

2024 Telehealth Payable Services - Commercial

CPT/HCPCS Codes	Code Definitions	2024 CMS Telehealth Code?	Audio-only, permitted by CMS?	2024 AMA Telemedicine Code?
+90785	Interactive complexity	Permanent	Yes	Yes
90791	Psychiatric diagnostic evaluation-no medical services	Permanent	Yes	Yes
90792	Psychiatric diagnostic evaluation-with medical services	Permanent	Yes	Yes
90832	Psychotherapy with patient, 30 minutes	Permanent	Yes	Yes
+90833	Psychotherapy with patient, 30 minutes, with E/M service	Permanent	Yes	Yes
90834	Psychotherapy with patient, 45 minutes	Permanent	Yes	Yes
+90836	Psychotherapy with patient, 45 minutes, with E/M service	Permanent	Yes	Yes
90837	Psychotherapy with patient, 60 minutes	Permanent	Yes	Yes
+90838	Psychotherapy with patient, 60 minutes, with E/M service	Permanent	Yes	Yes
90839	Psychotherapy for crisis, initial 60 minutes	Permanent	Yes	Yes
+90840	Psychotherapy for crisis, additional 30 minutes	Permanent	Yes	Yes
90846	Family psychotherapy without patient, 50 minutes	Permanent	Yes	Yes
90847	Family psychotherapy with patient, 50 minutes	Permanent	Yes	Yes
90853	Group psychotherapy	Permanent	Yes	
+90863	Pharmacological management performed with psychotherapy (Note: This code is for prescribing psychologists only and is currently only used in states where such licensure exists.)	N/A	N/A	Yes
90875	Psychophysiological therapy with biofeedback, 20-30 minutes	Provisional	Yes	
96116	Neurobehavioral status exam, first hour	Permanent	Yes	Yes
+96121	Neurobehavioral status exam, additional hour	Permanent	Yes	
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour	Provisional	No	
96130	Psychological testing, first hour	Provisional	Yes	
+96131	Psychological testing, additional hour	Provisional	Yes	
96132	Neuropsychological testing, first hour	Provisional	Yes	
+96133	Neuropsychological testing, additional hour	Provisional	Yes	
96136	Psychological/neuropsychological testing administered by MD/QHP, first 30 minutes	Provisional	Yes	
+96137	Psychological/neuropsychological testing administered by MD/QHP, additional 30 minutes	Provisional	Yes	
96138	Psychological/neuropsychological testing administered by technician, first 30 minutes	Provisional	Yes	
+96139	Psychological/neuropsychological testing administered by technician, additional 30 minutes	Provisional	Yes	
99202	Office outpatient visit, new patient, 15 minutes	Permanent	No	Yes
99203	Office outpatient visit, new patient, 30 minutes	Permanent	No	Yes
99204	Office outpatient visit, new patient, 45 minutes	Permanent	No	Yes
99205	Office outpatient visit, new patient, 60 minutes	Permanent	No	Yes
99211	Office outpatient visit, established patient	Permanent	No	Yes
99212	Office outpatient visit, established patient, 10 minutes	Permanent	No	Yes

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99213	Office outpatient visit, established patient, 20 minutes	Permanent	No	Yes
99214	Office outpatient visit, established patient, 30 minutes	Permanent	No	Yes
99215	Office outpatient Visit, established patient, 40 minutes	Permanent	No	Yes
99221	Initial hospital inpatient or observation care, straightforward or low complexity, 40 minutes	Provisional	No	
99222	Initial hospital inpatient or observation care, moderate complexity, 55 minutes	Provisional	No	
99223	Initial hospital inpatient or observation care, high complexity, 75 minutes	Provisional	No	
99231	Subsequent hospital inpatient care, straightforward or low complexity, 25 minutes	Permanent	No	Yes
99232	Subsequent hospital inpatient care, moderate complexity, 35 minutes	Permanent	No	Yes
99233	Subsequent hospital inpatient care, high complexity, 50 minutes	Permanent	No	Yes
99234	Hospital inpatient or observation care, straightforward or low complexity, 45 minutes	Provisional	No	
99235	Hospital inpatient or observation care, moderate complexity, 70 minutes	Provisional	No	
99236	Hospital inpatient or observation care, high complexity, 85 minutes	Provisional	No	
99238	Hospital discharge day management, 30 minutes or less	Provisional	No	
99239	Hospital discharge day management, more than 30 minutes	Provisional	No	
99242	Outpatient consultation, straightforward, 20 minutes	N/A	N/A	Yes
99243	Outpatient consultation, low complexity, 30 minutes	N/A	N/A	Yes
99244	Outpatient consultation, moderate complexity, 40 minutes	N/A	N/A	Yes
99245	Outpatient consultation, high complexity, 55 minutes	N/A	N/A	Yes
99252	Hospital consultation, straightforward, 35 minutes	N/A	N/A	Yes
99253	Hospital consultation, low complexity, 45 minutes	N/A	N/A	Yes
99254	Hospital consultation, moderate complexity, 60 minutes	N/A	N/A	Yes
99255	Hospital consultation, high complexity, 80 minutes	N/A	N/A	Yes
99281	Emergency department visit	Provisional	No	
99282	Emergency department visit, straightforward	Provisional	No	
99283	Emergency department visit, low complexity	Provisional	No	
99284	Emergency department visit, moderate complexity	Provisional	No	
99285	Emergency department visit, high complexity	Provisional	No	
99304	Nursing facility evaluation and management, straightforward or low complexity, 25 minutes	Provisional	No	Yes
99305	Nursing facility evaluation and management, moderate complexity, 35 minutes	Provisional	No	Yes
99306	Nursing facility evaluation and management, high complexity, 50 minutes	Provisional	No	Yes
99307	Subsequent nursing facility consult, 10 minutes	Permanent	No	Yes
99308	Subsequent nursing facility consult, 20 minutes	Permanent	No	Yes
99309	Subsequent nursing facility consult, 25 minutes	Permanent	No	Yes

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99310	Subsequent nursing facility consult, 35 minutes	Permanent	No	Yes
99341	Home or residence consultation, new patient, 15 minutes	Provisional	No	
99342	Home or residence consultation, new patient, 30 minutes	Provisional	No	
99344	Home or residence consultation, new patient, 60 minutes	Provisional	No	
99345	Home or residence consultation, new patient, 75 minutes	Provisional	No	
99347	Home or residence consultation, established patient, 20 minutes	Permanent	No	
99348	Home or residence consultation, established patient, 30 minutes	Permanent	No	
99349	Home or residence consultation, established patient, 40 minutes	Provisional	No	
99350	Home or residence consultation, established patient, 60 minutes	Provisional	No	
+99417	Prolonged outpatient service, each 15 minutes	N/A	N/A	Yes
+99418	Prolonged inpatient or observation service, each 15 minutes	N/A	N/A	Yes
G0136	Administration of a standardized, evidence-based SDOH risk assessment, 5–15 minutes, not more often than every 6 months	Permanent	No	
G0406	Follow-up inpatient consult, telehealth, per 15 minutes	Permanent	Yes	
G0407	Follow-up inpatient consult, telehealth, per 25 minutes	Permanent	Yes	
G0408	Follow-up inpatient consult, telehealth, per 35 minutes	Permanent	Yes	
G0425	Telehealth consult, initial inpatient or emergency department, per 30 minutes	Permanent	Yes	
G0426	Telehealth consult, initial inpatient or emergency department, per 50 minutes	Permanent	Yes	
G0427	Telehealth consultation, initial inpatient or emergency department, per 70 minutes	Permanent	Yes	
G0459	Inpatient telehealth, pharmacological management, including prescription use and medication review, minimal psychotherapy	Permanent	Yes	
+G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition	Permanent	Yes	
Q3014	Telehealth originating site facility fee (Note: This code is billed by the originating site provider.)	Permanent	N/A	
<p>Note: Coverage for codes is subject to the provisions and limitations of the member's benefit plan including authorization requirements. Nothing in this document should be construed as altering member benefits.</p>				

**Telehealth Payable
Autism Specialty Product Services**

CPT Codes	Code Definitions	2024 CMS Telehealth Code?	Audio-only, permitted by CMS?	2024 AMA Telemedicine Code?
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Provisional	No	No
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes	Provisional	No	No
97154	Group adaptive behavior treatment by protocol, administered by technician under the supervision of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes technician time	Provisional	No	No
97155	Adaptive behavior treatment with protocol modification admin by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Provisional	No	No
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Provisional	No	No
97157	Multiple family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 minutes	Provisional	No	No
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes	Provisional	No	No
0362T	Behavior identification supporting assessment, 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	Provisional	No	No
0373T	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	Provisional	No	No

Note: Excluded in member benefits except for plans that include Autism Specialty Product coverage. For claims payment, eligible member must have autism spectrum disorder diagnosis. Code coverage may vary by state or account.

**Telehealth Payable
Partial Hospitalization Program (PHP) and
Intensive Outpatient Program (IOP) Services**

HCPCS Codes	Code Definitions	2024 Telehealth Code?	Audio-only, permitted?
Partial Hospitalization Program (PHP) services			
H0035	Mental health partial hospital, treatment, less than 24 hours	Yes	No
Intensive Outpatient Program (IOP) services			
S9480	Intensive outpatient psychiatric services, per diem	Yes	No
H0015	Alcohol and/or drug services; IOP	Yes	No

**Telehealth Payable
Office-Based Opioid Treatment (OBOT) Services**

HCPCS Codes	Code Definitions	2024 Telehealth Code?	Audio-only, permitted?
Office-Based Opioid Treatment (OBOT) services – some accounts exclude			
H0001 HG	Alcohol and/or drug assessment; detox for opioid addiction using buprenorphine	Yes	Yes
H0014 HG	Ambulatory detoxification for opioid addiction using buprenorphine	Yes	Yes