

Virtual Health Services Summary
 COVID-19 Expanded Covered Codes by Health Plan (Limited Duration)
 Updated 5/27/2020



Code/ Description	Blue Cross PPO/BCN HMO Commercial			Blue Cross Medicare Plus Blue PPO/BCN Advantage			HAP Commercial			HAP Medicare Advantage			Priority Health Commercial**			Priority Health Medicare**			SmartHealth			Total Health Care							
	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply-All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived	Standard Copays, Coinsurance & Deductibles Apply	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related DX Only	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related DX ONLY	Standard Copays, Coinsurance & Deductibles Apply- ALL other Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related Dx only	Standard Copays, Coinsurance & Deductibles Apply- All Other Dx				
90961- Monthly ESRD Services, for Patients 20 Years of Age and Older; with 2-3 Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90962- End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older		X			95/***		X		95/***		X		95/***		X										X				
90963- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month, for Patients Younger Than 2 Yrs of Age	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90964- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month, for Patients 2-11 Years of Age	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90965- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month, for Patients 12-19 Years of Age	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90966- End-Stage Renal Disease (ESRD) Related Services for Home Dialysis Per Full Month, for Patients 20 Years of Age and Older	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90967- End-Stage Renal Disease (ESRD) Related Services for Dialysis Less Than A Full Month of Service, Per Day; Pt < 2 Yrs	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90968- End-Stage Renal Disease (ESRD) Related Services for Dialysis Less Than A Full Month of Service, Per Day; Pt 2-11 Yrs	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90969- End-Stage Renal Disease (ESRD) Related Services for Dialysis Less Than A Full Month of Service, Per Day; Pt 12-19 Yrs	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
90970- ESRD Related Services for Dialysis Less Than A Full Month of Service, Per Day; Pt 20 Yrs of Age and Older	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X									GT/02		X		X	
92002- Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		X			95/***		X		95/***		X		95/***		X										X				
92004- Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits		X			95/***		X		95/***		X		95/***		X										X				
92012- Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		X			95/***		X		95/***		X		95/***		X										X				
92014- Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits		X			95/***		X		95/***		X		95/***		X										X				
92227- Remote Dx Retinal Imaging		X					X				X				X									GT/02		X		X	
92228- Remote Retinal Imaging Mgmt		X					X				X				X									GT/02		X		X	
92507- Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		X			95/***		X		95/***		X		95/***		X										X				
92508- Speech/Hearing/Voice/Communication Therapy; Group, 2+ Individuals		X			95/***		X		95/***		X		95/***		X										X				
92521- Evaluation of speech fluency (eg, stuttering, cluttering)		X			95/***		X		95/***		X		95/***		X										X				
92522- Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)		X			95/***		X		95/***		X		95/***		X										X				
92523- Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)		X			95/***		X		95/***		X		95/***		X										X				
92524- Behavioral and qualitative analysis of voice and resonance.		X			95/***		X		95/***		X		95/***		X										X				
92601- Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming		X			95/***		X		95/***		X		95/***		X										X				
92602- Subsequent reprogramming of cochlear implant, patient younger than 7 years of age		X			95/***		X		95/***		X		95/***		X										X				
92603- Diagnostic analysis of cochlear implant, age 7 years or older; with programming.		X			95/***		X		95/***		X		95/***		X										X				
92604- Subsequent reprogramming of cochlear implant, age 7 years or older		X			95/***		X		95/***		X		95/***		X										X				
94002- Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day.		X			95/***		X		95/***		X		95/***		X										X				
94003- Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, subsequent days.		X			95/***		X		95/***		X		95/***		X										X				
94004- Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, each day.		X			95/***		X		95/***		X		95/***		X										X				
94005- Home ventilation management supervision		X			95/***		X		95/***		X		95/***		X										X				
94664- Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device.		X			95/***		X		95/***		X		95/***		X										X				
96040- Medical Genetics and Genetic Counseling Services, Each 30 Minutes Face-To-Face with Patient/Family		X					X				X				X										X				
96102- psychological testing by a technician		X					X				X				X										X				
96103- psychological testing by a computer		X					X				X				X										X				
96110- Developmental screening; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report		X			95/***		X		95/***		X		95/***		X										X				
96112 - Developmental test administration by physician or other qualified healthcare professional, with interpretation and report; first hour		X			95/***		X		95/***		X		95/***		X										X				
96113- Developmental test administration by physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes		X			95/***		X		95/***		X		95/***		X										X				
96116- Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time- (Physician)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		X	95/ ***		X					GT/02		X		X
96116- Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		X	95/ ***		X					GT/02		X		X
96116- Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time- (LMSW/LP/LPC/BA)		X					X				X				X		X	95/ ***		X					X				
96119- face-to-face testing using a technician to assist in the administration of the test		X					X				X				X										X				
96120- computer-administered neuropsychological testing, with subsequent interpretation and report of the specific tests by the physician, psychologist, or other qualified health care professional.		X					X				X				X										X				

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	97116- Therapeutic procedure, 1 or more areas, each 15 minutes gait training (includes stair climbing). Requires the practitioner to maintain direct patient contact (i.e., visual, verbal, and/or manual contact)		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11		X	X		X
97150- Therapeutic procedures, group (2 or more individuals); involve constant attendance of the physician or therapist.		X		95/****		X		95/****		X		95/****		X					X					X				X		
97151- Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes 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 non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	GT or 95 /02			X	95/****		X		95/****		X		95/****		X				X					X			GT/02		X	X
97152- Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes		X		95/****		X		95/****		X		95/****		X					X					X			GT/02		X	X
97153- Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes		X		95/****		X		95/****		X		95/****		X					X					X			GT/02		X	X
97154- Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes		X		95/****		X		95/****		X		95/****		X					X					X			GT/02		X	X
97155- 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 minutes	GT or 95 /02			X	95/****		X		95/****		X		95/****		X				X					X			GT/02		X	X
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	GT or 95 /02			X	95/****		X		95/****		X		95/****		X				X					X			GT/02		X	X
97157- Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes.	GT or 95 /02			X	95/****		X		95/****		X		95/****		X				X					X				X		
97158- Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes		X		95/****		X		95/****		X		95/****		X					X					X			GT/02		X	X
97161- Physical Therapy Initial Evaluation- Low Complexity		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97162- Physical Therapy Initial Evaluation- Moderate Complexity		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97163- Physical Therapy Initial Evaluation- High Complexity		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97164- Physical Therapy Re-Evaluation		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97165- Occupational Therapy Initial Evaluation- Low Complexity		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97166- Occupational Therapy Initial Evaluation- Moderate Complexity		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97167- Occupational Therapy Initial Evaluation- High Complexity		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97168- Occupational Therapy Re-Evaluation		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97169- Athletic Training evaluation, low complexity		X				X				X				X					X					GT OR 95/11			X	X	X	
97170- Athletic Training evaluation, moderate complexity		X				X				X				X					X					GT OR 95/11			X	X	X	
97530- Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97535- Self-Care/Home Management Training		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97542- Wheelchair management (eg, assessment, fitting, training), each 15 minutes and is used to assess a patient's need for a wheelchair as well as teaching the patient wheelchair maneuvering skills.		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97750- Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97755- assess for the suitability and benefits of technological interface that will help restore, augment, or compensate for existing functional ability in the patient.		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97760- orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes.		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97761- Prosthetic training, upper and/or lower extremities, initial prosthetic encounter, each 15 minutes		X		95/****		X		95/****		X		95/****		X					X					GT OR 95/11			X	X	X	
97802- Medical Nutrition Therapy; Initial Assessment & Intervention, Face-To-Face W/PT, 15 Min	GT or 95 /****		X	GT or 95 /****		X		GT/02		X		GT/02		X					95/****		X	X	X	GT OR 95/11			X	X	X	
97803- Medical Nutrition Therapy; Re-Assessment & Intervention, Face-To-Face W/PT, Each 15 Min	GT or 95 /****		X	GT or 95 /****		X		GT/02		X		GT/02		X					95/****		X	X	X	GT OR 95/11			X	X	X	
97804- Medical Nutrition Therapy, Group (2 Or More Ind),Each 30 Min		X		95/****		X		GT/02		X		GT/02		X					95/****		X	X	X	GT OR 95/11			X	X	X	
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		X				X				X				X											X			X		
98961- Education and training for patient self-management by nonphysician, face-to-face with the patient, ea 30 min; 2-4 pts	GT or 95 /02			X	GT or 95 /02		X			X				X										X				X		
98962- Education and training for patient self-management by nonphysician, face-to-face with the patient, ea 30 min; 5-8 pts	GT or 95 /02			X	GT or 95 /02		X			X				X										X				X		
98966- Telephone Assessment and Management Service Provided by a Nonphysician Professional; 5-10 Minutes of Medical Discussion	None/02		X			X		GT/02		X				95/****		X		X						GT OR 95/11			X	X	X	
98967- Telephone Assessment and Management Service Provided by a Nonphysician Professional; 11-20 Minutes of Medical Discussion	None/02		X			X		GT/02		X				95/****		X		X						GT OR 95/11			X	X	X	
98968- Telephone Assessment and Management Service Provided by a Nonphysician Professional; 21-30 Minutes of Medical Discussion	None/02		X			X		GT/02		X				95/****		X		X						GT OR 95/11			X	X	X	

Virtual Health Services Summary
COVID-19 Expanded Covered Codes by Health Plan (Limited Duration)
Updated 5/27/2020



Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend you check with your biller for appropriate direction on claim submissions.	Blue Cross PPO/BCN HMO Commercial			Blue Cross Medicare Plus Blue PPO/BCN Advantage			HAP Commercial			HAP Medicare Advantage			Priority Health Commercial**			Priority Health Medicare**			SmartHealth			Total Health Care										
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99284- Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.		X			95/**	X			95/**	X			95/**	X				X						X				X				
99285- Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.		X			95/**	X			95/**	X			95/**	X				X						X				X				
99291- Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes.		X			95/**	X			95/**	X			95/**	X				X						X				X				
99292- Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes.		X			95/**	X			95/**	X			95/**	X				X						X				X				
99304- Initial Nursing Facility Care- Includes a detailed history and physical exam and medical decision making of low complexity. Typical time spent is 25 minutes	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X				
99305- Initial Nursing Facility Care- Includes a comprehensive history and physical examination and medical decision making of moderate complexity. Typical time spent is 35 minutes.	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X				
99306- Initial Nursing Facility Care - Includes a comprehensive history and physical examination and medical decision making of high complexity. Typical time spent is 45 minutes.	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X				
99307- Subsequent nursing facility care, per day, 2 of: problem focus history; problem focus exam; straightforward decision making	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X				
99308- Subsequent nursing facility care, per day, 2 of: expdd problem focus hx; expdd problem focus exam; low decision making	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X		X		
99309- Subsequent nursing facility care, per day, 2 of: detailed history; detailed exam; moderate medical decision making	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X		X		
99310- Subsequent nursing facility care, per day, 2 of: comp history; comp exam; medical decision making of high complexity	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X		X		
99315- Discharge day management services are reported for the face-to-face time with the patient on the date of the visit, even if the patient is discharged (physically) on another day- 30 minutes or less	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X		X		
99316- Discharge day management services are reported for the face-to-face time with the patient on the date of the visit, even if the patient is discharged (physically) on another day. More than 30 minutes	GT or 95/**		X		GT or 95/**	X			95/**	X			95/**	X				X						X				X		X		
99324- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services; 20 minutes		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99325- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services; 30 minutes		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99326- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services; 45 minutes		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99327- Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99328- New Patient Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99334- Domiciliary or rest home visit for the E/M of an established patient, which requires at least two of these three key components: A problem focused interval history. A problem focused examination. Straightforward medical decision making.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99335- Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused interval history. An expanded problem focused examination. Medical decision making of low complexity.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99336- Domiciliary or rest home for the E/M of an established patient, which requires at least 2 of these 3 key components: A detailed interval history. A detailed examination. Medical decision making of moderate complexity.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99337- Domiciliary or rest home for the E/M of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history. A comprehensive examination. Medical decision making of moderate to high complexity		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99341- New Patient Home visit; low severity problem, 20 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99342- New Patient Home Visit moderate severity problem, 30 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99343- New Patient Home Visit moderate to high severity problem, 45 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99344- New Patient Home Visit high severity problem, 60 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99345- New Patient Home Visit patient unstable or significant new problem requiring immediate attention 75 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99347- Established Patients Home Visit Self-limited or minor problem, 15 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99348- Established Patients Home Visit Low to moderate problem, 25 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99349- Established Patients Home Visit Moderate to high problem, 40 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99350- Established Patients Home Visit Patient unstable or significant new problem requiring immediate physician attention, 60 min.		X			95/**	X			95/**	X			95/**	X				X						X				X		X		
99354- Prolonged Physician Service, Office/Op W/Direct Contact; 1st Hr	GT or 95/**		X		GT or 95/**	X			GT/02	X			GT/02	X				X						X			GT OR 95/11	X	X	GT/02	X	X
99355- Prolonged Physician Service, Office/Op W/Direct Contact; Add'l 30 Min	GT or 95/**		X		GT or 95/**	X			GT/02	X			GT/02	X				X						X			GT OR 95/11	X	X	GT/02	X	X
99356- Prolonged Physician Service, Inpt W/Direct Contact; 1st Hr	GT or 95/**		X		GT or 95/**	X			GT/02	X			GT/02	X				X						X			GT OR 95/11	X	X	GT/02	X	X
99357- Prolonged Physician Service, Inpt W/Direct Contact; Add'l 30 Min	GT or 95/**		X		GT or 95/**	X			GT/02	X			GT/02	X				X						X			GT OR 95/11	X	X	GT/02	X	X
99381- Init pm e/m new pat infant		X				X				X				X				X						X				GT/02	X	X		
99382- Init pm e/m new pat 1-4 yrs		X				X				X				X				X						X				GT/02	X	X		
99383- Prev visit new age 5-11		X				X				X				X				X						X				GT/02	X	X		
99384- Prev visit new age 12-17		X				X				X				X				X						X				GT/02	X	X		
99385- Prev visit new age 18-39		X				X				X				X				X						X				GT/02	X	X		
99386- Prev visit new age 40-64		X				X				X				X				X						X				GT/02	X	X		

Code/ Description	Blue Cross PPO/BCN HMO Commercial			Blue Cross Medicare Plus Blue PPO/BCN Advantage			HAP Commercial			HAP Medicare Advantage			Priority Health Commercial**			Priority Health Medicare**			SmartHealth			Total Health Care									
	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived	Standard Copays, Coinsurance & Deductibles Apply	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related DX Only	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related DX Only	Patient Cost Sharing Waived- All Dx- Primary Care Only	Standard Copays, Coinsurance & Deductibles Apply- All Dx Specialist	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related Dx ONLY	Standard Copays, Coinsurance & Deductibles Apply- ALL other Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related Dx only	Standard Copays, Coinsurance & Deductibles Apply- All Other Dx	
99387- Init pm e/m new pat 65+ yrs		X				X				X				X						X					GT/02			X		X	
99391- Per pm reveal est pat infant		X				X				X				X						X					GT/02			X		X	
99392- Prev visit est age 1-4		X				X				X				X						X					GT/02			X		X	
99393- Prev visit est age 5-11		X				X				X				X						X					GT/02			X		X	
99394- Prev visit est age 12-17		X				X				X				X						X					GT/02			X		X	
99395- Prev visit est age 18-39		X				X				X				X						X					GT/02			X		X	
99396- Prev visit est age 40-64		X				X				X				X						X					GT/02			X		X	
99397- Per pm reveal est pat 65+ yr		X				X				X				X						X					GT/02			X		X	
99402- Preventive Counseling Indv		X				X				X				X						X					GT/02			X		X	
99406- Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater than 3 Minutes up to 10 Minutes	GT or 95/***		X		GT or 95/***		X			GT/02		X		95/***		X		X	95/***		X	X	X		X		GT/02		X		X
99407- Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10 Minutes	GT or 95/***		X		GT or 95/***		X			GT/02		X		95/***		X		X	95/***		X	X	X		X		GT/02		X		X
99408- Alcohol and/or Substance Abuse Structured Screening, and Brief Intervention (SBI) Services; 15 to 30 Minutes		X				X					X			X						X					GT/02			X		X	
99409- Alcohol and/or Substance Abuse Structured Screening, and Brief Intervention (SBI) Services; Greater than 30 Minutes		X				X					X			X						X					GT/02			X		X	
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	None/02		X		None/02		X			GT/02		X		95/***		X			95/***		X			GT OR 95/11			X		X		X
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	None/02		X		None/02		X			GT/02		X		95/***		X			95/***		X			GT OR 95/11			X		X		X
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	None/02		X		None/02		X			GT/02		X		95/***		X			95/***		X			GT OR 95/11			X		X		X
99441- Telephone Evaluation and Management Service Provided by a Physician; 5-10 Minutes of Medical Discussion	None/02		X		None/02		X			GT/02		X		95/***		X			95/***		X			GT OR 95/11			X		X		X
99442- Telephone Evaluation and Management Service Provided by a Physician; 11-20 Minutes of Medical Discussion	None/02		X		None/02		X			GT/02		X		95/***		X			95/***		X			GT/02			X		X		X
99443- Telephone Evaluation and Management Service Provided by a Physician; 21-30 Minutes of Medical Discussion	None/02		X		None/02		X			GT/02		X		95/***		X			95/***		X			GT/02			X		X		X
99444- Online Evaluation and Management Service Provided by a Physician		X				X					X			95/***		X		X	95/***		X			GT/02			X		X		X
99446- Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/req 5-10 minutes		X				X				GT/02		X		95/***		X		X	95/***		X	X	X		X			X			
99447- Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/req 11-20 minutes		X				X				GT/02		X		95/***		X		X	95/***		X	X	X		X			X			
99448- Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/req 21-30 minutes		X				X				GT/02		X		95/***		X			95/***		X				X			X			
99449- Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/req >31 minutes		X				X				GT/02		X		95/***		X		X	95/***		X	X	X		X			X			
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		X				X				GT/02		X		95/***		X		X	95/***		X	X	X		X			X			
99452- Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes		X				X				GT/02		X		95/***		X		X	95/***		X	X	X		X			X			
99453- Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.		X				X					X			95/***		X		X	95/***		X	X	X		X			X			
99454- Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days		X				X					X			95/***		X		X	95/***		X	X	X		X			X			
99457- Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month		X				X					X			95/***		X		X	95/***		X	X	X		X			X			
99468- Initial inpatient neonatal critical care. may be used to report the services of directing the inpatient care of a critically ill neonate or infant 28 days of age or younger. They represent care starting with the date of admission.		X				95/***				95/***		X		95/***		X			95/***		X							X			
99469- all subsequent day(s) that the neonate remains in critical care.		X				95/***				95/***		X		95/***		X			95/***		X							X			
99471- Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age		X				95/***				95/***		X		95/***		X			95/***		X							X			
99472- Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age		X				95/***				95/***		X		95/***		X			95/***		X							X			
99473- patient education and training on the use of the device, including device calibration.		X				95/***				95/***		X		95/***		X			95/***		X					GT/02			X		X
99474- Self-meas bp 2 readg bid 30d		X					X				X				X						X				GT/02				X		X
99475- Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age		X				95/***				95/***		X		95/***		X			95/***		X							X			
99476- Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age		X				95/***				95/***		X		95/***		X			95/***		X							X			
99477- Initial hospital care of the neonate (28 days or younger) who is not critically ill but requires intensive observation, frequent interventions, and other intensive care services.		X				95/***				95/***		X		95/***		X			95/***		X							X			
99478- Subsequent intensive care, per day, for the evaluation and management of the recovering low or very low birth weight infant. Present body weight less than 1500 grams		X				95/***				95/***		X		95/***		X			95/***		X							X			
99479- Subsequent intensive care, per day, for the evaluation and management of the recovering low or very low birth weight infant. Present body weight of 1500-2500 grams		X				95/***				95/***		X		95/***		X			95/***		X							X			

Health Plans continue to update their policies pertaining to COVID-19 coverage. As such, please refer to each health plan's Medical Policy for more information. We recommend you check with your biller for appropriate direction on claim submissions.	Blue Cross PPO/BCN HMO Commercial				Blue Cross Medicare Plus Blue PPO/BCN Advantage				HAP Commercial				HAP Medicare Advantage				Priority Health Commercial**				Priority Health Medicare**				SmartHealth				Total Health Care							
	Code/ Description	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived	Standard Copays, Coinsurance & Deductibles Apply	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived	Standard Copays, Coinsurance & Deductibles Apply	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related DX Only	Patient Cost Sharing Waived- All Dx	Standard Copays, Coinsurance & Deductibles Apply- All Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related DX Only	Patient Cost Sharing Waived- All Dx- Primary Care Only	Standard Copays, Coinsurance & Deductibles Apply- All Dx Specialist	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related Dx ONLY	Standard Copays, Coinsurance & Deductibles Apply- ALL other Dx	Modifier/ Place of Service Code	Not Covered	Patient Cost Sharing Waived- COVID-19 related Dx only	Standard Copays, Coinsurance & Deductibles Apply- All Other Dx	
		99480- Subsequent intensive care, per day, for the evaluation and management of the recovering low or very low birth weight infant. Present body weight of 2501-5000 grams		X			95/***		X		95/***		X		95/***		X			X							X									X
99483- 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		X			95/***		X		95/***		X		95/***		X			95/***		X		X			X								X			
99484- Covering care management services of behavioral health conditions for at least 20 minutes of clinical staff time per month.		X					X				X				X			95/***		X		X			X								X			
99487- Complex Chronic Care Management, First 60 Minutes		X					X				X				X			95/***		X		X			X								X			
99489- Complex Chronic Care Management, each additional 30 minutes of care coordination services per calendar month		X					X				X				X			95/***		X		X			X								X			
99490- Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month		X					X				X				X			95/***		X		X			X								X			
99492- Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of BHCM activities, in consultation with a psychiatric consultant, and directed by the treating physician or other QHP		X					X				X				X			95/***		X		X			X								X			
99493- Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of BHCM activities, in consultation with a psychiatric consultant, and directed by the treating physician or other QHP		X					X				X				X			95/***		X		X			X								X			
99494- Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of BHCM activities, in consultation with a psychiatric consultant, and directed by the treating physician or other QHP		X					X				X				X			95/***		X		X			X								X			
99495- Transitional Care Management Services, Moderate Complexity, Within 14 Calendar Days Of Discharge	GT or 95/***		X		GT or 95/***		X		GT/02		X		GT/02		X		95/***		X		X			X							GT/02		X	X		
99496- Transitional Care Management Services, High Complexity, Within 7 Calendar Days Of Discharge	GT or 95/***		X		GT or 95/***		X		GT/02		X		GT/02		X		95/***		X		X			X							GT/02		X	X		
99497- Advance care plan incl explanation & discussion of advance directives such as standard forms by the physician; first 30 mins, face-to-face w/patient, family mem(s) & surrogate	GT or 95/***		X		GT or 95/***		X		GT/02		X		GT/02		X		95/***		X		X			X								GT OR 95/11		X	X	
99498- Advance care plan incl explanation & discussion of advance directives such as standard forms by physician; each addl 30 mins (List in addition to code for primary procedure)	GT or 95/***		X		GT or 95/***		X		GT/02		X		GT/02		X		95/***		X		X			X							GT OR 95/11		X	X		
99499- Unlisted Evaluation & Management Service		X					X				X				X									X								X				
99605- Mtms by pharm np 15 min		X					X				X				X									X								GT/02		X	X	
99606- Mtms by pharm est 15 min		X					X				X				X									X								GT/02		X	X	
99607- Mtms by pharm addl 15 min		X					X				X				X									X								GT/02		X	X	
Q3014- Telehealth originating site facility fee	GT/02			X			X				X				X		95/***		X		X			X									GT/02		X	X
0188T- Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes		X					X				X				X					X				X									X			
0189T- Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)		X					X				X				X					X				X									X			
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		X			95/***		X				X				X					X				X										X		
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		X			95/***		X				X				X					X				X										X		
50315- Comprehensive Initial Visit		X					X				X				X					X				X								GT/02		X	X	
50316- Comprehensive Basic Evaluation		X					X				X				X					X				X								GT/02		X	X	
50317- Management/Follow-up Visit		X					X				X				X					X				X								GT/02		X	X	
50317- Face-to-Face Support Services		X					X				X				X					X				X							TS/GT/02		X	X		
59110- Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month		X					X				X				X					X				X												
59152- Speech therapy, re-evaluation		X			95/***		X				X				X					X				X												
59443- Lactation Class		X					X				X				X					X				X												
59480- Intensive outpatient psychiatric services		X					X				X				X					X				X							GT OR 95/11		X	X		
T1014- Telehealth transmission, per minute, professional services bill separately		X					X				X				X					X				X												
T1023- Program Intake Assessment		X					X				X				X					X				X								GT/02		X	X	
T2023- Targeted case management; per month		X					X				X				X					X				X												
T5999- Supply, not otherwise specified		X					X				X				X					X				X												

Modifier Descriptions:
95- Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System
GT- Via Interactive Audio and Video Telecommunications systems

Place of Service Description (POS):
02- Telehealth – The location where health services and health related services are provided or received, through a telecommunication system. (Note: This Telehealth POS code does not apply to Originating Site facilities billing a facility fee.)

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11- Office- Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides

** For Priority Health Use CR modifier for claims related to diagnosing COVID-19
 *** Bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with the correct required modifier.