

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
0362T	Behavior identification supporting assessment, <b>each 15 minutes</b> of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	Covered - until 12/31/24					Covered			
0373T	Adaptive behavior treatment with protocol modification	Covered - until 12/31/24					Covered			
0591T	Health and well-being coaching face-to-face; individual, initial assessment	Covered - until 12/31/24						Covered		
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	Covered - until 12/31/24						Covered		
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	Covered - until 12/31/24								
77427	Radiation treatment management, 5 treatments	Covered - until 12/31/24					Covered			
90785	Interactive Complexity (add-on code), performed with psychotherapy	Covered					Covered	Covered	Covered	
90791	Psychiatric Diagnostic Interview Examination, no medical services	Covered		Covered		Covered - Telemed	Covered	Covered	Covered	
90792	Psychiatric Diagnostic Interview Examination, W/ medical services	Covered	Covered	Covered	Covered	Covered - Telemed	Covered	Covered	Covered	
90832	Individual Psychotherapy, <b>30 Minutes</b>	Covered		Covered		Covered - Telemed	Covered	Covered	Covered	
90833	Individual Psychotherapy, <b>30 Minutes when performed with E&amp;M</b>	Covered	Covered	Covered		Covered-Telehealth	Covered	Covered	Covered	
90834	Individual Psychotherapy, <b>45 Minutes</b>	Covered		Covered		Covered - Telemed	Covered	Covered	Covered	
90836	Individual Psychotherapy, <b>45 Minutes when performed with E&amp;M</b>	Covered	Covered	Covered		Covered-Telehealth	Covered	Covered	Covered	
90837	Individual Psychotherapy, <b>60 Minutes</b>	Covered		Covered		Covered - Telemed	Covered	Covered	Covered	
90838	Individual Psychotherapy, <b>60 Minutes when performed with E&amp;M</b>	Covered	Covered	Covered		Covered-Telehealth	Covered	Covered	Covered	
90839	Psychotherapy for crisis, <b>first 60 minutes</b>	Covered		Covered		Covered-Telehealth	Covered	Covered	Covered	
90840	Psychotherapy for crisis, add on code for <b>each additional 30 minutes</b>	Covered		Covered		Covered-Telehealth	Covered	Covered	Covered	
90845	Psychoanalysis	Covered				Covered-Telehealth	Covered	Covered	Covered	

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90846	Family Psychotherapy w/o patient present, <b>50 Minutes</b>	Covered				Covered-Telehealth	Covered	Covered	Covered	
90847	Family Psychotherapy with patient present, <b>50 Minutes</b>	Covered				Covered-Telehealth	Covered	Covered	Covered	
90849	Multiple-Family Group Psychotherapy							Covered	Covered	
90853	Group Psychotherapy	Covered				Covered-Telehealth	Covered	Covered	Covered	
90863	Pharmacologic Management						Covered	Covered	Covered	
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); <b>30 minutes</b>	Covered - until 12/31/24					Covered	Covered		
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes							Covered		
90880	Hypnotherapy							Covered		
90901	Biofeedback training by any modality	Covered - until 12/31/24					Covered			
90951	ESRD service, 4 visits per month, <2 yr old	Covered					Covered	Covered	Covered	
90952	ESRD service, 2-3 visits per month, <2 yr old	Covered					Covered	Covered	Covered	
90953	ESRD service, 1 visit per month, <2 yr old	Covered - until 12/31/24					Covered	Covered		
90954	ESRD service, 4 visits per month, 2-11 yr old	Covered					Covered	Covered	Covered	
90955	ESRD service, 2-3 visits per month, 2-11 yr old	Covered					Covered	Covered	Covered	
90956	ESRD service, 1 visit per month, 2-11 yr old	Covered - until 12/31/24					Covered	Covered		
90957	ESRD service, 4 visits per month, 12-19 yr old	Covered					Covered	Covered	Covered	
90958	ESRD service, 2-3 visits per month, 12-19 yr old	Covered					Covered	Covered	Covered	
90959	ESRD service, 1 visit per month, 12-19 yr old	Covered - until 12/31/24					Covered	Covered		
90960	ESRD service, 4 visits per month, 20+ yr old	Covered					Covered	Covered	Covered	
90961	ESRD service, 2-3 visits per month, 20+ yr old	Covered					Covered	Covered	Covered	
90962	ESRD service, 1 visit per month, 20+ yr old	Covered - until 12/31/24					Covered	Covered		
90963	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Covered					Covered	Covered	Covered	

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90964	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Covered					Covered	Covered	Covered	
90965	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Covered					Covered	Covered	Covered	
90966	End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	Covered					Covered	Covered	Covered	
90967	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	Covered					Covered	Covered	Covered	
90968	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	Covered					Covered	Covered	Covered	
90969	End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	Covered					Covered	Covered	Covered	
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 or older	Covered					Covered	Covered	Covered	
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Covered - until 12/31/24					Covered			
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	Covered - until 12/31/24					Covered			
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	Covered - until 12/31/24					Covered			
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	Covered - until 12/31/24					Covered			
92227	Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral	Covered				Covered	Covered		Covered	
92228	Remote imaging for monitoring and management of active retinal disease with physician review, interpretation and report, unilateral or bilateral	Covered				Covered	Covered		Covered	
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral					Covered				
92250	Fundus photography with interpretation and report					Covered				
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Covered - until 12/31/24					Covered	Covered		
92521	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Covered - until 12/31/24					Covered	Covered		

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92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
92524	Behavioral and qualitative analysis of voice and resonance	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Covered - until 12/31/24					Covered			
92550	Tympanometry and reflex threshold measurements	Covered - until 12/31/24					Covered			
92552	Pure tone audiometry (threshold); air only	Covered - until 12/31/24					Covered			
92553	Pure tone audiometry (threshold); air and bone	Covered - until 12/31/24					Covered			
92555	Speech audiometry threshold;	Covered - until 12/31/24					Covered			
92556	Speech audiometry threshold; with speech recognition	Covered - until 12/31/24					Covered			
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	Covered - until 12/31/24					Covered			
92563	Tone decay hearing test	Covered - until 12/31/24					Covered			
92565	Stenger test, pure tone	Covered - until 12/31/24					Covered			
92567	Tympanometry (impedance testing)	Covered - until 12/31/24					Covered			
92568	Acoustic reflex testing, threshold	Covered - until 12/31/24					Covered			
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	Covered - until 12/31/24					Covered			

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92587	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	Covered - until 12/31/24					Covered			
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	Covered - until 12/31/24					Covered			
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	Covered - until 12/31/24					Covered	Covered		
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	Covered - until 12/31/24					Covered	Covered		
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	Covered - until 12/31/24					Covered	Covered		
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	Covered - until 12/31/24					Covered	Covered		
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Covered - until 12/31/24					Covered			
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; <b>each additional 30 minutes</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Covered - until 12/31/24					Covered			
92610	Evaluation of oral and pharyngeal swallowing function	Covered - until 12/31/24					Covered			
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	Covered - until 12/31/24					Covered			
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	Covered - until 12/31/24					Covered			
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); <b>each additional 15 minutes</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
93010	Electrocardiogram Interpretation and Report Only		Covered	Covered						
93228	Wearable mobile cardiovascular telemetry with ECG recording, concurrent computerized real time data analysis; review and report by physician or other qualified healthcare professional						Covered		Covered	

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93229	Wearable mobile cardiovascular telemetry with ECG recording, concurrent computerized real time data analysis; tehcnical support						Covered		Covered	
93268	Wearable patient activated ECG rhythm derived event recording with presymptom memory loop, 24-hour attended monitoring; includes transmission, review and interpretation by physician or other qualified healthcare professional						Covered		Covered	
93270	Wearable patient activated ECG rhythm derived event recording with presymptom memory loop, 24-hour attended monitoring; monitoring						Covered		Covered	
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional						Covered		Covered	
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional						Covered		Covered	
93307	Echocardiography		Covered	Covered						
93308	Echocardiography		Covered	Covered						
93320	Echocardiography		Covered	Covered						
93321	Echocardiography		Covered	Covered						
93325	Echocardiography		Covered	Covered						
93750	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	Covered - until 12/31/24					Covered			
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	Covered - until 12/31/24					Covered			
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	Covered - until 12/31/24					Covered			
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Covered - until 12/31/24					Covered			
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Covered - until 12/31/24					Covered			
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	Covered - until 12/31/24					Covered			

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94005	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, <b>30 minutes or more</b>	Covered - until 12/31/24					Covered			
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Covered - until 12/31/24					Covered			
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Covered - until 12/31/24					Covered			
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	Covered - until 12/31/24					Covered			
95970	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, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	Covered - until 12/31/24					Covered			
95971	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 simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Covered - until 12/31/24					Covered			
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 complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Covered - until 12/31/24					Covered			

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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, <b>first 15 minutes face-to-face time with physician or other qualified health care professional</b>	Covered - until 12/31/24					Covered			
95984	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, <b>each additional 15 minutes face-to-face time with physician or other qualified health care professional</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
96040	Medical genetics and genetic counseling services, <b>each 30 minutes face-to-face with patient/family</b>					Covered-Telehealth	Covered	Covered	Covered	
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Covered - until 12/31/24					Covered			
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Covered - until 12/31/24					Covered	Covered		
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	Covered - until 12/31/24					Covered	Covered		
96113	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; <b>each additional 30 minutes</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered	Covered		
96116	Neurobehavioral Status Examination	Covered	Covered	Covered		Covered - Telemed	Covered	Covered	Covered	



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96121	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 (List separately in addition to code for primary procedure)	Covered					Covered			
96125	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	Covered - until 12/31/24					Covered			
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	Covered - until 12/31/24					Covered	Covered		
96130	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	Covered - until 12/31/24					Covered			
96131	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 (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
96132	Neuropsychological 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	Covered - until 12/31/24					Covered			
96133	Neuropsychological 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 (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; <b>first 30 minutes</b>	Covered - until 12/31/24					Covered			

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96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; <b>each additional 30 minutes</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>first 30 minutes</b>	Covered - until 12/31/24					Covered			
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>each additional 30 minutes</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24					Covered			
96156	Health behavioral assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	Covered				Covered-Telehealth	Covered	Covered		
96158	Health and behavior intervention, <b>initial 30 mins</b> , individual	Covered				Covered-Telehealth	Covered	Covered		
96159	Health and behavior intervention, <b>each 15 mins</b> , individual	Covered				Covered-Telehealth	Covered	Covered		
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	Covered					Covered	Covered	Covered	
96161	Administration of caregiver-focused health risk assessment (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Covered					Covered	Covered	Covered	
96164	Health and behavior intervention, <b>initial 30 mins</b> , group	Covered				Covered-Telehealth	Covered	Covered		
96165	Health and behavior intervention, <b>each 15 mins</b> , group	Covered				Covered-Telehealth	Covered	Covered		
96167	Health and behavior intervention, <b>initial 30 mins</b> , family plus patient	Covered				Covered-Telehealth	Covered	Covered	Covered	
96168	Health and behavior intervention, <b>each 15 mins</b> , family plus patient	Covered				Covered-Telehealth	Covered	Covered	Covered	
96170	Health and behavior intervention, <b>initial 30 mins</b> , family without patient	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
96171	Health and behavior intervention, <b>each 15 mins</b> , family without patient	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97110	Therapeutic procedure, 1 or more areas, <b>each 15 minutes</b> ; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Covered - until 12/31/24					Covered	Covered		
97112	Therapeutic procedure, 1 or more areas, <b>each 15 minutes</b> ; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Covered - until 12/31/24					Covered	Covered		

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97116	Therapeutic procedure, 1 or more areas, <b>each 15 minutes</b> ; gait training (includes stair climbing)	Covered - until 12/31/24					Covered			
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; initial 15 minutes	Covered - until 12/31/24				Covered-Telehealth	Covered			
97130	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; <b>each additional 15 minutes</b> (List separately in addition to code for primary procedure)	Covered - until 12/31/24				Covered-Telehealth	Covered			
97150	Therapeutic procedure(s), group (2 or more individuals)	Covered - until 12/31/24					Covered			
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, <b>each 15 minutes of the physician's or other qualified health care professional's time</b> face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered	Covered		
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered	Covered		
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered	Covered		
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, <b>each 15 minutes</b>	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), <b>each 15 minutes</b>	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, <b>each 15 minutes</b>	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered	Covered		
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. <b>Typically, 20 minutes are spent face-to-face with the patient and/or family.</b>	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. <b>Typically, 30 minutes are spent face-to-face with the patient and/or family.</b>	Covered - until 12/31/24					Covered	Covered		
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. <b>Typically, 45 minutes are spent face-to-face with the patient and/or family.</b>	Covered - until 12/31/24					Covered	Covered		

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome <b>Typically, 20 minutes are spent face-to-face with the patient and/or family.</b>	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. <b>Typically, 30 minutes are spent face-to-face with the patient and/or family.</b>	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Covered - until 12/31/24					Covered	Covered		

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Covered - until 12/31/24					Covered	Covered		
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.	Covered - until 12/31/24				Covered-Telehealth	Covered	Covered		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Covered - until 12/31/24					Covered	Covered		
97535	Self-care/home management training (eg, 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	Covered - until 12/31/24					Covered			
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered			
97542	Wheelchair management (eg, assessment, fitting, training), <b>each 15 minutes</b>	Covered - until 12/31/24					Covered			
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Covered - until 12/31/24					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
97755	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, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered	Covered		
97760	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	Covered - until 12/31/24					Covered	Covered		
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	Covered - until 12/31/24					Covered	Covered		
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, <b>each 15 minutes</b>	Covered - until 12/31/24					Covered			
97802	Individual and Group Medical Nutrition Therapy	Covered	Covered	Covered			Covered	Covered	Covered	
97803	Individual and Group Medical Nutrition Therapy	Covered	Covered	Covered			Covered	Covered	Covered	
97804	Individual and Group Medical Nutrition Therapy	Covered	Covered	Covered			Covered	Covered	Covered	
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include family/caregiver) <b>each 30 minutes</b> ; individual patient	Covered - until 12/31/24					Covered		Covered	
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include family/caregiver) <b>each 30 minutes</b> ; 2-4 patients	Covered - until 12/31/24					Covered		Covered	
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include family/caregiver) <b>each 30 minutes</b> ; 5-8 patients	Covered - until 12/31/24					Covered		Covered	
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service							Covered		
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)							Covered		
99202	Office or other outpatient visits (Do not use for established patient)	Covered	Covered	Covered		Covered-Telehealth	Covered	Covered	Covered	
99203	Office or other outpatient visits (Do not use for established patient)	Covered	Covered	Covered		Covered-Telehealth	Covered	Covered	Covered	

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99204	Office or other outpatient visits (Do not use for established patient)	Covered	Covered	Covered		Covered-Telehealth (specialty types 26,90,91)	Covered	Covered	Covered	
99205	Office or other outpatient visits (Do not use for established patient)	Covered	Covered	Covered		Covered-Telehealth (specialty types 26,90,91)	Covered	Covered	Covered	
99211	Office or other outpatient visits	Covered		Covered		Covered-Telehealth	Covered	Covered	Covered	
99212	Office or other outpatient visits (Established Patient)	Covered	Covered	Covered		Covered-Telehealth	Covered	Covered	Covered	
99213	Office or other outpatient visits (Established Patient)	Covered	Covered	Covered	Covered	Covered-Telehealth	Covered	Covered	Covered	
99214	Office or other outpatient visits (Established Patient)	Covered	Covered	Covered	Covered	Covered-Telehealth	Covered	Covered	Covered	
99215	Office or other outpatient visits (Established Patient)	Covered	Covered	Covered	Covered	Covered-Telehealth	Covered	Covered	Covered	
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, <b>40 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, <b>55 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, <b>75 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99231	Subsequent Hospital Care Services with the limitation of 1 telehealth visit every 3 days	Covered					Covered	Covered	Covered	
99232	Subsequent Hospital Care Services with the limitation of 1 telehealth visit every 3 days	Covered					Covered	Covered	Covered	
99233	Subsequent Hospital Care Services with the limitation of 1 telehealth visit every 3 days	Covered					Covered	Covered	Covered	



### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, <b>45 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, <b>70 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, <b>85 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99238	Hospital discharge day management; <b>30 minutes or less</b>	Covered - until 12/31/24					Covered	Covered		
99239	Hospital discharge day management; <b>more than 30 minutes</b>	Covered - until 12/31/24					Covered	Covered		
99242	Office/Outpatient Consult	See 99202-99205				Covered - Telemed			See 99202-99205	
99243	Office/Outpatient Consult	See 99202-99205				Covered - Telemed			See 99202-99205	
99244	Office/Outpatient Consult	See 99202-99205				Covered - Telemed			See 99202-99205	
99245	Office/Outpatient Consult	See 99202-99205				Covered - Telemed			See 99202-99205	
99252	Inpatient Consultation	See G0425-27	Covered	Covered		Covered - Telemed	See G0425-27		Covered	
99253	Inpatient Consultation	See G0425-27	Covered	Covered		Covered - Telemed	See G0425-27		Covered	
99254	Inpatient Consultation	See G0425-27	Covered	Covered		Covered - Telemed	See G0425-27		Covered	
99255	Inpatient Consultation	See G0425-27	Covered	Covered		Covered - Telemed	See G0425-27		Covered	

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99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	Covered - until 12/31/24					Covered	Covered		
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	Covered - until 12/31/24					Covered	Covered		
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	Covered - until 12/31/24					Covered	Covered		
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	Covered - until 12/31/24					Covered	Covered		

### Telehealth CPT Code Coverage Per Payer

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99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	Covered - until 12/31/24					Covered	Covered		
99291	Critical care, evaluation and management of the critically ill or critically injured patient; <b>first 30-74 minutes</b>	Covered - until 12/31/24					Covered			
99292	Critical care, evaluation and management of the critically ill or critically injured patient; <b>each additional 30 minutes</b>	Covered - until 12/31/24					Covered			
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, <b>25 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, <b>35 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered	Covered		
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, <b>45 minutes must be met or exceeded</b>	Covered - until 12/31/24					Covered	Covered		
99307	Subsequent Nursing Facility Care Services with the limitation of 1 telehealth visit every 14 days	Covered					Covered	Covered	Covered	
99308	Subsequent Nursing Facility Care Services with the limitation of 1 telehealth visit every 14 days	Covered					Covered	Covered	Covered	
99309	Subsequent Nursing Facility Care Services with the limitation of 1 telehealth visit every 14 days	Covered					Covered	Covered	Covered	
99310	Subsequent Nursing Facility Care Services with the limitation of 1 telehealth visit every 14 days	Covered					Covered	Covered	Covered	
99315	Nursing facility discharge day management; <b>30 minutes or less</b>	Covered - until 12/31/24					Covered	Covered		

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99316	Nursing facility discharge day management; <b>more than 30 minutes</b>	Covered - until 12/31/24					Covered	Covered		
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. <b>Typically, 20 minutes are spent face-to-face with the patient and/or family.</b>	Covered - until 12/31/24					Covered			
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, <b>30 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered			
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, <b>60 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered			
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, <b>75 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered			
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, <b>20 minutes must be met or exceeded.</b>	Covered					Covered			
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, <b>30 minutes must be met or exceeded.</b>	Covered					Covered			
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, <b>40 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, <b>60 minutes must be met or exceeded.</b>	Covered - until 12/31/24					Covered			
99381	New patient, well-care visit, <1 yr old							Covered		
99382	New patient, well-care visit, 1-4 yrs old							Covered		
99383	New patient, well-care visit, 5-11 yrs old							Covered		
99384	New patient, well-care visit, 12-17 yrs old							Covered		
99385	New patient, well-care visit, 18-39 yrs old							Covered		
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							Covered		
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							Covered		
99391	Established patient, well-care visit, <1 yr old							Covered		
99392	Established patient, well-care visit, 1-4 yrs old							Covered		
99393	Established patient, well-care visit, 5-11 yrs old							Covered		
99394	Established patient, well-care visit, 12-17 yrs old							Covered		
99395	Established patient, well-care visit, 18-39 yrs old							Covered		
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							Covered		
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							Covered		
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes							Covered		
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); <b>approximately 60 minutes</b>					Covered-Telehealth		Covered		

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99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes							Covered		
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes					Covered-Telehealth		Covered		
99406	Smoking Cessation Services	Covered				Covered-Telehealth	Covered	Covered	Covered	
99407	Smoking Cessation Services	Covered				Covered-Telehealth	Covered	Covered	Covered	
99408	Alcohol and/or substance (other than tobacco) abuse structured screening, and brief intervention services; 15 to 30 minutes					Covered-Telehealth	Covered	Covered	Covered	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening, and brief intervention services; greater than 30 minutes					Covered-Telehealth	Covered	Covered	Covered	
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes							Covered		
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes							Covered		
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)							Covered		
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)							Covered		
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)						Covered	Covered	Covered	

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)						Covered			
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.							Covered		
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	Covered - until 12/31/24					Covered			
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	Covered - until 12/31/24					Covered			
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	Covered - until 12/31/24					Covered			
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	Covered - until 12/31/24					Covered			
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Covered - until 12/31/24					Covered			
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	Covered - until 12/31/24					Covered			
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	Covered - until 12/31/24					Covered			
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	Covered - until 12/31/24					Covered			
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	Covered - until 12/31/24					Covered			
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	Covered - until 12/31/24					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	Covered - until 12/31/24					Covered			
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. <b>Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.</b>	Covered					Covered			
99484	Care management services for behavioral health conditions, <b>at least 20 minutes of clinical staff time</b> , directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Covered						Covered		



### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99492	Initial psychiatric collaborative care management, <b>first 70 minutes in the first calendar month of behavioral health care manager activities</b> , in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Covered	Covered							
99493	Subsequent psychiatric collaborative care management, <b>first 60 minutes in a subsequent month of behavioral health care manager activities</b> , in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Covered	Covered							
99494	Initial or subsequent psychiatric collaborative care management, <b>each additional 30 minutes in a calendar month of behavioral health care manager activities</b> , in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Covered	Covered							
99495	Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	Covered					Covered	Covered	Covered	

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
99496	Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	Covered					Covered	Covered	Covered	
99497	Advance care planning, <b>first 30 minutes</b>	Covered				Covered-Telehealth	Covered	Covered	Covered	
99498	Advance care planning, <b>each additional 30 minutes</b>	Covered				Covered-Telehealth	Covered	Covered	Covered	
G0108	Individual and Group Diabetes Self-Management Training Services, minimum of 1 hour in-person instruction to be furnished in the initial year training period to ensure effective injection training.	Covered				Covered-Telehealth	Covered	Covered	Covered	
G0109	Individual and Group Diabetes Self-Management Training Services, minimum of 1 hour in-person instruction to be furnished in the initial year training period to ensure effective injection training.	Covered				Covered-Telehealth	Covered		Covered	
G0136	Administration of a standardized, evidence-based SDOH risk assessment, 5-15 minutes, not more often than every 6 months.	Covered					Covered			
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes							Covered		
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes							Covered		
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes							Covered		
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes							Covered		
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes							Covered		
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes							Covered		
G0270	Individual and group medical nutrition therapy	Covered					Covered	Covered		
G0296	Counseling visit to discuss need for lunch cancer screening using low dose CT scan (LDCT), service is for eligibility determination and shared decision making	Covered					Covered	Covered	Covered	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes							Covered		
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes							Covered		

### Telehealth CPT Code Coverage Per Payer

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G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); <b>each additional 15 minutes by the physician or qualified healthcare professional</b> , with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes)	Covered					Covered			
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); <b>each additional 15 minutes by the physician or qualified healthcare professional</b> , with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)	Covered					Covered			
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); <b>each additional 15 minutes by the physician or qualified healthcare professional</b> , with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes)	Covered					Covered			
G0396	Alcohol and/or Substance (other than tobacco) Abuse Structured Assessment and Intervention Services	Covered					Covered	Covered	Covered	
G0397	Alcohol and/or Substance (other than tobacco) Abuse Structured Assessment and Intervention Services	Covered					Covered	Covered	Covered	
G0406	Follow-up Inpatient Telehealth Consultations Furnished to Beneficiaries in Hospitals or SNFs	Covered				Covered - Telemed	Covered		Covered	
G0407	Follow-up Inpatient Telehealth Consultations Furnished to Beneficiaries in Hospitals or SNFs	Covered				Covered - Telemed	Covered		Covered	
G0408	Follow-up Inpatient Telehealth Consultations Furnished to Beneficiaries in Hospitals or SNFs	Covered				Covered - Telemed	Covered		Covered	
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, <b>approximately 45 to 50 minutes</b>	Covered - until 12/31/24					Covered	Covered		
G0420	Individual and Group Kidney Disease Education Services	Covered					Covered			

**Telehealth CPT Code Coverage Per Payer**

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G0421	Individual and Group Kidney Disease Education Services	Covered					Covered			
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	Covered - until 12/31/24					Covered			
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	Covered - until 12/31/24					Covered			
G0425	Telehealth Consultations, Emergency Department or Initial Inpatient	Covered				Covered - Telemed	Covered		Covered	
G0426	Telehealth Consultations, Emergency Department or Initial Inpatient	Covered				Covered - Telemed	Covered		Covered	
G0427	Telehealth Consultations, Emergency Department or Initial Inpatient	Covered				Covered - Telemed	Covered		Covered	
G0438	Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	Covered					Covered	Covered	Covered	
G0439	Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	Covered					Covered	Covered	Covered	
G0442	Annual Alcohol Misuse Screening, 15 Minutes	Covered					Covered	Covered	Covered	
G0443	Brief Face-to-Face Behavioral Counseling for Alcohol Misuse, 15 Minutes	Covered					Covered	Covered	Covered	
G0444	Annual Depression Screening, 15 Minutes	Covered					Covered	Covered	Covered	
G0445	High-Intensity Behavioral Counseling to Prevent Sexually Transmitted Infection; Face-to-Face, Individual, Includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 Minutes	Covered					Covered	Covered	Covered	
G0446	Annual, Face-to-Face Intensive Behavioral Therapy for Cardiovascular Disease, Individual, 15 Minutes	Covered					Covered	Covered	Covered	
G0447	Face-to-Face Behavioral Counseling for Obesity, 15 Minutes	Covered					Covered	Covered	Covered	
G0459	Inpatient Pharmacologic Management	Covered					Covered		Covered	
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)							Covered		
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management	Covered					Covered		Covered	
G0508	Telehealth consultation, critical care, initial, physicians spend typically 60 minutes communication with the patient and providers via telehealth	Covered					Covered		Covered	
G0509	Telehealth consultation, critical care, subsequent, physicians spend typically 50 minutes communication with the patient and providers via telehealth	Covered					Covered		Covered	
G0513	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (listed separately in addition to code for preventive service)	Covered					Covered	Covered	Covered	

**Telehealth CPT Code Coverage Per Payer**

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G0514	Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (listed separately in addition to code for preventive service)	Covered					Covered	Covered	Covered	
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	Covered					Covered		Covered	
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	Covered					Covered		Covered	
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; <b>each additional 30 minutes beyond the first 120 minutes</b> (list separately in addition to code for primary procedure)	Covered					Covered		Covered	
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)	Covered					Covered			
G2212	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; <b>each additional 15 minutes</b> by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)	Covered					Covered		Covered	
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	Covered	Covered							

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Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Requires initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; <b>first 30 minutes personally provided by physician or other qualified health care professional</b> , per calendar month. (When using G3002, 30 minutes must be met or exceeded)	Covered					Covered			
G3003	<b>Each additional 15 minutes</b> of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded)	Covered					Covered			
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project; which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. <b>Typically, 60 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. <b>Typically, 10 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. <b>Typically, 25 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			



### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. <b>Typically, 40 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9685	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project	Covered - until 12/31/24					Covered			
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. <b>Typically, 10 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are low to moderate severity. <b>Typically, 20 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate severity. <b>Typically, 30 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. <b>Typically, 45 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. <b>Typically, 10 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are low to moderate severity. <b>Typically, 15 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			

### Telehealth CPT Code Coverage Per Payer

Code	Description	Medicare	SC Medicaid	Select Health (Medicaid) *See note 1 below	SC Medicaid (PSYCHIATRY ONLY)	BCBS *See note 7 below	United	Cigna *See note 2 below	Aetna	Tricare *See note 3 below
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are moderate to high severity. <b>Typically, 45 minutes are spent</b> with the patient or family or both via real time, audio and video intercommunications technology	Covered					Covered			
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							Covered		
H0035	Mental health partial hospitalization, treatment, less than 24 hours							Covered		
H0038	Peer support service (individual only)							Covered		
H2011	Crisis intervention service, per 15 minutes							Covered		
S0201	Partial hospitalization services, less than 24 hours, per diem							Covered		
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)							Covered		
S9128	Speech therapy, in the home, per diem							Covered		
S9129	Occupational therapy, in the home, per diem							Covered		
S9131	Physical therapy; in the home, per diem							Covered		
S9152	Speech therapy, re-evaluation	Covered - until 12/31/24						Covered		
S9480	Intensive outpatient psychiatric services, per diem							Covered		
T1015	Consulting Site Code		Covered	Covered	Covered					
Q3014	Telehealth originating site facility fee	Covered	Covered	Covered	Covered	Covered				Covered

**NOTE 1** Consistent with the South Carolina Department of Health and Human Services (SCDHHS), Select Health South Carolina deems certain provider services suitable for delivery via Telehealth, and considers Telehealth services eligible for reimbursement when submitted on a clean claim with with the place of service (POS) that reflects the patient's location at the time telehealth services were provided and procedure codes, diagnosis codes, and modifiers compatible with the Telehealth concept.

