in network or emergent out of network COVID-19 related treatments (not just testing) for fully insured, Medicaid* and Medicare, and as desired by the account, for self-funded commercial business. You must utilize the following diagnosis code to enable us to identify these claims. **Note: Medicaid expiration dates are dictated by Executive Order, and for Medicare, Monoclonal Antibody Infusions will be permitted without cost share until the end of the PHE:**

ICD-10-CM for COVID-19	ICD-10-CM Description	COVID-19 Status
U07.1	COVID-19	Confirmed, presumptive positive
Q0239	bamlanivimab-xxxx	Injection, bamlanivimab, 700 mg
M0239	bamlanivimab-xxxx infusion	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring

8. Will providers in our office have to register for MDLIVE or can we use another telehealth platform?

Providers may use other telehealth platforms, provided they contract with and pay for the service. Optima Health will reimburse telehealth services for our members at the provider's current contract rate for telehealth. If no rate exists, Optima Health will reimburse the provider at their in-person contracted rate as long as the participating TIN is used and appropriately billed in a HCFA1500 format. The provider must also document the visit as telehealth in the member's medical record. For Optima Health products, regardless of reason for the telehealth visit, we will waive the member's responsibility from March 7, 2020 through June 30, 2021.

9. Can providers sign up to use MDLIVE?

Yes. You may contact MDLIVE directly to become a contracted provider, if that is your vendor of choice and you are an accepted specialty. However, you may contract with other vendors to conduct virtual visits too.

10. How do providers bill telehealth services?

Telehealth must be billed using E&M codes 99202 - 99205, 99212 - 99215 or the telehealth codes 99441-99443. It is required that providers affix the modifier GT or GQ to E&M codes billed, effective July 1, 2021. This applies to new or established patients. No pre-authorization required. Codes must be billed on a HCFA1500 using your participating TaxID. Please document appropriately in the medical record for audit purposes. Medicaid note: Optima defers to DMAS guidance for our Medicaid plans.

11. Will Optima Health allow telehealth for services typically performed in a facility setting that are billed on a UB04 such as physical therapy, occupational therapy, speech therapy, diabetes management and nutritionist services?

Yes, Optima Health will allow telehealth for services typically performed in a facility setting from March 7, 2020 through May 11, 2023. It is required that providers affix the modifier GT or GQ on the codes billed so that we can waive member responsibility. Optima Health will pay the in-person rate. Codes must be billed using your participating TaxID. Please document appropriately in the medical record for audit purposes.

12. Will Optima Health allow telehealth for services typically performed in a facility setting that are billed on a UB04 such as partial hospitalization and intensive outpatient programs for behavioral health services?

Due to the nature of partial hospitalization programs (PHP), Optima Health will allow telehealth for PHP with a video interface (telephone only would not suffice). However, providers need to be able to provide all the services typically included in a PHP environment utilizing the same requirements as would be expected in the outpatient setting (full day treatment, same length of therapy sessions, group therapy, clinical assessment, skill building exercises, crisis response, medication adjustment, etc.). Should the same level of care not be possible via telehealth, providers may utilize other codes for behavioral telehealth services provided to members as appropriate. A provider may also bill intensive outpatient programs (IOP) via telehealth, with a video interface (telephone only would not suffice). Optima Health will allow telehealth for IOP billed on a UB04 from March 7, 2020 through June 30, 2021 provided you affix the required GT or GQ modifier, effective July 1, 2021, to the HCPC code related to the revenue code that defines IOP. Optima Health will pay the in-person rate. Codes must be billed on a UB04 using your participating TaxID. Please document appropriately in the medical record for audit purposes.

13. **Will Optima Family Care members have different guidelines for telehealth coverage or will they fall under the current guidelines?**

    Please review the DMAS Medicaid memo for clarification. DMAS Medicaid Memo

14. **Does the patient need to be seen in the office once before being seen through telehealth?**

    No.

15. **Are there telehealth options available for ABA providers offering parent/family training?**

    Yes, modifiers GT and GQ have been added and will be required effective July 1, 2021. The HCFA1500 format and your participating TaxID is required. Please document the medical record appropriately for audit purposes.

16. **Will EAP providers be reimbursed for telephone and video conference services?**

    Yes. We will require the modifier HJ, use of a HCFA1500 format and your participating TaxID. Please document the medical record appropriately for audit purposes. The reimbursement will be the same as if done in the office or home.

17. **Will telephone only (no video interface) services be covered?**

    Yes. We will cover telephone only services through May 11, 2023. We will require the use of a HCFA 1500 format and your participating TaxID. Modifiers of GT or GQ are required effective July 1, 2021. Please document the medical record appropriately for audit purposes. The reimbursement will be the same as if done in the office or home.

18. **Will Optima Health require an attestation form from the patient to receive the telehealth services?**

    An attestation will not be required. However, providers should continue following standard documentation protocols to record the reason services were provided.

19. **Will Optima Health allow FaceTime, SKYPE, similar platforms or email the same as Medicare?**

    Yes. While we first recommend a secure telehealth platform, we will allow use of other telemedicine video platforms at the provider's and patient's discretion during the public health emergency. Please document appropriately in the medical record.

Billing Requirements

1. **What are the place of service codes?**

   Place of Service Codes for Professional Claims (PDF)

2. **What is the COVID-19 testing code?**

   U0001 (RT-PCR Diagnostic Test Panel), and U0002 (validated, in-house developed COVID-19 diagnostic tests), U0003 (infectious agent detection (DNA or RNA), amplified probe technique making use of high throughput technology), and U0004 (infectious agent detection (DNA or RNA), any technique making use of high throughput technology). CPT 87635 may be billed.

   The following codes should be billed for COVID-19 antibody tests:

   86328: Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).

   86769: Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).

   86413: Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19 antibody, quantitative).

   99000: Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory. (Reference labs only)

   The following codes should be billed for combined respiratory virus multiplex tests:

   87428 for reporting multiplex viral pathogen panel using antigen immunoassay technique for SARSCoV- 2 testing along with influenza A and influenza B

   87636 for reporting combined respiratory virus multiplex testing for either SARS-CoV-2 with Influenza A&B

   87637 for combined respiratory virus multiplex testing for either SARS-CoV-2 with Influenza A&B and RSV

   0240U and **0241U** for detection of SARS-CoV-2, Influenza A and Influenza B; code **0241U** also detects RSV.

3. **Will there be any unusual billing or medical necessity requirements?**

   Not at this time.

4. **Can standard E&M codes still be billed for telehealth?**

   Yes. Standard E&M codes are required to be billed in a HCFA15000 format and utilizing your participating TaxID. Modifiers GT or GQ are required, effective July 1, 2021. Please document the medical record appropriately for audit purposes.

   99421: Online digital E&M service, established patient for up to 7 days cumulative time during the 7 days, 5-10 minutes. Patient initiated services with physicians or other qualified health care professionals. Evaluation, assessment, on established patient.

   99441- 99443: Telephone evaluation and management service. A physician or other qualified healthcare professional who may report E&M services provided to an established patient, parent, or guardian. No E&M service provided previous seven days, nor leading to an E&M service or procedure within the next 24 hours. 5-10 minutes.

   99202 – 99205: Office or other outpatient visit for the evaluation and management of a new patient.

   99212- 99215: Office or other outpatient visit for the evaluation and management of an established patient.

5. **Have new codes been established?**

   Yes. **CPT 87635** - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome Coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19]), amplified probe technique ICD10 B97.29 other coronavirus.

   G2023: Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source or (Specimen collect covid-19) for short.

   99072: Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease. Coverage shall apply through the end of the public health emergency. Effective 1/1/2021, we will be following CMS guideline to bundle code 99072 with an office visit.

6. **Will you adjudicate the claims recognizing this benefit change and pay both the payer and member liability, thus showing a zero balance (i.e. no balance bill for a copay to the patient)?**

   Yes, we will for in network claims appropriately billed.

7. **Can a physician or other qualified healthcare professional provide telehealth services from his/her home?**

   Yes. A provider can provide telehealth services from his/her home through May 11, 2023. We will require the use of a HCFA1500 format and your participating TaxID. Modifiers of GT or GQ are required effective July 1, 2021. Please document the medical record appropriately for audit purposes. The reimbursement will be the same as if done in the office or home.

8. **Is it a requirement for the physician's or other qualified health care professional's home to be listed as a place of service?**

   We require you to bill as you normally would utilizing your office address through May 11, 2023. Please do not bill utilizing a provider's home address. We will require the use of a HCFA1500 format and your participating TaxID. Modifiers of GT or GQ are required, effective July 1, 2021. Please document the medical record appropriately for audit purposes. The reimbursement will be the same as if done in the office or home.

9. **What is your reconsideration timely filing period during the COVID-19 emergency?**

   Optima Health is aware of administrative limitations and heightened demands that may hinder prompt claim reconsideration submission. We strongly encourage, when at all possible, that providers submit reconsiderations timely in order to avoid delayed payment. Optima Health is following timely filing requirements for commercial business by suspending the timely filing period health plans provide to file a claim for benefits until 60 days after the announced end of the national emergency period.

10. **What is your appeals timely filing period during the COVID-19 emergency?**

    Optima Health is aware of administrative limitations and heightened demands that may hinder prompt claim appeal submission. We strongly encourage, when at all possible, that providers submit appeals timely in order to avoid delayed payment. During the emergency period we will work with the provider to ensure appeal requests during this time are addressed.

Please note the following:

Providers using telehealth modifiers for telehealth services covered under the prior policy shall use the

required modifier GT or GQ (via interactive audio and video telecommunications system).

Behavioral Health

1. **Can we bill and be reimbursed for mental health skill building services that are provided through telehealth services such as video-chat, rather than in-person, face-to-face interactions? Do we continue to bill 90837 (or whichever psychotherapy code is accurate) with GT?**

   Yes, Optima Health will pay for telehealth behavioral health services. We rely on the providers to deem appropriateness between March 7, 2020 and May 11, 2023 and telemedicine codes should be used when possible. Modifier GT or GQ will be required effective, July 1, 2021, however you must bill in a HCFA1500 format and utilizing your participating TaxID. The reimbursement will be the same as in-person visit. Please document the medical record appropriately for audit purposes.

   Yes, you can continue to bill 90837 (or whichever psychotherapy code is accurate) with GT.

2. **Will Applied Behavioral Analysis codes be added?**

   Yes.

3. **Will Intensive In-Home Therapy (H2012) be reimbursed?**

   Yes, Optima Health will pay for telehealth behavioral health services, relying on the providers to deem appropriateness. Between March 7, 2020 and May 11, 2023, telemedicine codes should be used when possible. We will require the place of service to be 02 to waive cost share. Modifiers are optional however, you must bill in a HCFA1500 format and utilizing your participating TaxID. The reimbursement will be the same as an in-person visit. Please document the medical record appropriately for audit purposes.

4. **Can EAP providers be reimbursed for telephone and video conference services?**

   Yes. Modifier HJ is required, you must bill in a HCFA1500 format and utilize your participating TaxID. The reimbursement will be the same as an in-person visit. Please document the medical record appropriately for audit purposes.

5. **Will Optima Health waive the requirement for teletherapy that mandates every third visit be in person?**

   Yes. We will waive the requirement of seeing the patient in person every third visit through May 11, 2023.

Other Related Questions

1. **How can we help patients who are too sick to come in for an office visit, but require medication refills?**

   Early refills for all members are no longer available for commercial and Medicaid plans. Commercial and Medicare members are still able to receive a 90-day supply of most medications as indicated by their pharmacy benefit plan. Note: Medicaid expiration dates are dictated by Executive Order. For Medicare, early refills will be permitted until the end of the PHE.

2. **Will Optima Health waive signature requirements for prescription drug deliveries?**

   Optima Health is waiving signature requirements for prescription drug deliveries through June 30, 2021. COVID-19 should be written on the signature line instead of requiring the member to sign.

3. **Should DME orders be restricted to a 30-day supply?**

   Due to supply chain disruptions, Optima Health encourages DME orders to be restricted to a 30- day supply at this time.

4. **Can you explain telephone triage?**

   Telephone triage, also known as virtual check-in, is permitted for established patients. It is a brief (5-10 minute) check-in with a practitioner via telephone or other telecommunications device, to decide whether an office visit or other service is needed. It can also be a remote evaluation of a recorded video or image. Use CPT codes 99441-99443.

5. **Will it be possible to change to an electronic system for submitting reconsiderations and appeals?**

   Optima Health has been working on an electronic method that is not ready for implementation at this time. We will continue utilizing the current process for appeals for the immediate future.

6. **Lab/Testing: Will COVID-19 lab tests be added to the In-Office Lab List?**

   Tests must be submitted through Sentara Reference Labs in Hampton Roads. Providers outside

of Hampton Roads should follow normal procedures with their contracted lab. Optima Health recommends that our lab partners use code U0001 (for laboratories and healthcare providers to bill for using the CDC's RT-PCR Diagnostic Test P+B28 panel) and U0002 (validated, in-house developed COVID-19 diagnostic tests). These codes have an effective date of February 1, 2020 and can be accepted now.

CPT Code 87428 for reporting multiplex viral pathogen panel using antigen immunoassay technique for SARS-CoV-2 testing along with influenza A and influenza B and 0240U and 0241U for detection of SARSCoV- 2, Influenza A and Influenza B; code 0241U also detects RSV have been added to the in-office lab list effective January 26, 2021.

No end date will be included on lab codes.

7. **Will Optima Health waive the credentialing or other administrative requirement for the establishment of testing and screening centers for suspected COVID-19 cases in our market?**

   We will include the testing as part of the contracted relationship. We can waive credentialing and other administrative requirements for up to 90 days through June 30, 2020. The facility should be able to provide their approval or certification status as obtained from Commonwealth of Virginia Centers for Disease Control and Prevention, or other accreditation body.

8. **Will Optima Health allow us to bypass the standard credentialing/enrollment process in order to expedite onboarding of new providers including physicians, nurse practitioners, physician assistants, behavioral health providers, providers who are licensed in another state, new graduates and returning retirees during the COVID 19 emergency?**

   Optima Health will be instituting a rapid, temporary credentialing process through June 30, 2020 in order to expedite the addition of new providers. Please request the expedited process from your Optima Health Network Educator.

9. **Will there be delays in primary source verification during the COVID-19 emergency?**

   Optima Health does not anticipate any problems with primary source verifications at this time.

10. **What is the specific expedited credentialing process?**

    Optima Health has created an expedited credentialing process through June 30, 2020. Qualified

applicants* will be authorized to work under temporary approvals. While a full and complete credentialing application will be required, temporary credentialing status will be granted in an expedited fashion. Temporarily approved applications will still be reviewed by the Credentials Committee within the established review schedule for full credentialing. In cases where licensing boards have suspended licensing exams, we will accept temporary licensure for impacted professionals.

Providers who will be working for a hospital with a delegated relationship can be added through the normal process which Optima Health will expedite. Direct Credentialing will not be required from Optima Health if a delegated entity has already credentialed the provider.

***Qualified applicants:**

- For Virginia providers, must have a Virginia state license. Applications submitted without a Virginia state license will be held until the license is received.
- Out-of-state providers must have an active unrestricted license in their state of residence
- Graduating residents must have an unrestricted license
- Returning retires with an active license will be accepted

Credentialing Applications are located at: optimahealth.com/providers/join-our-network. If you need expedited credentialing be sure to indicate that on the form.

11. What is your business continuity plan to ensure that your operations from a provider service and billing/payment perspective are addressed?

Optima Health is implementing measures that will allow staff to work from home to continue paying claims on a regular basis during this outbreak. We do not anticipate a disruption in customer service.

12. What communications campaign has Optima Health implemented for its members to seek care for suspected COVID-19 conditions?

Optima Health is monitoring coverage and policy changes related to COVID-19 and sending regular email communications to members and internal staff. Key messaging has instructed members, "If you are experiencing symptoms similar to a common cold or flu and think you have been exposed to COVID-19, please contact your primary care physician or our telehealth partner, MDLIVE, by signing in to the secure member portal or the Optima Health mobile app." Regular updates are also being posted on optimahealth.com/coronavirus.

13. Is there a defined time window for the expanded benefits and policy exceptions?

Unless dictated by the CARES Act, most expanded benefits and policy exceptions occurred between

March 7 – June 30, 2021.

14. **Are you making any changes to your claims department operations, such as having your staff work from home? If so, will this change the way we interact with your claims departments for claims follow up and other inquiries?**

    For the safety of our employees, all claims team members have been transitioned to remote work. There is no change in how you will interact with them regarding claims follow-ups and other inquiries.

15. **Do you anticipate any cash-flow disruption or latency as a result of COVID-19?**

    We do not anticipate any cash-flow disruption or latency.

16. **How will Optima Health cover a COVID-19 vaccine once the Food and Drug Administration (FDA) approves it?**

    Any COVID-19 vaccine that is approved by the FDA for public use will be considered a preventive benefit under the Affordable Care Act, and therefore will be covered in full for all members.

17. **Will Optima Health cover alternative, non-traditional sites of service during the COVID-19 emergency?**

    If providers seek to set up an alternative site of service during the COVID-19 emergency, such as utilizing an ambulatory surgery center in a non-traditional way, we ask that providers contact their Optima Health representative so that we can appropriately configure such arrangements in our claims platform. This will enable us to ensure accurate and timely adjudication of claims. Optima Health is committed to supporting our providers throughout the COVID-19 emergency.

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Evaluation & Management CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
99201	Office or other outpatient visit for the evaluation and management of a new patien, which requires these 3 key components: Usually, the presenting problem (s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: Typically, 20 minutes are spent face-to-face with the patient and/or family.			
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: Typically, 30 minutes are spent face-to-face with the patient and/or family.			
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: Typically, 45 minutes are spent face-to-face with the patient and/or family.			
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: Typically, 60 minutes are spent face-to-face with the patient and/or family.			
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.			
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: Typically, 10 minutes are spent face-to-face with the patient and/or family.			
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: Typically, 15 minutes are spent face-to-face with the patient and/or family.			
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: Typically, 25 minutes are spent face-to-face with the patient and/or family.			
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: Typically, 40 minutes are spent face-to-face with the patient and/or family.			
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.			
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.			
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Telehealth and Telemedicine CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
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; 5-10 minutes of medical discussion.	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
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; 11-20 minutes of medical discussion.			
99443	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.			
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; 5-10 minutes of medical consultative discussion and review.			
99447	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.			
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; 21-30 minutes of medical consultative discussion and review.			
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.			
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily record-ing(s) or programmed alert(s) transmission, each 30 days.			
99451	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 healthcare professional, 5 minutes or more of medical consultative time.			
99452	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 healthcare professional, 5 minutes or more of medical consultative time.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Preventative Medicine CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counsel-ing/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year).	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
99382	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.			
99383	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; late childhood.			
99384	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; adolescent.			
99385	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; 18-39 years.			
99386	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; 40-64 years.			
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.			
99391	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; infant (age younger than 1 year).			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Preventative Medicine CPT Codes (continued)				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
99392	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; early childhood (age 1 through 4 years).	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
99393	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; late childhood (age 5 through 11 years).			
99394	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; adolescent (age 12 through 17 years).			
99395	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; 18-39 years.			
99396	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; 40-64 years.			
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			
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit.			
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Telephone HCPC Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth.	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
G0407	Follow-up inpatient consultation, limited, physicians typically spend 25 minutes communicating with the patient via telehealth.			
G0408	Follow-up inpatient consultation, limited, physicians typically spend 35 minutes communicating with the patient via telehealth.			
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth.			
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth.			
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.			
G2012	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient			
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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.			
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; 5-10 minutes.			
G2062	Qualified nonphysician health care professional online assessment and management service, for an established patient; cumulative time during the 7 days; 11-20 minutes.			
G2063	Qualified nonphysician health care professional online assessment and management service, for an established patient; cumulative time during the 7 days; 21 or more minutes.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Site Of Service HCPC Code				
Codes	**Abbreviated Description**	**Allowed/Non Allowed**	**Billing**	**Required When Billing Telehealth**
Q3014	Telehealth facility fee.	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.

Telephone CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
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.	Allowed via Telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
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.			
98968	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.			

Behavioral Health Intensive In Home Services				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
H2012	Behavioral health day treatment, per hour.	ALLOWED - When provided through a Licensed agency by a QMHP-C under the supervision of a LMHP. Through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Intensive Outpatient Psychiatric Services				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
H0015	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), including assessment, counseling; crisis intervention, and activity therapies or education.	Allowed with Revenue code through 5/11/2023.	HCFA or UB04	Must bill HCPC code with modifier GT or GQ on the HCPC code if billing on UB04
59480	Intensive outpatient psychiatric services, per diem.			

Partial Hospitalization				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
50201	Partial hospitalization services, less than 24 hours, per diem.	Allowed with Revenue code through 5/11/2023.	HCFA or UB04	Must bill HCPC code with modifier GT or GQ on the HCPC code if billing on UB04
H0035	Mental health partial hospitalization, treatment, less than 24 hours.			

Behavioral Health Adaptive Behavior Treatment				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional.	Allowed through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
97152	Behavior identification assessment, administered by a physician or other qualified healthcare professional.			
97153	Behavior identification assessment, administered by a physician or other qualified healthcare professional.			
97155	Behavior identification assessment, administered by a physician or other qualified healthcare professional.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Behavioral Health Telemedicine Codes and Modifiers				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
90791 GT	Psychiatric diagnostic evaluation.	Allowed for appropriate specialities through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
90792 GT	Psychiatric diagnostic evaluation with medical services.			
90832 GT	Psychotherapy, 30 minutes with patient and / or family member when performed with an evaluation and management service. List separately in addition to the code for primary procedure.			
90833 GT	Psychotherapy, 30 minutes with patient and / or family member when performed with an evaluation and management service. List separately in addition to the code for primary procedure.			
90834 GT	Psychotherapy, 45 minutes with patient and / or family member.			
90836 GT	Psychotherapy, 45 minutes with patient and / or family member, when performed with an Evaluation and Management service. List separately in addition to be the code for primary procedure.			
90837 GT	Psychotherapy, 60 minutes with patient and / or family member.			
90838 GT	Psychotherapy, 60 minutes with patient and / or family member when performed with an Evaluation and Management service. List separately in addition to the code for primary procedure.			
90863 GT	Pharmacologic management, including prescription and review of medication, when performed with Psychotherapy services. List separately in addition to the code for primary procedure. Effective April 1, 2017, it is reimbursable.			
90150 GT	Health and Behavior Assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.			
90151 GT	Health and Behavior Assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment. Effective June 1, 2015, the code may also be reimbursed on the BH side.			
90152 GT	Health and behavior intervention, each 15 minutes, face-to-face; individual. Effective June 1, 2015, the code may also be reimbursed on the BH side			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Behavioral Health Telemedicine Codes and Modifiers				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
H2019	Therapeutic behavioral services, per 15 minutes.	Allowed for appropriate specialities through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
H0023	Behavioral health outreach service (planned approach to reach a targeted population).			
H0025	Alcohol and/or drug services; group counseling by a clinician.			
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)			
H2033 GT	Multisystemic therapy for juveniles, per 15 minutes.			
H0032 GT	Mental health service plan development by nonphysician.			
H2017 GT	Psychosocial rehabilitation services, per 15 minutes.			
H2015	Comprehensive community support services; mental health and substance abuse.			
H0004 GT	Behavioral health counseling and therapy, per 15 minutes.			
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).			Note: Code MUST be billed with place of service code 11.

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Psychological Testing CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
96160	Administration of patient-focused health risk assessment instrument.	Allowed via telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P or UB04/8371	**HCFA:** Must use modifier GT or modifier GQ. **UB:** Must use GT or GQ.
96161	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.			
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including. . . when performed; first hour.			
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, . . . when performed; each additional hour (List separately in addition to code for primary procedure).			
96136	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 (List separately in addition to code for primary procedure).			
96137	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 (List separately in addition to code for primary procedure).			
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.			
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure).			
90785	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Psychological Testing CPT Codes (continued)				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
90853	Group psychotherapy (other than of a multiple-family group).	Allowed via telehealth during Pandemic only from 3/7/20 through 5/11/2023	HFA 1500/837P or UB04/8371	**HCFA:** Must use modifier GT or modifier GQ. **UB:** Must use GT or GQ.
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient.			
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument.			
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; first hour.			
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.			
96121	Each additional hour (List separately in addition to code for primary procedure) Test Evaluation Services.			
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-defi-cit/ hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.			
96130	Psychological testing evaluation services by physician or other qualified health care professional, including . . . when performed; first hour.			
96131	Psychological testing evaluation services by physician or other qualified health care professional, including . . . when performed; each additional hour (List separately in addition to code for primary procedure).			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Physical, Occupational and Speech Therapy CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
97165	Occupational therapy evaluation, low complexity, requiring these components: Typically, 30 minutes are spent face-to-face with the patient and/or family.	Allowed via telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P or UB04/8371	**HCFA:** Must use modifier GT or modifier GQ. **UB:** Must use GT or GQ.
97166	Occupational therapy evaluation, low complexity, requiring these components: . . Typically, 45 minutes are spent face-to-face with the patient and/or family.			
97167	Occupational therapy evaluation, low complexity, requiring these components: Typically, 60 minutes are spent face-to-face with the patient and/or family.			
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.			
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; A……...Typically, 20 minutes are spent face-to-face with the patient and/or family.			
97162	Physical therapy evaluation: low complexity, requiring these components: . . . Typically, 30 minutes are spent face-to-face with the patient and/or family.			
97163	Physical therapy evaluation: low complexity, requiring these components: . . . Typically, 45 minutes are spent face-to-face with the patient and/or family.			
97164	Re-evaluation of physical therapy established plan of care, requiring these components: . . . Typically, 20 minutes are spent face-to-face with the patient and/or family.			
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.			
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Physical, Occupational and Speech Therapy CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises.	Allowed via telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P or UB04/8371	**HCFA:** Must use modifier GT or modifier GQ. **UB:** Must use modifier GT or GQ.
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing).			
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/ or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes			
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure).			
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.			
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.			
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals.			
H0046	Mental health services, not otherwise specified.			
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes.			
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.			

Appendix A - Codes That Can Be Performed in a Telehealth Setting

Nutritional Counseling CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.	Allowed via telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P or UB04/8371	**HCFA:** Must use modifier GT or modifier GQ. **UB:** Must use modifier GT or GQ.
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes.			
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes.			
G0271	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), group (two or more individuals), each 30 minutes			

Home Care				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
S5109	Home care training	Allowed via telehealth during Pandemic only from 3/7/20 through 5/11/2023.	HCFA 1500/837P	Must use modifier GT or modifier GQ.
97803	Home care training non-family member.			

Appendix B - Codes That Cannot Be Performed in a Telehealth Setting

Dialysis CPT Code				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
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.	**NOT Allowed** For Telehealth.	NA- for Telehealth.	We recommend that normal telehealth codes are utilized.
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.			
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.			
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.			
90989	Dialysis training, patient, including helper where applicable, any mode, completed course.			

Physical, Occupational and Speech Therapy CPT Codes				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
G9012	Other specified case management service not elsewhere classified.	**NOT Allowed** For Telehealth.	NA- for Telehealth.	We recommend that normal telehealth codes are utilized, not miscellaneous codes.

Home Visits				
Codes	**Abbreviated Description**	**Allowed/ Non Allowed**	**Billing**	**Required When Billing Telehealth**
99509	Home visit for assistance with daily activities of living and personal care (bathing, shaving, dressing, etc.).	**NOT Allowed** for Telehealth.	NA for Telehealth.	NA for Telehealth.
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs.			