

BENEFIT COVERAGE POLICY



Title: BCP-50 Telemedicine Services

Effective Date: 03/01/2020

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers telemedicine services, including services via a telemedicine vendor in accordance with state and federal laws and the member's contract.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

Due to COVID-19, the Health Plan is expanding coverage of telemedicine services per CMS 1135 waiver from 3/1/2020 to 12/31/2020 (see Appendix 1 for coding).

Sources used are:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.

<https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes>.

Other services to be covered via telemedicine from 3/1/2020 to 12/31/2020 are:

- ABA therapy.
- PT/OT/ST.
- Prenatal care.

2.0 Background:

The terms "telehealth" and "telemedicine" are often used interchangeably and in basic terms, is the remote video consult between a health care provider and a patient.

Telemedicine was originally created as a way to treat patients who were located in remote places, far away from local health facilities or in areas with shortages of medical professionals. While telemedicine is still used today to address these problems, it's increasingly becoming a tool for improved access to medical care. Patients today want to spend less time in the provider's waiting room and to get immediate care for minor but urgent conditions when they need it.

Telemedicine includes remote patient health monitoring, medical education, patient consultation via video conferencing, health wireless applications, and transmission of image medical reports.

Telemedicine parity provides for telemedicine visit coverage by health plans at similar costs as in-person visits with a health care provider. Not all states have laws to provide for telemedicine parity. Michigan law SB 0753 imposes telehealth practice standards and states that "contracts shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine" which includes live video.

3.0 Expectations for Telemedicine Services:

- A. Professional services – evaluation, management and consultation services may be considered medically necessary when ALL of the following conditions apply:
1. Standards of Care –
 - a. The patient initiates the medical or behavioral health encounter and must be present at the time of the telemedicine visit allowing the provider to examine the patient in real time; AND
 - b. The patient's clinical condition is considered to be of low complexity and while it may be an urgent encounter, it should not be an emergent clinical condition. The patient's clinical condition requires straight forward decision making and the need for a follow-up encounter is not anticipated; AND
 - c. The extent of services provided via telemedicine includes at least a problem focused history and straight forward medical decision making as defined by the CPT manual; AND
 - d. In general, an examination through telemedicine technology should provide the practitioner with information that is equivalent to a face-to-face examination and conforms to the standards of care expected of a face-to-face visit; AND
 - e. The provider is expected to set appropriate expectations regarding the telemedicine visit, including prescribing policies, scope of practice, communication, emergency plans, and follow-up; AND
 - f. Michigan requires a provider to obtain appropriate informed consent, which includes all the information that applies to routine office visits as well as a description of the potential risks, consequences and benefits of telemedicine; AND
 2. HIPAA - the telemedicine service must take place via a secure, HIPAA compliant interactive audio and/or video telecommunications system with provisions for the patient's privacy and security; AND
 3. Communication – interactive telecommunications systems must be multi-media communication that, at a minimum, include audio equipment permitting real-time consultation between the patient and the consulting health care provider; AND
 4. Documentation – a permanent record of telemedicine communications relevant to the medical care of the patient is maintained as part of the patient's medical record; AND
 5. Legal issues – providers need to be aware of all relevant state and federal laws related to the use of telemedicine and include those that govern prescribing and the establishment of a doctor-patient relationship. In addition, providers need to be aware of relevant practice guidelines developed by the specialty societies as they relate to both in-person and telemedicine practices.

6. Services delivered via telemedicine should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7 days. E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately.
7. Providers are expected to:
 - a. Abide by state board and specialty training and supervision requirements; AND
 - b. Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in the profession in the state where the patient is located at the time of the telemedicine visit. Services must fall within their scope of practice.

B. Eligible providers may include:

1. MD/DO
2. Certified nurse midwife
3. Clinical nurse practitioner
4. Clinical psychologist
5. Clinical social worker
6. Physician assistant

C. The following services are not covered as telemedicine services:

1. Telephonic sessions – are not considered to be an appropriate substitute for face-to-face or video therapy visits when there is no face-to-face visit or video examination. A phone call alone does not allow for a proper exam and the legally/medically proper physician-patient relationship. This is especially true for behavioral health, where visual cues and body language are important aspects of any assessment and Mental Status Exam.
2. Crisis hotlines.
3. Routine preventive care.
4. Facsimile transmissions.
5. Installation or maintenance of any telecommunication devices or systems, software, applications for management of acute or chronic disease, or Store and Forward telecommunications.
6. Software or other applications for management of acute or chronic disease.
7. Store and Forward telecommunication (transferring data from one site to another using a camera or similar device that records [stores] an image that is sent via telecommunication to another site for consultation.
8. Provider-to-provider consultations when the member is not present.
9. Radiology interpretations.
10. Scheduling of appointments or diagnostic tests or reminders of scheduled appointments.
11. Requests for referrals.
12. Provider initiated e-mail.
13. Refilling or renewing existing prescriptions without substantial change in clinical situation.
14. Reporting normal test results.
15. Updating patient information.

16. Providing educational materials only or clarification of simple instructions.
17. Brief follow-up of a medical procedure to confirm stability of the patient's condition without indication of complication or new condition including, but not limited to routine global surgical follow-up.
18. Consultative message exchanges resulting in an office visit, urgent care or emergency care encounter on the within 24 hours for the same condition.
19. Brief discussion to confirm stability of the patient's chronic condition without change in current treatment.
20. A service that would not be charged for in a regular office visit.

D. Patients deemed not appropriate for telemonitoring include patients who:

1. Refuse or are unwilling to participate in telemonitoring.
2. Are unable to self-actuate or have no caregiver available to assist in use of telemonitoring equipment.
3. Are enrolled in hospice services.
4. Receive frequent clinical interventions (more than 3 times per week).

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO Group L0000264; 4 = ASO Group L0001269 Non-Union & Union; 5 = ASO Group L0001631; 6 = ASO Group L0002011; 7 = ASO Group L000269 Union Only.

COVERED CODES			
Code	Description	Prior Approval	COC Reference
90791	Psychiatric diagnostic evaluation	N	Benefits and Coverage; Telemedicine Services
90792	Psychiatric diagnostic evaluation with medical services	N	Benefits and Coverage; Telemedicine Services
90832	Psychotherapy, 30 minutes with patient	N	Benefits and Coverage; Telemedicine Services
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	N	Benefits and Coverage; Telemedicine Services
90834	Psychotherapy, 45 minutes with patient	N	Benefits and Coverage; Telemedicine Services
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	N	Benefits and Coverage; Telemedicine Services
90837	Psychotherapy, 60 minutes with patient	N	Benefits and Coverage; Telemedicine Services
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	N	Benefits and Coverage; Telemedicine Services
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List	N	Benefits and Coverage; Telemedicine Services

COVERED CODES

Code	Description	Prior Approval	COC Reference
	separately in addition to the code for primary procedure)		
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	N	Benefits and Coverage; Telemedicine Services
98969 Code deleted 1/1/20	Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network	N	Benefits and Coverage; Telemedicine Services
99201 - 99215	Office-based evaluation and management services	N	Benefits and Coverage; Telemedicine Services
98970	Qualified non-physician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	N	Benefits and Coverage; Telemedicine Services
98971	Qualified non-physician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	N	Benefits and Coverage; Telemedicine Services
98972	Qualified non-physician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	N	Benefits and Coverage; Telemedicine Services
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	N	Benefits and Coverage; Telemedicine Services
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	N	Benefits and Coverage; Telemedicine Services
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	N	Benefits and Coverage; Telemedicine Services
99444 Code deleted 1/1/20	Online E&M service provided by a physician or other qualified health care professional who may report E&M services provided to an established patient, guardian, or health care provider not originating from a related E&M service provided within the previous 7 days, using the internet or similar electronic	N	Benefits and Coverage; Telemedicine Services

COVERED CODES

Code	Description	Prior Approval	COC Reference
	communications network		
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	N	Benefits and Coverage; Telemedicine Services
99447	... 11-20 minutes of medical consultative discussion and review	N	Benefits and Coverage; Telemedicine Services
99448	... 21-30 minutes of medical consultative discussion and review	N	Benefits and Coverage; Telemedicine Services
99449	... 31 minutes or more of medical consultative discussion and review	N	Benefits and Coverage; Telemedicine Services
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	N	Benefits and Coverage; Telemedicine Services
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	N	Benefits and Coverage; Telemedicine Services
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge. Medical decision making of at least moderate complexity during the service period. Face-to-face visit, within 14 calendar days of discharge	N	Benefits and Coverage; Telemedicine Services
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge. Medical decision making of high complexity during the service period. Face-to-face visit, within 7 calendar days of discharge	N	Benefits and Coverage; Telemedicine Services
G0406	Follow up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with patient via telehealth	N	Benefits and Coverage; Telemedicine Services
G0407	Follow up inpatient telehealth consultation, intermediate, physicians typically spend 25	N	Benefits and Coverage; Telemedicine Services

COVERED CODES

Code	Description	Prior Approval	COC Reference
	minutes communicating with patient via telehealth		
G0408	Follow up inpatient telehealth consultation, complex, physicians typically spend 35 minutes communicating with patient via telehealth	N	Benefits and Coverage; Telemedicine Services
G0425	Initial inpatient telehealth consultation, typically 30 minutes communicating with the patient via telehealth	N	Benefits and Coverage; Telemedicine Services
G0426	Initial inpatient telehealth consultation, typically 50 minutes communicating with the patient via telehealth	N	Benefits and Coverage; Telemedicine Services
G0427	Initial inpatient telehealth consultation, typically 70 minutes or more communicating with the patient via telehealth	N	Benefits and Coverage; Telemedicine Services
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	N	Benefits and Coverage; Telemedicine Services
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	N	Benefits and Coverage; Telemedicine Services
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	N	Benefits and Coverage; Telemedicine Services
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	N	Benefits and Coverage; Telemedicine Services
G2061	Qualified non-physician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	N	Benefits and Coverage; Telemedicine Services
G2062	Qualified non-physician health care	N	Benefits and Coverage;

COVERED CODES			
Code	Description	Prior Approval	COC Reference
	professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes		Telemedicine Services
G2063	Qualified non-physician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	N	Benefits and Coverage; Telemedicine Services
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	N	Benefits and Coverage; Telemedicine Services
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	N	Benefits and Coverage; Telemedicine Services
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	N	Benefits and Coverage; Telemedicine Services

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/ Reason
Q3014	Telehealth originating site facility fee	Payment included in primary procedure.
T1014	Telehealth transmission, per minute, professional services bill separately.	Not an eligible charge

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Distant site – is where the health care professional providing the professional service is located at the time the service is provided via a HIPAA compliant telecommunications system.

Face-to-face encounter – an encounter between a healthcare provider and a patient either in person or virtually through real-time audio with video technology.

Originating site – is where the patient is located at the time the service is being provided via a HIPAA compliant telecommunications system, such as, but not limited to a practitioner’s office, hospital, health care clinic, skilled nursing facility, or the patient’s home.

Store and Forward – the transfer of data from one site to another, using a camera or other similar device that records/stores an image and is forwarded via telecommunication to another site for consultation.

Telemonitoring – use of information technology to monitor patients at a distance, such as members who have a history of cardiac conditions including heart failure and hypertension, COPD, uncontrolled diabetes. Examples of telemonitoring information are blood pressure and pulse readings, pulse oximetry measurements, blood sugar readings, and/or weights to a provider’s office at regular intervals.

7.0 References, Citations & Resources:

1. American Telehealth Association (ATA) Standards of Care, October 2014. Available at: https://www.healthit.gov/sites/default/files/telehealthguide_final_0.pdf.
2. Upper Midwest Telehealth Resource Centers, Frequently Asked Questions, 2019. Available at: <https://www.umtrc.org/index.php?submenu=fags&src=faq&category=Resources>.
3. Michigan Legislature, The Insurance Code of 1956 (excerpt), Act 218 of 1956, Section 500.3476 Telemedicine services; provisions; definition. [http://www.legislature.mi.gov/\(S\(gvdaitdvlvihrdgg32kq2ts0\)\)/mileg.aspx?page=getObject&objectName=mcl-500-3476](http://www.legislature.mi.gov/(S(gvdaitdvlvihrdgg32kq2ts0))/mileg.aspx?page=getObject&objectName=mcl-500-3476).

8.0 Appendices:

See below.

9.0 Revision History

Original Effective Date: 01/01/2020

Next Review Date: 04/01/2021

Revision Date	Reason for Revision
2/18/20	1/1/20 code changes made.
3/20	COVID-19 codes added per CMS guidelines
5/20	Edited to change term date of temporary allowance of some services via telemedicine to be extended until 12/31/20.

Appendix 1: Codes covered from 3/1/2020 to 12/31/2020

COVERED CODES			
Code	Description	Prior Approval	COC Reference
90785	Interactive complexity (List separately in addition to the code for primary procedure)	N	Benefits and Coverage; Telemedicine Services
90839	Psychotherapy for crisis; first 60 minutes	N	Benefits and Coverage; Telemedicine Services
90840	... each additional 30 minutes (List separately in addition to code for primary service)	N	Benefits and Coverage; Telemedicine Services
90845	Psychoanalysis	Y	Benefits and Coverage; Telemedicine Services
90846	Family psychotherapy (without patient present), 50 minutes	N	Benefits and Coverage; Telemedicine Services
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	N	Benefits and Coverage; Telemedicine Services
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90952	... with 2-3 face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition , assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90955	... with 2-3 face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years if age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90958	... with 2-3 face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services

COVERED CODES

Code	Description	Prior Approval	COC Reference
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90961	... with 2-3 face-to-face visits by a physician or other qualified health care professional per month	N	Benefits and Coverage; Telemedicine Services
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	N	Benefits and Coverage; Telemedicine Services
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	N	Benefits and Coverage; Telemedicine Services
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, counseling of parents	N	Benefits and Coverage; Telemedicine Services
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	N	Benefits and Coverage; Telemedicine Services
90967	End-stage renal disease (ESRD) related services related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	N	Benefits and Coverage; Telemedicine Services
90968	... for patients 2-11 years of age	N	Benefits and Coverage; Telemedicine Services
90969	... for patients 12-19 years of age	N	Benefits and Coverage; Telemedicine Services
90970	... for patients 20 years of age and older	N	Benefits and Coverage; Telemedicine Services
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	N	Benefits and Coverage; Telemedicine Services
96160	Administration of patient-focused health risk	N	Benefits and Coverage;

COVERED CODES

Code	Description	Prior Approval	COC Reference
	assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument		Telemedicine Services
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	N	Benefits and Coverage; Telemedicine Services
97802	Medical nutrition therapy; initial assessment & intervention, individual, face to face with the patient, each 15 minutes	N	Benefits and Coverage; Telemedicine Services
97803	... re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	N	Benefits and Coverage; Telemedicine Services
97804	... group (2 or more individual[s]), each 30 minutes	N	Benefits and Coverage; Telemedicine Services
99231	Subsequent hospital care, per day, for E&M of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused exam; Medical decision making that is straightforward or of low complexity	N	Benefits and Coverage; Telemedicine Services
99232	Subsequent hospital care, per day, for E&M of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused exam; Medical decision making of moderate complexity	N	Benefits and Coverage; Telemedicine Services
99233	Subsequent hospital care, per day, for E&M of a patient which requires at least 2 of these 3 key components: A detailed interval history; A detailed exam; Medical decision making of high complexity	N	Benefits and Coverage; Telemedicine Services
99307	Subsequent nursing facility care, per day, for E&M of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making	N	Benefits and Coverage; Telemedicine Services
99308	Subsequent nursing facility care, per day, for E&M of a patient which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity	N	Benefits and Coverage; Telemedicine Services
99309	Subsequent nursing facility care, per day, for E&M of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity	N	Benefits and Coverage; Telemedicine Services

COVERED CODES

Code	Description	Prior Approval	COC Reference
99310	Subsequent nursing facility care, per day, for E&M of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive exam; Medical decision making of high complexity	N	Benefits and Coverage; Telemedicine Services
99354	Prolonged evaluation and management or psychotherapy 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 hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	N	Benefits and Coverage; Telemedicine Services
99355	... each additional 30 minutes (List separately in addition to code for prolonged service)	N	Benefits and Coverage; Telemedicine Services
99356	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)	N	Benefits and Coverage; Telemedicine Services
99357	... each additional 30 minutes (List separately in addition to code for prolonged service)	N	Benefits and Coverage; Telemedicine Services
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	N	Benefits and Coverage; Telemedicine Services
99407	... intensive, greater than 10 minutes	N	Benefits and Coverage; Telemedicine Services
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	N	Benefits and Coverage; Telemedicine Services
99498	... each additional 30 min (List separately in addition to code for primary procedure)	N	Benefits and Coverage; Telemedicine Services
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	N	Benefits and Coverage; Telemedicine Services
G0109	Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes	N	Benefits and Coverage; Telemedicine Services
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the	N	Benefits and Coverage; Telemedicine Services

COVERED CODES			
Code	Description	Prior Approval	COC Reference
	patient, each 15 minutes		
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	N	Benefits and Coverage; Telemedicine Services
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (eg, audit, DAST), and brief intervention 15 to 30 minutes	N	Benefits and Coverage; Telemedicine Services
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	N	Benefits and Coverage; Telemedicine Services
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	N	Benefits and Coverage; Telemedicine Services
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	N	Benefits and Coverage; Telemedicine Services
G0442	Annual alcohol misuse screening, 15 minutes	N	Benefits and Coverage; Telemedicine Services
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	N	Benefits and Coverage; Telemedicine Services
G0444	Annual depression screening, 15 min.	N	Benefits and Coverage; Telemedicine Services
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	N	Benefits and Coverage; Telemedicine Services
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	N	Benefits and Coverage; Telemedicine Services
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	N	Benefits and Coverage; Telemedicine Services
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	N	Benefits and Coverage; Telemedicine Services
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	N	Benefits and Coverage; Telemedicine Services
G0513	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 minutes (List separately	N	Benefits and Coverage; Telemedicine Services

COVERED CODES

Code	Description	Prior Approval	COC Reference
	in addition to code for preventive service)		
G0514	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; each additional 30 minutes (List separately in addition to code G0513 for additional 30 minutes of preventive service)	N	Benefits and Coverage; Telemedicine Services