



Telemedicine and Direct Patient Contact Payment Policy	
Policy Type:	Revised
Applies to:	<ul style="list-style-type: none">• All medical products (including commercial and Medicare)• All participating and nonparticipating physicians, facilities, and other qualified health care professionals
Policy Implementation:	Date of Service
Policy Revision Date:	Click Here
Last Review:	June, 2021
Next Review	June, 2022

Our payment policies ensure that we pay providers based on the code that most accurately describes the procedure performed. We include CPT/HCPCS, CMS or other coding methodologies in our payment policies when appropriate. Unless noted otherwise, payment policies apply to all professionals who deliver health care services. When developing payment policies, we consider coding methodology, industry-standard payment logic, regulatory requirements, benefits design and other factors.

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Overview

This policy addresses our guidelines regarding payment for telehealth, telemedicine, direct patient contact, care plan oversight, concierge medicine, and missed appointments.

Refer to [Expanded Claim Edits](#) for additional coding and reimbursement policies that may apply separately from the policy detailed below.

Payment for telemedicine services is subject to Aetna provider credentialing requirements available through Availity, including office and licensure criteria.

Definitions/Glossary

Term	Definition
Asynchronous Telecommunication	Telecommunication systems that store medical information such as diagnostic images or video and forward it from one site to another for the physician or health care practitioner to view in the future at a site different from the patient. This is a non-



	interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System	Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.
Synchronous Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions and Audio-Visual Communication Technology	Real-time interactive video teleconferencing that involves communication between the patient and a distant physician or health care practitioner who is performing the medical service. The physician or health care practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.
Telehealth	Telehealth is broader than telemedicine and takes in all health care services that are provided via live, interactive audio and visual transmissions of a physician-patient encounter. These health care services include non-clinical services, such as provider training, administrative meetings and continuing medical education; in addition to clinical services. Telehealth may be provided via real-time telecommunications or transmitted by store-and-forward technology.
Telemedicine	Telemedicine services involve the delivery of clinical medicine via real-time telecommunications such as telephone, the internet, or other communications networks or devices that do not involve in person direct patient contact.

Payment Guidelines

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Telemedicine for Commercial Plans	
Two-way, Synchronous (i.e. real-time) Audiovisual Interactive Medical Service Modifiers GT, 95, FR	<p>We pay for two-way, synchronous (i.e. real-time) audiovisual interactive medical services between the patient and the provider.</p> <p>We consider services recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifier GT, as well as services recognized by the AMA included in Appendix P of the CPT® Codebook and appended with modifier 95.</p> <p>A list of eligible CPT/HCPCS codes is available here. When a provider reports modifier GT or 95, it certifies the patient received services via an audiovisual telecommunications system.</p> <ul style="list-style-type: none">• GT: Telehealth service rendered via interactive audio and video telecommunications system• 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system• FR: The supervising practitioner was present through two-way, audio/video communication technology <p>Click here for more information about our telemedicine liberalization in response to the Coronavirus COVID-19 outbreak.</p>
Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System Modifiers FQ, 93	<p>We don't pay for Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System</p> <ul style="list-style-type: none">• When providers report modifier FQ or 93 it certifies the patient received services via telephone or audio-only method <p>Click here for more information about our telemedicine liberalization in response to the Coronavirus COVID-19 outbreak.</p>
Asynchronous Telecommunication Modifier GQ	<p>We don't pay for asynchronous telemedicine services.</p> <ul style="list-style-type: none">• These services are considered incidental to the overall episode of care for the member.



	<ul style="list-style-type: none">When providers report modifier GQ it certifies the patient received services via an asynchronous method.
Tele-Stroke Services	We pay for tele-stroke services when appended with modifier G0.
Modifier G0	<ul style="list-style-type: none">G0: Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
Telehealth Transmission Fees HCPCS codes Q3014 and T1014	Charges for telehealth services or transmission fees aren't eligible for payment. These services are incidental to the charges associated with the evaluation and management of the patient.

Telemedicine for Medicare Advantage Plans

Telemedicine for Medicare Members/Plans	<p>Medicare Advantage members may be eligible for telemedicine services in accordance with CMS regulations. We follow CMS policy.</p> <p>https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p> <p>Click here for more information about our telemedicine liberalization in response to the Coronavirus COVID-19 outbreak.</p>
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Direct Patient Contact

Direct Patient Contact	<p>Other than two-way synchronous (i.e. real time) audio visual interactive medical services, and tele-stroke services, as above, we don't pay for medical services that don't include direct in-person patient contact. Payment for these services is considered incidental to the overall episode of care for the member. One example of time spent without direct patient contact is physician standby services.</p> <p>We consider services payable only when provided in-person face-to-face.</p>
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Remote Physiologic Monitoring

Remote Physiologic Monitoring	<p>These services are eligible for reimbursement:</p> <table><tr><th>Procedure Code</th><th>Description</th></tr><tr><td>99453</td><td>Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow</td></tr></table>	Procedure Code	Description	99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow
Procedure Code	Description				
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow				



		rate), initial; set-up and patient education on use of equipment.
	99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.
	99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes.
	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure).

Care Plan Oversight

Care Plan Oversight

Care plan oversight is not eligible for payment. Care plan oversight is billed for physician supervision of patients under the care of home health agencies, hospice or nursing facilities. It includes the time spent reviewing reports on patient status and care conferences. We do not pay for time without direct patient contact.

Note: Care plan oversight is eligible for payment on case management exceptions authorized by Patient Management.

Concierge Medicine or Boutique Medicine

Concierge Medicine or Boutique Medicine

Concierge medicine, also called boutique medicine is a fee charged for services a patient receives outside of direct patient contact. These services are considered above and beyond the usual, such as scheduling preference or return phone calls from the provider.

These services do not represent treatment of disease or injury. They are standard administrative services that are included in the evaluation & management service, we don't allow separate payment.

No specific code exists for these services. Services may be billed with a written description, such as "Concierge Services" or "Administrative Services."

Missed Appointments

Missed Appointments

We don't cover missed appointments because no direct or indirect medical care was rendered to the patient. Charges due to a missed



appointment are the responsibility of the member.

List of Eligible CPT/HCPCS for Two-way, Synchronous (Modifier GT, 95, or FR)

Eligible Code Description	Eligible CPT/HCPCS
Psychiatric diagnostic interview examination	90791, 90792
Individual psychotherapy	90832, 90833, 90834, 90836, 90837, 90838
Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes	90839, 90840
Psychoanalysis	90845
Family or group psychotherapy	90846, 90847, 90853
Multiple-Family Group Psychotherapy	90849 (Effective 4/1/21)
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	90863
End-Stage renal disease (ESRD) related services	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970
Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report	92227
Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report	92228 (Eff 9/1/21)
External mobile cardiovascular telemetry with ECG recording	93228, 93229
External patient and when performed auto activated ECG rhythm derived event recording	93268, 93270, 93271, 93272
Medical genetics and genetic counseling services	96040
Neurobehavioral status examination	96116
Administration of patient-focused health risk assessment instrument with scoring and documentation or for the benefit of the patient, per standardized instrument	96160, 96161
Individual and group medical nutrition therapy	97802, 97803, 97804; G0270
Education and training for patient self-management by a qualified, non-physician health care professional	98960, 98961, 98962



Office or other outpatient visits or consults	99202 – 99205, 99211 – 99215, 99241 – 99245 (99241-45 not reimbursed effective 3/1/22)
Subsequent hospital care services, with the limitation of 1 Telehealth visit every 3 days	99231, 99232, 99233
Inpatient consultation for a new or established patient	99251 - 99255
Subsequent nursing facility care services, with the limitation of 1 Telehealth visit every 30 days	99307, 99308, 99309, 99310
Prolonged service, inpatient or office	99354, 99355, 99356, 99357, G2212, 99417
Smoking and tobacco use cessation counseling visit	99406, 99407
Alcohol and substance screen and intervention	99408, 99409
Transitional care management services	99495, 99496
Advanced care planning	99497, 99498
Interactive complexity	90785
Individual and group diabetes self-management training services	G0108, G0109
Counseling visit to discuss need for lung cancer screening using low dose CT scan	G0296
Alcohol and/or substance abuse structured assessment	G0396, G0397
Follow-up inpatient Telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406*, G0407*, G0408*
Telehealth consultations, emergency department or initial inpatient	G0425*, G0426*, G0427*
Annual Wellness Visit, includes a personalized prevention plan of service	G0438, G0439
Alcohol misuse screening, counseling	G0442, G0443
Annual depression screening	G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior	G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease	G0446
Face-to-face behavioral counseling for obesity	G0447
Telehealth Pharmacologic Management	G0459
Comprehensive assessment of and care planning for patients requiring chronic care management services	G0506
Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient via telehealth; subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0508*, G0509*



Prolonged preventive service	G0513, G0514
Opioid treatment	G2086, G2087, G2088

*Modifier GT, 95, FR not required

Questions and Answers

Updated January 01, 2022

Commercial:

Aetna has extended coverage of the noted telemedicine services below due to the COVID-19 Public Health Emergency until further notice. Aetna members should consider the use of telemedicine to limit potential exposure in physician offices. Cost sharing will be waived for covered Behavioral Health real-time virtual visits (live video-conferencing and telephone-only telemedicine services) offered by in-network providers for all Commercial plan designs through January 31, 2021. Members may use covered telemedicine services for any reason, not just COVID-19 associated diagnoses. Coverage options will continue for self-funded plan sponsors.

Medicare:

Aetna has extended coverage of the noted telemedicine services below due to the COVID-19 Public Health Emergency. Aetna Medicare Advantage members should consider the use of telemedicine as their first line of defense to limit potential exposure in physician offices. Medicare Advantage members may use covered telemedicine services for any reason, not just COVID-19 associated diagnoses.

- **Individual Medicare Advantage** - Member cost-sharing is waived for primary care office and telehealth visits for the duration of the Public Health Emergency. Member cost-sharing for covered in-network telehealth visits for outpatient behavioral and mental health counseling services expired March 31, 2021. Member cost share waivers for all other covered in-network specialist telehealth visits for Individual Medicare Advantage members expired January 31, 2021.
- **Group Medicare Advantage** - Waivers for member cost-sharing for primary care office and telehealth visits and covered in-network specialty telehealth visits, including outpatient behavioral and mental health counseling services, expired January 31, 2021.

The following codes utilize a non-audiovisual and non-telephonic on-line communication:

Eligible Code Description	Eligible CPT/HCPCS	Commercial	Medicare
Remote evaluation of recorded video and/or images submitted by an	G2010*, G2250*	✓	✓



established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.			
Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	G2012*, G2251*, G2252*	✓	✓
Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11-20 minutes; or 21 or more minutes <i>*These services may also be performed through HIPAA compliant secure platforms, such as electronic health record portals, secure email, or other digital applications, which allow digital communication with the physician or other QHP.</i>	G2061*, G2062*, G2063*	✓	✓
Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.	98970*, 98971*, 98972*	✓	✓
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes. <i>*These services may also be performed through HIPAA compliant secure platforms, such as electronic health record portals, secure email, or other digital applications, which allow digital communication with the physician or other QHP.</i>	99421*, 99422*, 99423*	✓	✓



*Modifier GT, 95, FR, FQ, or 93 not required

The following codes require an audiovisual connection:

Eligible Code Description	Eligible CPT/HCPCS	Commercial	Medicare
Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic or federally qualified health center	G0071*		✓
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes.	G0410 GT, 95, or FR	✓	✓
Intensive cardiac rehabilitation	G0422, G0423 GT, 95, or FR	✓	✓ Effective 10/14/2020
Pulmonary rehabilitation	G0424 GT, 95, or FR	✓	✓ Effective 10/14/2020
Distance site telehealth services for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).	G2025*		✓
This code is for the evaluation and management of a beneficiary's acute change in condition in a nursing facility.	G9685 GT, 95, or FR		✓
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	H0015 GT, 95, or FR	✓	✓
Mental health partial hospitalization, treatment, less than 24 hours.	H0035 GT, 95, or FR	✓	✓
Self-help, peer services	H0038 GT, 95, or FR	✓	
Behavioral health day treatment, per hour.	H2012 GT, 95, or FR	✓	✓



Alcohol and/or other drug treatment program, per diem	H2036 GT, 95, or FR	✓	✓
Telehealth originating site facility fee.	Q3014*		✓
Speech therapy, re-evaluation.	S9152 GT, 95, or FR		✓
Lactation Classes	S9443 GT, 95, or FR	✓	
Intensive outpatient psychiatric services, per diem	S9480 GT, 95, or FR	✓	
Radiation treatment management, 5 treatments	77427 GT, 95, or FR	✓	✓
Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes.	90875 GT, 95, or FR	✓	✓
End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.	90953 GT, 95, or FR	✓	✓
End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.	90956 GT, 95, or FR	✓	✓
End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month.	90959 GT, 95, or FR	✓	✓
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a	90962 GT, 95, or FR	✓	✓



physician or other qualified health care professional per month.			
Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.	92002 GT, 95, or FR	✓	✓
Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	92004 GT, 95, or FR		✓
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	92012 GT, 95, or FR	✓	✓
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits.	92014 GT, 95, or FR		✓
Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	92065 GT, 95, or FR	✓	
Treatment of swallowing dysfunction and/or oral function for feeding	92526 GT, 95, or FR	✓	✓ Effective 01/01/2021
Audiologic Function Tests	92550, 92552, 92553, 92555, 92556, 92557, 92563, 92565, 92567, 92568, 92570, 92587 GT, 95, or FR		✓ Effective 01/01/2021
Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming; or subsequent reprogramming	92601, 92602 GT, 95, or FR	✓	✓
Diagnostic analysis of cochlear implant, age 7 years or older; with programming; or subsequent reprogramming	92603, 92604 GT, 95, or FR	✓	✓
Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	92606 GT, 95, or FR	✓	



Evaluation for prescription – speech generating device	92607, 92608 GT, 95, or FR		✓ Effective 01/01/2021
Therapeutic services for the use of speech-generating device, including programming and modification	92609 GT, 95, or FR	✓	✓ Effective 01/01/2021
Otorhinolaryngologic evaluative and therapeutic services	92610, 92625, 92626, 92627 GT, 95, or FR		✓ Effective 01/01/2021
Interrogation of ventricular assist device	93750 GT, 95, or FR	✓	✓ Effective 10/14/2020
Cardiac rehab without continuous ECG monitoring	93797 GT, 95, or FR		✓ Effective 10/14/2020
Cardiac rehab with continuous ECG monitoring	93798 GT, 95, or FR	✓	✓ Effective 10/14/2020
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day; each subsequent day; or nursing facility, per day; or Home ventilator management care plan oversight of a patient	94002, 94003, 94004, 94005 GT, 95, or FR		✓
Physician or other qualified health care professional services for outpatient pulmonary rehabilitation	94625, 94626 GT, 95, or FR	✓	✓
Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device.	94664 GT, 95, or FR	✓	✓
Electronic analysis of implanted neurostimulator pulse generator/transmitter	95970, 95971, 95972, 95983, 95984 GT, 95, or FR	✓	✓ Effective 10/14/2020
Assessment of aphasia	96105 GT, 95, or FR		✓ Effective 01/01/2021
Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	96110 GT, 95, or FR	✓	✓



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; or each additional 30 minutes	96112, 96113 GT, 95, or FR	✓	✓
Cognitive performance testing	96125 GT, 95, or FR	✓ Effective 05/15/2021	✓ Effective 01/01/2021
Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes + each additional 15 minutes (List separately in addition to code for primary service).	96170, 96171 GT, 95, or FR	✓	✓
Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.	97110 GT, 95, or FR	✓	✓
Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.	97112 GT, 95, or FR	✓	✓
Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing).	97116 GT, 95, or FR	✓	✓
Therapeutic interventions	97129, 97130 GT, 95, or FR	✓ Effective 05/15/2021	✓ Effective 01/01/2021
Therapeutic procedure(s), group (2 or more individuals).	97150 GT, 95, or FR	✓	✓
Behavior identification assessment, administered by a QHP, face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data,	97151 GT, 95, or FR	✓	✓



scoring/interpreting the assessment, and preparing the report/treatment plan.			
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes.	97152 GT, 95, or FR		✓
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.	97153 GT, 95, or FR	✓	✓
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes.	97154 GT, 95, or FR		✓
Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face with a patient.	97155 GT, 95, or FR	✓	✓
Family adaptive behavior treatment guidance administered by QHP, with parent/guardian	97156 GT, 95, or FR	✓	✓
Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians	97157 GT, 95, or FR	✓	✓
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes.	97158 GT, 95, or FR		✓
Physical therapy evaluation: low, moderate, or high complexity	97161, 97162, 97163 GT, 95, or FR	✓	✓
Re-evaluation of physical therapy established plan of care	97164 GT, 95, or FR	✓	✓



Occupational therapy evaluation, low, moderate, or high complexity	97165, 97166, 97167 GT, 95, or FR	✓	✓
Re-evaluation of occupational therapy established plan of care	97168 GT, 95, or FR	✓	✓
Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes.	97530 GT, 95, or FR	✓	✓
Wheelchair management (e.g., assessment, fitting, training), each 15 minutes.	97542 GT, 95, or FR	✓	✓
Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes.	97750 GT, 95, or FR		✓
Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes.	97755 GT, 95, or FR	✓	✓
Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes.	97760 GT, 95, or FR	✓	✓
Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes.	97761 GT, 95, or FR	✓	✓
Observation care discharge day management	99217 GT, 95, or FR	✓	✓
Initial observation care, per day, for the evaluation and management of a patient	99218, 99219, 99220 GT, 95, or FR	✓	✓
Initial hospital care, per day, for the evaluation and management of a patient,	99221, 99222, 99223 GT, 95, or FR	✓	✓
Subsequent observation care, per day, for the evaluation and management of a patient	99224, 99225, 99226 GT, 95, or FR	✓	✓



Subsequent hospital care services *The limitation of 1 Telehealth visit every 3 days will be waived during the 90 day period.	99231, 99232, 99233 GT, 95, or FR	✓	✓
Observation or inpatient hospital care, for the evaluation and management of a patient	99234, 99235, 99236 GT, 95, or FR	✓	✓
Hospital discharge day management; 30 minutes or less; or more than 30 minutes	99238, 99239 GT, 95, or FR	✓	✓
Emergency department visit for the evaluation and management of a patient	99281, 99282, 99283, 99284, 99285 GT, 95, or FR	✓	✓
Critical care, evaluation and management of the critically ill or critically injured patient	99291, 99292 GT, 95, or FR	✓	✓
Initial nursing facility care, per day, for the evaluation and management of a patient	99304, 99305, 99306 GT, 95, or FR	✓	✓
Subsequent nursing facility care services *The limitation of 1 Telehealth visit every 30 days will be waived during the 90 day period	99307, 99308, 99309, 99310 GT, 95, or FR	✓	✓
Nursing facility discharge day management	99315, 99316 GT, 95, or FR	✓	✓
Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20, 30, or 45 minutes are spent with the patient and/or family or caregiver.	99324, 99325, 99326 GT, 95, or FR		✓



Domiciliary or rest home visit for the evaluation and management of a new or established patient	99327, 99328, 99334, 99335, 99336, 99337 GT, 95, or FR	✓	✓
Home visit for the evaluation and management of a new or established patient	99341, 99342, 99343; 99344, 99345, 99347, 99348, 99349, 99350 GT, 95, or FR	✓	✓
Initial or Subsequent inpatient neonatal critical care	99468, 99469 GT, 95, or FR	✓	✓
Initial or Subsequent inpatient pediatric critical care	99471, 99472, 99475, 99476 GT, 95, or FR	✓	✓
Initial hospital care, per day, for the evaluation and management of the neonate	99477 GT or 95	✓	✓
Subsequent intensive care, per day, for the evaluation and management of the recovering infant	99478, 99479, 99480 GT, 95, or FR	✓	✓
Assessment of and care planning for a patient with cognitive impairment	99483 GT, 95, or FR	✓	✓
Behavior identification supporting assessment or Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	0362T, 0373T GT, 95, or FR		✓

*Modifier GT, 95, or FR not required

The following codes require an audiovisual connection or telephone:

Eligible Code Description	Eligible CPT/HCPCS	Commercial	Medicare
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Individual and group diabetes self-management training services	G0108, G0109 GT, 95, FR, FQ or 93	✓	✓
Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, individual, face to face with the patient, each 15 minutes.	G0270 GT, 95, FR, FQ or 93	✓	✓
Counseling visit to discuss need for lung cancer screening using low dose CT scan	G0296 GT, 95, FR, FQ or 93	✓	✓
Alcohol and/or substance abuse structured assessment	G0396, G0397 GT, 95, FR, FQ or 93	✓	✓
Follow-up inpatient Telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406*, G0407*, G0408*	✓	✓
Face-to-face educational services related to the care of chronic kidney disease; individual; or group, per session, per one hour.	G0420, G0421 GT, 95, FR, FQ or 93		✓
Telehealth consultations, emergency department or initial inpatient	G0425*, G0426*, G0427*	✓	✓
Annual Wellness Visit, PPS; Initial or subsequent	G0438, G0439 GT, 95, FR, FQ or 93		✓
Alcohol misuse screening, counseling	G0442, G0443 GT, 95, FR, FQ or 93	✓	✓
Annual depression screening	G0444 GT, 95, FR, FQ or 93	✓	✓
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	G0445 GT, 95, FR, FQ or 93	✓	✓
Annual, face-to-face intensive behavioral therapy for cardiovascular disease	G0446 GT, 95, FR, FQ or 93	✓	✓



Face-to-face behavioral counseling for obesity	G0447 GT, 95, FR, FQ or 93	✓	✓
Telehealth Pharmacologic Management	G0459 GT, 95, FR, FQ or 93	✓	✓
Comprehensive assessment of and care planning for patients requiring chronic care management services	G0506 GT, 95, FR, FQ or 93	✓	✓
Prolonged preventive service	G0513, G0514 GT, 95, FR, FQ or 93	✓	✓
Opioid treatment	G2086, G2087, G2088 GT, 95, FR, FQ or 93	✓	✓
Prolonged office visit add-on code	G2212 GT, 95, FR, FQ or 93	✓	✓
Interactive complexity	90785 GT, 95, FR, FQ or 93	✓	✓
Psychiatric diagnostic interview examination	90791, 90792 GT, 95, FR, FQ or 93	✓	✓
Individual psychotherapy	90832, 90833, 90834, 90836, 90837, 90838 GT, 95, FR, FQ or 93	✓	✓
Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes	90839, 90840 GT, 95, FR, FQ or 93	✓	✓
Psychoanalysis	90845 GT, 95, FR, FQ or 93	✓	✓
Family or group psychotherapy	90846, 90847, 90853 GT, 95, FR, FQ or 93	✓	✓
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	90863 GT, 95, FR, FQ or 93	✓	
Treatment of speech, language, voice, communication, and/or auditory processing disorder; group - individual; or 2 or more individuals	92507, 92508 GT, 95, FR, FQ or 93	✓	✓



Evaluation of speech fluency (e.g., stuttering, cluttering).	92521 GT, 95, FR, FQ or 93	✓	✓
Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria).	92522 GT, 95, FR, FQ or 93	✓	✓
Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language).	92523 GT, 95, FR, FQ or 93	✓	✓
Behavioral and qualitative analysis of voice and resonance.	92524 GT, 95, FR, FQ or 93	✓	✓
Neurobehavioral status examination	96116 GT, 95, FR, FQ or 93	✓	✓
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, 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).	96121 GT, 95, FR, FQ or 93	✓	✓
Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	96127 GT, 95, FR, FQ or 93	✓	✓
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	96130, 96131 GT, 95, FR, FQ or 93	✓	✓



caregiver(s), when performed; first hour; + each additional hour (List separately in addition to code for primary procedure)			
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; + each additional hour (List separately in addition to code for primary procedure)	96132, 96133 GT, 95, FR, FQ or 93	✓	✓
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes. + each additional 30 minutes (List separately in addition to code for primary procedure).	96136, 96137 GT, 95, FR, FQ or 93	✓	✓
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes. + Each additional 30 minutes (List separately in addition to code for primary procedure)	96138, 96139 GT, 95, FR, FQ or 93	✓	✓
Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)	96156*	✓	✓
Health behavior intervention, individual, face-to-face; initial 30 minutes. + each additional 15 minutes (List separately in addition to code for primary service).	96158, 96159 GT, 95, FR, FQ or 93	✓	✓



Administration of patient-focused health risk assessment instrument with scoring and documentation or for the benefit of the patient, per standardized instrument	96160, 96161 GT, 95, FR, FQ or 93	✓	✓
Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes. + each additional 15 minutes (List separately in addition to code for primary service).	96164, 96165 GT, 95, FR, FQ or 93	✓	✓
Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes. + each additional 15 minutes (List separately in addition to code for primary service).	96167, 96168 GT, 95, FR, FQ or 93	✓	✓
Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.	97535 GT, 95, FR, FQ or 93	✓	✓
Individual and group medical nutrition therapy	97802, 97803, 97804; G0270 GT, 95, FR, FQ or 93	✓	✓
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.	98966*, 98967*, 98968*	✓	



Prolonged service, inpatient or office	99354, 99355, 99356, 99357 GT, 95, FR, FQ or 93	✓	✓
Smoking and tobacco use cessation counseling visit	99406, 99407 GT, 95, FR, FQ or 93	✓	✓
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion.	99441, 99442, 99443	✓ Modifier GT/95/FR/FQ/93 not required	✓ Bill in accordance with original Medicare PHE billing guidelines
Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes; 11-20 minutes; 21-30 minutes; or 31 minutes of more of medical consultative discussion and review	99446*, 99447*, 99448*, 99449*	✓	
Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.	99451*	✓	



Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.	99452*	✓	
Advanced care planning	99497, 99498 GT, 95, FR, FQ or 93	✓	✓

*Modifier GT, 95, FR, FQ, or 93 not required

For more information, refer to [COVID-19: Telemedicine FAQs](#), the 03/06/2020 [press release](#) and 05/13/2020 [press release](#).

COVID-19 Updates

- ✓ 01/01/22 Update: Added audiovisual coverage for 94625, 94626 effective 1/1/22
- ✓ 09/10/21 Update: Added “non-audiovisual and non-telephonic on-line communication” section, and moved procedures from the “audiovisual connection or telephone” and “audiovisual connection” section to that designation
- ✓ 04/26/21 Update:
 - Commercial Plans – Added coverage for 96125, 97129, 97130 - effective 5/15/21
 - Medicare Plans – Added coverage consistent with the 1/1/21 Medicare Telehealth Services Temporary Addition for the PHE for the COVID-19 Pandemic services Added 3/30/21
- ✓ 03/31/21 Update – Medicare Advantage:
 - Member cost-sharing is waived for primary care office and telehealth visits for the duration of the Public Health Emergency
 - Member cost-sharing for covered in-network telehealth visits for outpatient behavioral and mental health counseling services expired March 31, 2021
- ✓ 02/04/21 Update:
 - Medicare Advantage – Updated no member cost share guidance for Individual and Group Medicare coverage
 - Added coverage for G2250, G2251, G2252 on commercial and Medicare
- ✓ 12/10/2020 Update:
 - Commercial Plans - Extended telemedicine coverage due to the COVID-19 Public Health Emergency until further notice
 - Commercial Plans - Extended no member cost share for in-network Behavioral Health virtual visits from 12/31/2020 to 01/31/2021
 - Medicare Advantage - Extended no member cost share in-network PCP, Specialist, and Behavioral Health visits from 12/31/2020 to 01/31/2021
- ✓ 10/20/2020 Update:
 - Added 93797, 93798, 93750, 95970-95972, 95983, 95984, G0422-G0424 for Medicare coverage. Effective for dates of service on/after 10/14/2020
 - Added 93798, 93750, 95970-95972, 95983, 95984, G0422-G0424 to commercial coverage. Effective for dates of service on/after 03/06/2020



- ✓ 09/15/2020 Update: Extended no member cost share for in-network Behavioral Health virtual visits from 9/30/2020 to 12/31/2020 on commercial plans.
- ✓ 07/09/2020 Update:
 - Aetna extended telemedicine coverage due to the COVID-19 Public Health Emergency from March 6, 2020 until December 31, 2020 on commercial
 - Added S9443 for commercial coverage
- ✓ 07/07/2020 Update: Medicare will waive cost share for in-network specialist visits through 09/30/2020.
- ✓ 05/27/2020 Update:
 - Added H0038 for commercial coverage
 - Added G0438/G0439 for audiovisual, or telephone for Medicare
 - Aetna extended telemedicine coverage due to the COVID-19 Public Health Emergency from March 6, 2020 until August 4, 2020 on commercial
- ✓ 05/12/2020 Update:
 - Added to Commercial coverage: 90956, 92002, 92012, 92508, 92601-92604, 94664, 96110, 96112, 96113, 96127, 97150, 97530, and 97542
 - Additional procedures added to audiovisual connection or telephone list
 - Columns added for what's covered on Commercial and Medicare Advantage
- ✓ 04/21/2020 Update: Added 92065, 92526, 92606, and 92609 to coverage. Added clarification for 99421-99423 and G2061-G2063.
- ✓ 04/09/2020 Update: Added G0410 to coverage.

Additional References

N/A

Policy Revision Date

- Effective 01/01/2022: Commercial Plans – Added coverage information for modifiers FQ, FR and 93
- Effective 09/01/2021: Commercial Plans – Added 92228 to the list of two-way synchronous covered procedures with modifier GT or 95.
- 06/02/2021 Update: Added coverage information for Remote Physiologic Monitoring.
- Effective 04/01/2021: Commercial Plans – Added 90849 to the list of two-way synchronous covered procedures with modifier GT or 95.
- Effective 01/01/2021: Commercial Plans - Added G2212 and 99417 to the list of two-way synchronous covered procedures with modifier GT or 95.
- Effective 03/06/2020: Added coverage details for the temporary COVID-19 liberalization in the Questions and Answers section.
- Effective 01/01/2020: Added coverage details for Commercial Plans and Medicare Advantage Plans.
- 08/30/2018 Update: Removed "Telemedicine for Consumer Business/Aetna LeapSM Plans" section. Plans are no longer active as of 01/01/2018.
- 07/05/2018 Update: Removed Medicare from the "Applies to" section. Medicare Advantage follows CMS guidelines for telemedicine as of January, 2012.
- Effective 03/08/2017: Existing stand-alone policy "Concierge Medicine or Boutique Medicine" added to Telemedicine and Direct Patient Contact Policy. No change in policy.



- Effective 01/26/2017: Added Modifier 95.
- Effective 01/01/2017: Added Telemedicine Policy for Consumer Business/Aetna LeapSM Plans.
- Effective 05/01/2012: Exception removed from Direct Patient Contact Policy to allow payment when precertified.