Telehealth Services and Codes

The table below includes all current (as of 2021) Category 1, 2, and 3 services and codes plus the interim codes that are available through the end of the COVID-19 public health emergency (PHE). These are the same codes that are found on the full CMS List of Telehealth Services. In the table, all telehealth services and codes are grouped and include brief descriptions and the CMS prices (national payment amount for the non-facility price) for the Category 1 and Category 2 codes only.

Category 1: Services that are similar to professional consultations, office visits, and office psychiatry services.
Category 2: Services that do not fall into the description of the Category 1 codes but that may provide demonstrated benefit to patients.
Category 3: This category was added in the Calendar Year 2021 Physician Fee Schedule Final Rule. These services are added on a temporary basis following the end of the PHE and will likely provide clinical benefit when furnished via telehealth, but there is not yet sufficient evidence available to consider the services for permanent addition under the Category 1 or Category 2 criteria. Category 3 services need to meet the criteria under Category 1 or 2 in order to be permanently added to the Medicare telehealth services list. Currently, they will remain on the list of telehealth services through December 31, 2023.
Interim Services: Currently there are 135 services that are added on an interim basis These services may only be delivered by telehealth through the end of the PHE.

See your CPT® Professional codebook for full descriptions and additional requirements. None of the content herein can be construed as billing advice. If you have feedback, suggestions or corrections, please let us know at info@NRTRC.org

In the table below:

- **Categories 1 and 2 (in black font)** are on the permanent CMS list of telehealth services – 109 services as of October 2021
- **Category 3 (in blue font)** will likely be available through at least December 31, 2023, provided the current proposed changes in the Calendar Year 2022 Physician Fee Schedule Proposed Rule are finalized – 58 services as of October 2021.
- ***Codes in italics*** are added only on an interim basis and will not be available after the end of the PHE[1] - 104 services as of October 2021.

[1] The interim services are also listed in Table 11 in the Calendar Year 2022 Physician Fee Schedule Final Rule pp. 39138-45.

Contents of Table

Service		CPT/HCPCs Code(s)
Evaluation & Management (E/M) Visits - Outpatient		
Office or other outpatient visits for new patients (99202-99205) and established patients (99211-99215).	99202($74) 99203($114) 99204($170) 99205($224)	99211($23) 99212($57) 99213($92) 99214($131) 99215($184)
Telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 99441 - ***5-10 minutes (min)*** *of medical discussion, 99442 -* ***11-20 mins*** *of medical discussion, 99443 -* ***21-30 mins*** *of medical discussion*		*99441* *99442* *99443*
Home visit for the E/M of a new patient, 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. 99341 - usually, the presenting problem(s) are of ***low severity****. Typically,* ***20 min are spent face-to-face*** *with the patient and/or family, 99342 - usually, the presenting problem(s) are of* ***moderate severity****. Typically,* ***30 min are spent face-to-face*** *with the patient and/or family, 99343 - usually, the presenting problem(s) are of moderate to high severity. Typically,* ***45 min are spent face-to-***		*99341* *99342* *99343* *99344* *99345*

Service	CPT/HCPCs Code(s)
***face** with the patient and/or family, 99344 - usually, the presenting problem(s) are of **high severity**. Typically, **60 min are spent face-to-face** with the patient and/or family, 99345 - usually, the patient is **unstable or has developed a significant new problem** requiring immediate physician attention. Typically, **75 min are spent face-to-face** with the patient and/or family.*	
Level 1 (99334) or Level 2 (99335) established patient domiciliary, rest home, or custodial care visit Level 1 (99347) or Level 2 (99348) established patient home visit The CY 2021 PFS FR (p. 84505) states that "the patient's home cannot serve as an originating site" and that "because the home is not generally a permissible telehealth originating site, these services could be billed when furnished as telehealth services only for treatment of a SUD or co-occurring mental health disorder," citing the SUPPORT Act.	99334($60) 99335($96) 99347($55) 99348($84)
Home visit for the E/M of an established patient, requiring specific: 99349 - usually, the presenting problem(s) are moderate to high severity. Typically, **40 min are spent face-to-face** with the patient and/or family, 99350 - usually, the presenting problem(s) are of **moderate to high severity**. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, **60 min are spent face-to-face** with the patient and/or family.	99349 99350
Prolonged E/M or psychotherapy services in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (99354) and each additional 30 min (99355)	99354($129) 99355($96)
Prolonged preventive service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 min (G0513) and each additional 30 min (G0514) CY 2018 PFS FR p. 53079	G0513($66) G0514($66)
The Consolidated Appropriations Act, 2021 - passed Dec. 21, 2020 - delays the permanent addition of HCPS code G2211 until 2024.	G2211
Prolonged office or other outpatient E/Ms beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 min – add-on code for 99205 and 99215	G2212($34)
Hospital, Nursing Facility & Critical Care Consult Services	
Telehealth consultations, emergency department or initial inpatient	G0425($101) G0426($136) G0427($200)
Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])	99217
Initial observation care, per day, for the E/M of a patient. 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. 99218 - usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 min are spent at the bedside and on the patient's hospital floor or unit. 99219 - usually, the problem(s) requiring admission to outpatient hospital "observation	*99218* *99219* *99220*

Service	CPT/HCPCs Code(s)
status" are of moderate severity. Typically, 50 min are spent at the bedside and on the patient's hospital floor or unit. 99220 - usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 min are spent at the bedside and on the patient's hospital floor or unit.	
Initial hospital care, per day, for the E/M of a patient. 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. 99221 - usually, the problem(s) requiring admission are of low severity. Typically, 30 min are spent at the bedside and on the patient's hospital floor or unit, 99222 - usually, the problem(s) requiring admission are of moderate severity. Typically, 50 min are spent at the bedside and on the patient's hospital floor or unit, 99223 - usually, the problem(s) requiring admission are of high severity. Typically, 70 min are spent at the bedside and on the patient's hospital floor or unit.	*99221* *99222* *99223*
Subsequent observation care, per day, for the E/M of a patient, with required components: 99224 - usually, the patient is stable, recovering, or improving. Typically, 15 min are spent at the bedside and on the patient's hospital floor or unit, 99225 - usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 min are spent at the bedside and on the patient's hospital floor or unit, 99226 - usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 min are spent at the bedside and on the patient's hospital floor or unit.	99224 99225 99226
Subsequent hospital care services, with the limitation of 1 telehealth visit every three days	99231($38) 99232($72) 99233($103)
Observation or inpatient hospital care, for the E/M of a patient including admission and discharge on the same date. 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. 99234 - usually the presenting problem(s) requiring admission are of low severity. Typically, 40 min are spent at the bedside and on the patient's hospital floor or unit, 99235 - usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 min are spent at the bedside and on the patient's hospital floor or unit, 99236 - usually the presenting problem(s) requiring admission are of high severity. Typically, 55 min are spent at the bedside and on the patient's hospital floor or unit.	*99234* *99235* *99236*
Hospital discharge day management; 99238 - 30 min or less, 99239 - more than 30 min	99238 99239
Emergency department visit for the E/M of a patient, requiring specific components: 99281 - usually, the presenting problem(s) are **self-limited or minor**, 99282 - usually, the presenting problem(s) are of **low to moderate severity**, 99283 - usually, the presenting problem(s) are of **moderate severity**, 99284 - 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, 99285 - usually, the presenting problem(s) are of **high severity and pose an immediate significant threat** to life or physiologic function.	99281 99282 99283 99284 99285
Critical care, E/M of the critically ill or critically injured patient; first 30-74 min; 99292 - each additional 30 min	99291 99292

Service	CPT/HCPCs Code(s)
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient E/M service) (99356) and each additional 30 min (list separately in addition to code for prolonged service (99357)	99356($91) 99357($92)
Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	G0459($43)
Initial nursing facility care, per day, for the E/M of a patient, 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. 99304 - usually, the problem(s) requiring admission are of low severity. Typically, ***25 min are spent*** *at the bedside and on the patient's facility floor or unit, 99305 - usually, the problem(s) requiring admission are of* ***moderate severity****. Typically,* ***35 min are spent*** *at the bedside and on the patient's facility floor or unit, 99306 - usually, the problem(s) requiring admission are of* ***high severity****. Typically,* ***45 min are spent*** *at the bedside and on the patient's facility floor or unit.*	*99304* *99305* *99306*
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307($44) 99308($69) 99309($91) 99310($135)
Nursing facility discharge day management; 30 min or less; 99316 - more than 30 min	99315 99316
Domiciliary or rest home visit for the E/M of a new patient, 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. 99324 - usually, the presenting problem(s) are of ***low severity****. Typically,* ***20 min are spent*** *with the patient and/or family or caregiver, 99325 - usually, the presenting problem(s) are of* ***moderate severity****. Typically,* ***30 min are spent*** *with the patient and/or family or caregiver, 99326 - usually, the presenting problem(s) are of* ***moderate to high severity****. Typically,* ***45 min are spent*** *with the patient and/or family or caregiver, 99327 - usually, the presenting problem(s) are of* ***high severity****. Typically,* ***60 min are spent*** *with the patient and/or family or caregiver, 99328 - usually, the patient is* ***unstable or has developed a significant new problem*** *requiring immediate physician attention. Typically,* ***75 min are spent*** *with the patient and/or family or caregiver.*	*99324* *99325* *99326* *99327* *99328*
Level 1 (99334) or Level 2 (99335) established patient domiciliary, rest home, or custodial care visit Level 1 (99347) or Level 2 (99348) established patient home visit The CY 2021 PFS FR (p. 84505) states that "the patient's home cannot serve as an originating site" and that "because the home is not generally a permissible telehealth originating site, these services could be billed when furnished as telehealth services only for treatment of a SUD or co-occurring mental health disorder," citing the SUPPORT Act.	99334($60) 99335($96) 99347($55) 99348($84)
Domiciliary or rest home visit for the E/M of an established patient, requiring specific components: 99336 - usually, the presenting problem(s) are of moderate to high severity. Typically, 40 min are spent with the patient and/or family or caregiver, 99337 - usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may	99336 99337

Service	CPT/HCPCs Code(s)
have developed a significant new problem requiring immediate physician attention. Typically, 60 min are spent with the patient and/or family or caregiver.	
Physician service or other qualified health care professional for the E/M of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project	*G9685*
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307($44) 99308($69) 99309($91) 99310($135)
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or skilled nursing facilities	G0406($38) G0407($72) G0408($103)
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 min communicating with the patient and providers via telehealth (G0508), and subsequent, physicians typically spend 50 min communicating with the patient and providers via telehealth (G0509) Added in 2017 to "…report an intensive telehealth consultation service, initial or subsequent, for the critically ill patient, for example, a stroke patient, under the circumstance when a qualified health care professional has in-person responsibility for the patient, but the patient benefits from additional services from a distant-site consultant specially trained in furnishing critical care services." CY 2017 PFS FR p. 80198	G0508($210) G0509($191)
Initial inpatient neonatal critical care, per day, for the E/M of a critically ill: 99468 - neonate, 28 days of age or younger, 99471 - infant or young child, 29 days through 24 months of age, 99475 - infant or young child, 2 through 5 years of age	*99468* *99471* *99475*
Subsequent inpatient neonatal critical care, per day, for the E/M of a **critically ill neonate**, 28 days of age or younger	99469
Subsequent inpatient pediatric critical care, per day, for the E/M of a **critically ill infant or young child**, 99472 - 29 days through 24 months of age, 99476 - 2 through 5 years of age	99472 99476
Initial hospital care, per day, for the E/M of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	*99477*
Subsequent intensive care, per day, for the E/M of the recovering 99478 - very low birth weight infant (present body weight less than 1500 grams), 99479 - low birth weight infant (present body weight of 1500-2500 grams), 99480 - infant (present body weight of 2501-5000 grams)	99478 99479 99480
Post-Discharge Services	
Transitional care management (TCM)services with moderate medical decision complexity (face-to-face visit within 14 days of discharge) (99495) and with high medical decision complexity (face-to-face visit within seven days of discharge) (99496) If you are the surgeon or provider who performed a procedure on the TCM patient, you cannot bill TCM within the procedure's global period. Conversely, if you are the PCP or hospitalist who discharged the TCM patient, you can bill within 30 days of discharge.	99495($208) 99496($282)
Behavioral and Mental Health **Must-Have Resource: Medicare Mental Health. CMS. Updated June 2021.**	
Individual psychotherapy	90832($78) 90833($71)

Service	CPT/HCPCs Code(s)
	90834($103) 90836($90) 90837($152) 90838($119)
Psychotherapy for crisis: 90839 - first 60 min, 90840 - each additional 30 min	90839($145) 90840($69)
Psychoanalysis	90845($98)
Family psychotherapy (without the patient present)	90846($99)
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847($103)
Group psychotherapy (other than of a multiple-family group)	90853($28)
Psychiatric diagnostic interview examination	90791($181) 90792($202)
Interactive complexity add-on (for psychotherapy codes). See Commonly Used CPT Codes section in Medicare Mental Health. CMS. Updated June 2021.	90785($15)
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 min	*90875*
Developmental screening (e.g., developmental milestone survey, speech and language development screen with scoring and documentation, per standardized instrument	*96110*
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour. *96113 - each additional 30 min.*	*96112* *96113*
Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement) – includes face-to-face time and interpreting test results and preparing the report, first hour (96116) and each additional hour (96121)	96116($97) 96121($82*)*
Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face times administering tests to the patient and time interpreting these test results and preparing the report	*96125*
Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument	*96127*
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour. 96131 - each additional hour	96130 96131
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. 96133 - each additional hour	96132 96133

Service	CPT/HCPCs Code(s)
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 min. 96137 - each additional 30 min	96136 96137
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 min. 96139 - each additional 30 min	96138 96139
96156 Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making) 96158 Health behavior intervention (HBI), individual, face-to-face; initial 30 min 96159 - each additional 15 min 96164 HBI, group (2 or more patients), face-to-face; initial 30 min, 96165 - each additional 15 min 96167 HBI, family (with the patient present), face-to-face; initial 30 min, 96168 - each additional 15 min	96156($97) 96158($67) 96159($23) 96164($10) 96165($5) 96167($71) 96168($25)
Health Risk Assessment: administer questionnaire to help identify a specific health risk to a patient (96160) or a patient's caregiver (96161), analyzes the results, assigns a score, and documents the findings.	96160($3) 96161($3)
Health behavior intervention, family (without the patient present), face-to-face; initial 30 min. 96171 - each additional 15 min	*96170* *96171*
Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 min. 97130 - each additional 15 min	*97129* *97130*
Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 min of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and nonface-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	*97151*
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 min	*97152*
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 min	*97153*
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 min	*97154*
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, each 15 min	*97155*
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), each 15 min	*97156*
Multiple-family group adaptive behavior treatment guidance, administered by	*97157*

Service	CPT/HCPCs Code(s)
physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 min	
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 min	*97158*
Adaptive behavior treatment with protocol modification, each 15 min 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.	*0373T*
Behavior identification supporting assessment, each 15 min 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*
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 min	*G0410*
Substance Use Disorder (in addition to Behavioral/Mental Health above)	
G2086: Office-based treatment for a substance use disorder (SUD), including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 min in the first calendar month. G2087: Office-based treatment for (SUD), including care coordination, individual therapy and group therapy and counseling; at least 60 min in a subsequent calendar month. G2088: Office-based treatment for (SUD), including care coordination, individual therapy and group therapy and counseling; each additional 30 min beyond the first 120 min Note that the facility price for the three codes is lower: $287, $281, $34, respectively. For full discussion of these codes and services see Bundled Payments Under the PFS for Substance Use Disorders (HCPCS Codes G2086, G2087, and G2088) in the CY 2021 PFS FR (pp. 84642-3)	G2086($395) G2087($351) G2088($66)
Cardiological Services	
Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report	*93750*
Physician or other qualified health care professional services for outpatient cardiac rehabilitation; 93797 - without continuous ECG monitoring (per session), 93798 - with continuous ECG monitoring (per session)	*93797* *93798*
Cardiac and Pulmonary Rehabilitation	
Intensive cardiac rehabilitation; with or without continuous ecg monitoring G0422 - with exercise, per session G0423 – without exercise, per session	*G0422* *G0423*
Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day	*G0424*

Service	CPT/HCPCs Code(s)
Ventilation Assistance Management	
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; 94002 - hospital inpatient/observation, initial day, 94003 - hospital inpatient/observation, each subsequent day, 94004 - nursing facility, per day	*94002 94003 94004*
Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 min or more	*94005*
Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	*94664*
Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD)	
Individual and group kidney disease education services Coverage of Kidney Disease Patient Education Services. CMS. Updated Jn 2013.	G0420($114) G0421($27)
ESRD-related services included in the monthly capitation payment ESRD billing can be complex and is beyond the scope of this guide. There is either no record found or no price on the Physician Fee Schedule for the seven Category 1 and 2 codes (black font) listed on the right, although they are on the CMS list of telehealth services.	90951($1,199) 90952 90953 90954 90955 90956 90957 90958 90959 90960 90961 90962
ESRD-related services for home dialysis per full month, for patients < 2 years of age (90963), 2-11 years of age (90964), and 12-19 years of age (90965) to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90963($620) 90964($532) 90965($512)
ESRD-related services for home dialysis per full month, for patients ≥ 20 years of age	90966($300)
ESRD-related services for dialysis less than a full month of service, per day; for patients < 2 years of age (90967), 2-11 years of age (90968), 12-19 years of age (90969), and ≥ 20 years of age (90970)	90967($18) 90968($18) 90969($17) 90970(($10)
Patient Self-Management, Education, Wellness and Lifestyle Changes	
Individual and group medical nutrition therapy	G0270($32) 97802($38) 97803($32) 97804($17)
Individual and group diabetes self-management training (DSMT) services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training • American Diabetes Association's 2020 Standards of Medical Care in Diabetes states that "all people with diabetes should participate in diabetes self-management education" and "all individuals with diabetes should be referred for individualized MNT." • Medicare Reimbursement Guidelines for DSMT. Centers for Disease Control and Prevention's (CDC). Accessed June 2021. • Medicare Preventive Services - Diabetes Self-Management Training. CMS. Accessed June 2021.	G0108($56) G0109($16)

Service	CPT/HCPCs Code(s)
Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	*99473*
Smoking cessation services • Tobacco Use Prevention and Cessation Counseling. American Academy of Family Physicians. 2017.	99406($16) 99407($29)
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services • Screening, Brief Intervention, & Referral to Treatment (SBIRT) Services. CMS. Updated April 2016.	G0396($36) G0397($68)
Annual alcohol misuse screening, 15 min (G0442) and brief face-to-face behavioral counseling for alcohol misuse, 15 min (G0444)	G0442($19) G0443($27)
Annual depression screening, 15 min • Screening for Depression in Adults. CMS. Updated March 2012.	G0444($44)
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 min • Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs. CMS. Updated May 2012.	G0445($28)
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 min • Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD). CMS. Updated March 2021.	G0446($27)
Face-to-face behavioral counseling for obesity, 15 min	G0447($27)
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit (G0438) and subsequent visit (G0439) • Medicare Annual Wellness Visits. CMS. Accessed June 2021.	G0438($169) G0439($134)
Advance Care Planning, 30 min (99497) and each additional 30 min (99498) • Advance Care Planning Fact Sheet. CMS. Updated 2020.	99497($86) 99498($74)
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making • Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT). CMS. Updated June 2017. • For a decision tree and lung cancer screening guidelines across organizations, see Lung Cancer Screening Guidelines Implementation in Primary Care: A Call to Action. Ann Fam Med. 2020.	G0296($29)
Comprehensive assessment of and care planning for patients requiring chronic care management • Chronic Care Management Services. CMS. 2019.	G0506($62)
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 required elements (~ 50 min face-to-face with patient and/or family or caregiver)	99483($283)
Neurological Services	
Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet	*95970* *95971*

Service	CPT/HCPCs Code(s)
mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; 95970 - with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming, 95971 - with simple spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional, 95972 - with complex spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional, 95983 - with brain neurostimulator pulse generator/transmitter programming, first 15 min face-to-face time with physician or other qualified health care professional; 95984 - add-on code for 95983 for each additional 15 min.	*95972* *95983* *95984*
Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	*96105*
Ophthalmological Services	
Ophthalmological services: medical exam and evaluation with initiation of or continuation of diagnostic and treat programs for new and established patients – see codebook for each of the four codes for details on the associated services.	*92002* *92004* *92012* *92014*
Physical and Occupational Therapy	
Therapeutic procedure, 1 or more areas, each 15 min; 97110 - therapeutic exercises to develop strength and endurance, range of motion and flexibility, 97112 - neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities, 97116 - gait training (includes stair climbing)97151	97110 97112 97116
Therapeutic procedure(s), group (2 or more individuals)	*97150*
Physical therapy evaluation, requiring specific components: 97161 - **low complexity**, typically, **20 min are spent face-to-face** with the patient and/or family, 97162 - **moderate complexity**, typically, **30 min are spent face-to-face** with the patient and/or family, 97163 - **high complexity**, typically, **45 min are spent face-to-face** with the patient and/or family. 97164 - **Re-evaluation of physical therapy** established plan of care, requiring specific components, typically, **20 min are spent face-to-face** with the patient and/or family.	97161 97162 97163 97164
Occupational therapy evaluation, requiring specific components: 97165 - **low complexity**, typically, 30 min are spent face-to-face with the patient and/or family, 97166 - **moderate complexity**, typically, **45 min are spent face-to-face** with the patient and/or family, 97167 - **high complexity**, typically, **60 min are spent face-to-face** with the patient and/or family. 97168 - **Re-evaluation of occupational therapy** established plan of care, requiring specific components, typically, **30 min are spent face-to-face** with the patient and/or family.	97165 97166 97167 97168
Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 min	*97530*
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 min	97535
Wheelchair management (e.g., assessment, fitting, training), each 15 min	*97542*

Service	CPT/HCPCs Code(s)
Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 min	97750
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 min	97755
Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 min	97760
Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 min	97761
Speech, Language, and Audiology Services	
Treatment of speech, language, voice, communication, and/or auditory processing disorder; 92507 - individual, *92508 - group, 2 or more individuals*	92507 *92508*
Evaluation of speech fluency (e.g., stuttering, cluttering)	92521
Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) - 92522, 92523 - with evaluation of language comprehension and expression (e.g., receptive and expressive language)	92522 92523
Behavioral and qualitative analysis of voice and resonance	92524
Treatment of swallowing dysfunction and/or oral function for feeding	*92526*
Tympanometry and reflex threshold measurements	*92550*
Pure tone audiometry (threshold); 92552 - air only, 92553 – air and bone	*92552* *92553*
92555 - Speech audiometry threshold; 92556 - with speech recognition *92557 - Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)*	*92555* *92556* *92557*
Tone decay test	*92563*
Stenger test, pure tone	*92565*
Tympanometry (impedance testing)	*92567*
Acoustic reflex testing, threshold	*92568*
Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	*92570*
Distortion product evoked otoacoustic emissions *92587: limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report* *92588: comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report*	*92587* *92588*
Diagnostic analysis of cochlear implant: 92601 - patient younger than 7 years of age; with programming, 92602 - subsequent reprogramming, 92603 - age 7 years or older; with programming, 92604 - subsequent reprogramming	*92601* *92602* *92603* *92604*
Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour, 92608 - each additional 30 min.	*92607* *92608*

Service	CPT/HCPCs Code(s)
Therapeutic services for the use of speech-generating device, including programming and modification	*92609*
Evaluation of oral and pharyngeal swallowing function	*92610*
Assessment of tinnitus (includes pitch, loudness matching, and masking)	*92625*
Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour, 92627 - each additional 15 min	*92626* *92627*
Speech therapy, re-eval	*S9152*
Radiation Oncology	
Radiation treatment management, 5 treatments	*77427*
Resource: American Medical Association. (2021). *CPT 2022 professional edition.* Chicago, IL: American Medical Association National payment amount for the non-facility price from the Physician Fee Schedule Search as of June 25, 2021, rounded to the nearest dollar provided only to assess potential revenue if code is used. Do not rely on these. Have your biller/coder double-check.	