

# Telehealth Services and Codes

The table below includes current telehealth services and codes found on the full Center for Medicare & Medicaid Services (CMS) [List of Telehealth Services](#); all telehealth services and codes are grouped and include brief descriptions. Use this list to identify which telehealth services and codes can be delivered by your organization and healthcare professionals.

## Service and Code Category Descriptions

In CMS' 2024 Calendar Year Physician Fee Schedule Final Rule (CY2024 PFS FR) simplifies telehealth code categories, restoring the simple binary that existed prior to the public health emergency (PHE), with Category 1 and 2. Classifications and additions to the Medicare Telehealth Services List will be either permanent or provisional as of January 1, 2024. (CY2024 PFS FR p. 78862).

- Permanent Codes (black font in table below) are on the permanent CMS list of telehealth services.
- [Provisional Codes \(blue font in table below\)](#) will remain on the list of telehealth services through Dec 31, 2024.

Codes and services specific to **telebehavioral health** are shaded GREEN

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](mailto:info@NRTRC.org)

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Service		CPT/HCPCs Code(s)
<b>Evaluation &amp; Management (E/M) Visits - Outpatient</b>		
Office or other outpatient visits – For many health care and behavioral health providers, the E/M codes are how behavioral health support services are delivered, which is why these codes are included.	99202 99203 99204 99205	99211 99212 99213 99214 99215
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
These are not technically evaluation and management codes but are considered telephone assessment and management codes: 98966 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion; 98967 - 11-20 minutes of medical discussion.; 98968 - 21-30 minutes of medical discussion.		98966 98967 98968
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, 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.		99341 99342 99344 99345
Level 1 (99347) or Level 2 (99348) established patient home visit <a href="#">The CY 2021 PFS FR</a> (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.		99347 99348
Home visit for the E/M of an established patient, requiring specific: 99349 - usually, the presenting problem(s) are moderate to high severity. Typically, <b>40 min are spent face-to-face</b> with the patient and/or family, 99350 - usually, the presenting problem(s) are of <b>moderate to high severity</b> . The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, <b>60 min are spent face-to-face</b> with the patient and/or family.		99349 99350
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) <a href="#">CY 2018 PFS FR</a> p. 53079		G0513 G0514



Service	CPT/HCPCS Code(s)
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, or complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established). See CMS' three-page <a href="#">Fact Sheet - Physician Fee Schedule (PFS) Payment for Office/Outpatient Evaluation and Management (E/M) Visits</a> for additional details on this code.	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
<b>Hospital, Nursing Facility &amp; Critical Care Consult Services</b>	
Telehealth consultations, emergency department or initial inpatient	G0425 G0426 G0427
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: 99211 - straightforward or low-level medical decision-making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. 99222 – moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. 99223 – high level of medical decision making When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	99221 99222 99223
Subsequent 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: 99231 - straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. 99232 - moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. 99233 - high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	99231 99232 99233
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 99234 - straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. 99235 - moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded. 99236 - high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	99234 99235 99236
Hospital discharge day management; 99238 - 30 min or less, 99239 - more than 30 min	99238 99239



Service	CPT/HCPCS Code(s)
Emergency department visit for the E/M of a patient, requiring specific components: 99281 - usually, the presenting problem(s) are <b>self-limited or minor</b> , 99282 - usually, the presenting problem(s) are of <b>low to moderate severity</b> , 99283 - usually, the presenting problem(s) are of <b>moderate severity</b> , 99284 - usually, the presenting problem(s) are of <b>high severity, and require urgent evaluation</b> 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 <b>high severity and pose an immediate significant threat</b> 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
G0316 – <b>Prolonged hospital inpatient or observation care</b> 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); each additional 15 minutes by the physician or qualified healthcare professional, 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 99358, 99359, 993X0). (Do not report G0316 for any time unit less than 15 minutes) G0317 - <b>Prolonged nursing facility</b> 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); each additional 15 minutes by the physician or qualified healthcare professional, 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 99358, 99359, 993X0). (Do not report G0317 for any time unit less than 15 minutes) G0318 - <b>Prolonged home or residence</b> 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); each additional 15 minutes by the physician or qualified healthcare professional, 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 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes)	G0316 G0317 G0318
Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	G0459
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, <b>25 min are spent</b> at the bedside and on the patient's facility floor or unit, 99305 - usually, the problem(s) requiring admission are of <b>moderate severity</b> . Typically, <b>35 min are spent</b> at the bedside and on the patient's facility floor or unit, 99306 - usually, the problem(s) requiring admission are of <b>high severity</b> . Typically, <b>45 min are spent</b> at the bedside and on the patient's facility floor or unit.	99304 99305 99306



Service	CPT/HCPCS Code(s)
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307 99308 99309 99310
Nursing facility discharge day management; 30 min or less; 99316 - more than 30 min	99315 99316
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
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or skilled nursing facilities	G0406 G0407 G0408
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." <a href="#">CY 2017 PFS FR</a> p. 80198	G0508 G0509
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 <b>critically ill neonate</b> , 28 days of age or younger	99469
Subsequent inpatient pediatric critical care, per day, for the E/M of a <b>critically ill infant or young child</b> , 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
<b>Post-Discharge Services</b>	
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. <a href="#">Transitional Care Management Services</a> . CMS. July 2021.	99495 99496



Service	CPT/HCPCS Code(s)
<b>Behavioral and Mental Health</b> <b>Must-Have Resource: <a href="#">Medicare Mental Health</a>. CMS. Updated June 2021.</b>	
Individual psychotherapy	90832 90833 90834 90836 90837 90838
Psychotherapy for crisis: 90839 - first 60 min, 90840 - each additional 30 min	90839 90840
Psychoanalysis	90845
Family psychotherapy (without the patient present)	90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847
Group psychotherapy (other than of a multiple-family group)	90853
Psychiatric diagnostic interview examination	90791 90792
Interactive complexity add-on (for psychotherapy codes). See Commonly Used CPT Codes section in <a href="#">Medicare Mental Health</a> . CMS. Updated June 2021.	90785
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 96121
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



Service	CPT/HCPCS Code(s)
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
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 96158 96159 96164 96165 96167 96168
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 96161
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



Service	CPT/HCPCS Code(s)
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 physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 min	97157
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
<b>Substance Use Disorder (in addition to Behavioral/Mental Health above)</b>	
<p>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.</p> <p>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</p> <p>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 <a href="#">CY 2021 PFS FR</a> (pp. 84642-3)</p>	G2086 G2087 G2088
<b>Cardiological Services</b>	
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
<b>Cardiac and Pulmonary Rehabilitation</b>	
Intensive cardiac rehabilitation; with or without continuous ecg monitoring G0422 - with exercise, per session G0423 – without exercise, per session	G0422 G0423



Service	CPT/HCPCS Code(s)
Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; 94625 - without continuous oximetry monitoring (per session), 94626 – with continuous oximetry monitoring (per session)	94625 94626
<b>Ventilation Assistance Management</b>	
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
<b>Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD)</b>	
Individual and group kidney disease education services <a href="#">Coverage of Kidney Disease Patient Education Services</a> . CMS. Updated In 2013.	G0420 G0421
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 90952 <a href="#">90953</a> 90954 90955 <a href="#">90956</a> 90957 90958 <a href="#">90959</a> 90960 90961 <a href="#">90962</a>
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 90964 90965
ESRD-related services for home dialysis per full month, for patients ≥ 20 years of age	90966
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 90968 90969 90970
<b>Patient Self-Management, Education, Wellness and Lifestyle Changes</b>	
Community/work reintegration training (e.g., 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 each 15 minutes	97537
Provisional Health and Well-being Coaching services: 0591T - Health and wellbeing coaching face-to-face; individual, initial assessment; 0592T - Health and wellbeing coaching face-to-face; individual, follow-up session, at least 30 minutes; 0593T - Health and wellbeing coaching face-to-face; group (2 or more individuals), at least 30 minutes).	0591T 0592T 0593T



Service	CPT/HCPCs Code(s)
Individual and group medical nutrition therapy	G0270 97802 97803 97804
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 <ul style="list-style-type: none"> <li>American Diabetes Association's <a href="#">2020 Standards of Medical Care in Diabetes</a> states that "all people with diabetes should participate in diabetes self-management education" and "all individuals with diabetes should be referred for individualized MNT."</li> <li><a href="#">Medicare Reimbursement Guidelines for DSMT</a>. Centers for Disease Control and Prevention's (CDC). Accessed Dec 2022.</li> <li>Medicare Preventive Services - <a href="#">Diabetes Self-Management Training</a>. CMS. Accessed Dec 2022.</li> </ul>	G0108 G0109
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 caregiver/family) each 30 minutes; individual patient 98961 – same as 98960 but with 2-4 patients 98962 – same as 98960 but with 5-8 patients	98960 98961 98962
Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	99473
Smoking cessation services <ul style="list-style-type: none"> <li><a href="#">Tobacco Use Prevention and Cessation Counseling</a>. American Academy of Family Physicians. 2017.</li> </ul>	99406 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services <ul style="list-style-type: none"> <li><a href="#">Screening, Brief Intervention, &amp; Referral to Treatment (SBIRT) Services</a>. CMS. Updated Jan 2022.</li> </ul>	G0396 G0397
Annual alcohol misuse screening, 15 min (G0442) and brief face-to-face behavioral counseling for alcohol misuse, 15 min (G0444)	G0442 G0443
Annual depression screening, 15 min <ul style="list-style-type: none"> <li><a href="#">Screening for Depression in Adults</a>. CMS. Updated March 2012.</li> </ul>	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; performed semi-annually, 30 min <ul style="list-style-type: none"> <li><a href="#">Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs</a>. CMS. Updated May 2012.</li> </ul>	G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 min <ul style="list-style-type: none"> <li><a href="#">Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)</a>. CMS. Updated March 2021.</li> </ul>	G0446
Face-to-face behavioral counseling for obesity, 15 min	G0447
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit (G0438) and subsequent visit (G0439) <ul style="list-style-type: none"> <li><a href="#">Medicare Annual Wellness Visits</a>. CMS. Accessed Dec 2022.</li> </ul>	G0438 G0439



Service	CPT/HCPCS Code(s)
Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5–15 minutes, not more often than every 6 months.	G0136
Advance Care Planning, 30 min (99497) and each additional 30 min (99498) <ul style="list-style-type: none"> <li><a href="#">Advance Care Planning Fact Sheet</a>. CMS. Updated 2020.</li> </ul>	99497 99498
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) <ul style="list-style-type: none"> <li><a href="#">Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)</a>. CMS. Updated June 2017.</li> <li>For a decision tree and lung cancer screening guidelines across organizations, see <a href="#">Lung Cancer Screening Guidelines Implementation in Primary Care: A Call to Action</a>. Ann Fam Med. 2020.</li> </ul>	G0296
Comprehensive assessment of and care planning for patients requiring chronic care management. <a href="#">Chronic Care Management Services</a> . CMS. 2022	G0506
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). <a href="#">Cognitive Assessment &amp; Care Plan Services</a> . CMS. Last modified Jan 2022.	99483
<b>Chronic Pain Management and Treatment Services</b>	
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. Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded.) G3003 –Each additional 15 minutes 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.)	G3002 G3003



Service	CPT/HCPCS Code(s)
<b>Neurological Services</b>	
Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., 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; 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.	95970 95971 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
<b>Ophthalmological Services</b>	
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
<b>Physical and Occupational Therapy</b>	
Biofeedback training by any modality; <a href="#">Billing and Coding: Outpatient Therapy Biofeedback Training</a> . CMS.	90901
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)	97110 97112 97116
Therapeutic procedure(s), group (2 or more individuals)	97150
Physical therapy evaluation, requiring specific components: 97161 - <b>low complexity</b> , typically, <b>20 min are spent face-to-face</b> with the patient and/or family, 97162 - <b>moderate complexity</b> , typically, <b>30 min are spent face-to-face</b> with the patient and/or family, 97163 - <b>high complexity</b> , typically, <b>45 min are spent face-to-face</b> with the patient and/or family. 97164 - <b>Re-evaluation of physical therapy</b> established plan of care, requiring specific components, typically, <b>20 min are spent face-to-face</b> with the patient and/or family.	97161 97162 97163 97164
Occupational therapy evaluation, requiring specific components: 97165 - <b>low complexity</b> , typically, 30 min are spent face-to-face with the patient and/or family, 97166 - <b>moderate complexity</b> , typically, <b>45 min are spent face-to-face</b> with the patient and/or family, 97167 - <b>high complexity</b> , typically, <b>60 min are spent face-to-face</b> with the patient and/or family. 97168 - <b>Re-evaluation of occupational therapy</b> established plan of care, requiring specific components, typically, <b>30 min are spent face-to-face</b> 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



Service	CPT/HCPCS Code(s)
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
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
Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	97763
<b>Speech, Language, and Audiology Services</b>	
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	92555
92557 - Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	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



Service	CPT/HCPCS Code(s)
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
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
<b>Radiation Oncology</b>	
Radiation treatment management, 5 treatments	77427
Resource: <i>CPT 2024 professional edition</i> . Chicago, IL: American Medical Association Medicare payment amounts may be found on <a href="#">Physician Fee Schedule look-up tool</a> .	