

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	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	
G0071- Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only		X				X		GT/02			X			X				X																	
G0108- Diab Manage Trn. Per Indv	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0109- Diab Manage Trn Ind/Group	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0270- Medical Nutrition Therapy; Reassessment And Subsequent Intervention(S)		X			95/****		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X					
G0296- Counseling visit to discuss need for lung cancer screening (ldct) using low dose ct scan (service is for eligibility determination and shared decision making)	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X				X								GT OR 95/11		X	X					
G0396- Alcohol/subs interv 15-30min		X			GT or 95/****		X	GT/02			X		GT/02		X				X								GT OR 95/11		X	X					
G0397- Alcohol/subs interv >30 min		X			GT or 95/****		X	GT/02			X		GT/02		X				X								GT OR 95/11		X	X					
G0406- Telhealth inpt consult 15min	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0407- Telhealth inpt consult 25min	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0408- Telhealth inpt consult 35min	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0410- Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes.		X			95/****		X			X				X					X																
G0420- Ed svc CKD and per session	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0421- Ed svc CKD prp per session	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0425- Inpt telehealth consult 30m	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0426- Inpt telehealth consult 50m	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0427- Inpt telehealth con 70>m	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0438- Annual wellness visit, including a personalized prevention plan of service (PPPS), first visit		X			95/****		X	GT/02			X		GT/02		X																				
G0439- Annual Wellness visit, including a personalized prevention plan of service (PPPS), subsequent visit		X			95/****		X	GT/02			X		GT/02		X																				
G0442- ANNUAL ALCOHOL SCREEN 15 MIN		X			95/****		X	GT/02			X		GT/02		X																				
G0443- BRIEF ALCOHOL MISUSE COUNSEL		X			95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
G0444- DEPRESSION SCREEN ANNUAL		X			95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
G0445- HIGH INTEN BEH COLUNS STD 30M		X			95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
G0446- INTENS BEHAVE THER CARDIO DX		X			95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
G0447- BEHAVIOR CONSEL OBESITY 15M		X			95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
G0459- TELEHEALTH INP-PHARM MGMT	None/02		X		None/02		X	GT/02			X		GT/02		X												GT OR 95/11		X	X	GT/02		X	X	
G0506- Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X					
G0508- Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0509- Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X	GT/02		X	X	
G0511- Chronic Care Management for FQHCs.		X					X				X				X		95/****		X		X	95/****		X	X	X									
G0512- Rural health clinic or federally qualified health center (rhc/fqhc) only, psychiatric collaborative care model (psychiatric cocc), 60 minutes or more of clinical staff time for psychiatric cocc services directed by an rhc or fqhc practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month		X					X				X				X		95/****		X		X	95/****		X	X	X									
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 in addition to code for preventive service)	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
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)	GT or 95/****		X		GT or 95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X					
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		X			None/02		X	None/02			X		None/02		X												GT OR 95/11		X	X					
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		X			None/02		X	None/02			X		None/02		X												GT OR 95/11		X	X					
G2061- Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X					
G2062- Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X					
G2063- Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	None/02		X		None/02		X	GT/02			X		GT/02		X		95/****		X		X	95/****		X	X	X	GT OR 95/11		X	X					
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		X			95/****		X	GT/02			X		GT/02		X												GT OR 95/11		X	X	GT/02		X	X	

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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		X			95/***		X			GT/02		X			GT/02		X										GT OR 95/11		X		X	GT/02		X	X				
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)		X			95/***		X			GT/02		X			GT/02		X									GT OR 95/11		X		X	GT/02		X	X					
G9001- Coordinated care fee, initial rate	GT or 95 /02			X	GT or 95 /02		X				X				95/***		X		X		95/***		X	X	X			X					X	X					
G9002- Coordinated care fee, maintenance rate	GT or 95 /02			X	GT or 95 /02		X				X				95/***		X		X		95/***		X	X	X			X					X	X					
G9007- Coordinated care fee, scheduled team conference		X					X				X				95/***		X		X		95/***		X	X	X			X					X	X					
G9008- Coordinated care fee, physician coordinated care oversight services		X					X				X				95/***		X		X		95/***		X	X	X			X					X	X					
G9678- Oncology care model (ocm) monthly enhanced oncology services (meos) payment for ocm enhanced services.		X					X				X				95/***		X		X		95/***		X	X	X			X					X	X					
G9685- Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility.		X			95/***		X				X						X											X					X	X					
H0002- Alcohol And/Or Drug Screen		X					X				X						X											X					GT/02		X	X			
H0004- Alcohol And/Or Drug Services		X					X				X						X											X						GT/02		X	X		
H0015- Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and individualized therapies or education		X					X				X						X									GT OR 95/11		X		X				GT/02		X	X		
H0031- Mh Health Assess By Non-Md		X					X				X						X											X							GT/02		X	X	
H0035- Mental health partial hospitalization, treatment, less than 24 hours		X					X				X						X										GT OR 95/11		X						GT/02		X	X	
H0036- Community psychiatric supportive treatment, face-to-face, per 15 minutes		X					X				X						X										GT OR 95/11		X						GT/02		X	X	
H1000- Prenatal Care AtRisk Assessm		X					X				X						X											X							GT/02		X	X	
77427- Radiation treatment management, 5 treatments- The professional services furnished during treatment management typically consist of review of port films; review of dosimetry, dose delivery and treatment parameters; review of patient treatment set-up; and examination of patient for medical evaluation and management		X			95/***		X				95/***						X																						
90785- Psychotherapy Interactive complexity-(Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X			X							GT/02		X	X	
90785- Psychotherapy Interactive complexity-(Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X			X								GT/02		X	X
90785- Psychotherapy Interactive complexity-(LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X								GT/02		X	X
90791- Psychiatric Diagnostic Evaluation- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X				GT/02		X	X	
90791- Psychiatric Diagnostic Evaluation- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X				GT/02		X	X	
90791- Psychiatric Diagnostic Evaluation- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X							GT/02		X	X	
90792- Psychiatric Diagnostic Evaluation With Medical Services- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X								
90792- Psychiatric Diagnostic Evaluation With Medical Services- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X								
90792- Psychiatric Diagnostic Evaluation With Medical Services- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X											
90832- Psychotherapy, 30 Minutes With Patient And/Or Family Member-(Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X				GT/02		X	X	
90832- Psychotherapy, 30 Minutes With Patient And/Or Family Member- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X				GT/02		X	X	
90832- Psychotherapy, 30 Minutes With Patient And/Or Family Member- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X											
90833- Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X								
90833- Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service-(Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X								
90833- Psychotherapy, 30 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X											
90834- Psychotherapy, 45 Minutes With Patient And/Or Family Member- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X				GT/02		X	X	
90834- Psychotherapy, 45 Minutes With Patient And/Or Family Member- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X				GT/02		X	X	
90834- Psychotherapy, 45 Minutes With Patient And/Or Family Member- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X											
90836- Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X								
90836- Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X		GT OR 95/11		X		X								
90836- Psychotherapy, 45 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X											
90837- Psychotherapy, 60 Minutes With Patient And/Or Family Member- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X			X							GT/02		X	X	
90837- Psychotherapy, 60 Minutes With Patient And/Or Family Member- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X			X							GT/02		X	X	
90837- Psychotherapy, 60 Minutes With Patient And/Or Family Member- (LMSW/LLP/LPC/BA)		X					X				X				95/***		X		X		95/***		X	X	X			X											
90838- Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (Physician)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X			X											
90838- Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X			GT/02		X			95/***		X		X		95/***		X	X	X			X											

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	90838- Psychotherapy, 60 Minutes With Patient And/Or Family Member When Performed With An Evaluation And Management Service- (LMSW/LLP/LPC/BA)		X				X				X				X				X					X											
90839- Psychotherapy For Crisis; First 60 Minutes- (Physician)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90839- Psychotherapy For Crisis; First 60 Minutes- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90840- Psychotherapy For Crisis; First 60 Minutes- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X			X		X										
90840- Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)- (Physician)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90840- Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90840- Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service)- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90845- Psychoanalysis- (Physician)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90845- Psychoanalysis- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90845- Psychoanalysis- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90846- Family psychotherapy (without the patient present), 50 minutes- (Physician)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90846- Family psychotherapy (without the patient present), 50 minutes- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90846- Family psychotherapy (without the patient present), 50 minutes- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90847- Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes- (Physician)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90847- Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90847- Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90849- Multiple family group psychotherapy- (Physician)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90849- Multiple family group psychotherapy- (Licensed Psychologist)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90849- Multiple family group psychotherapy- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90853- Group psychotherapy- (Physician)	GT or 95 /***		X		GT or 95 /***		X		95/***		X		95/***		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90853- Group psychotherapy- (Licensed Psychologist)	GT or 95 /***		X		GT or 95 /***		X		95/***		X		95/***		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90853- Group psychotherapy- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90863- Pharmacologic management w/psychotherapy- (Physician)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90863- Pharmacologic management w/psychotherapy- (Licensed Psychologist)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90863- Pharmacologic management w/psychotherapy- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90867- Transcranial magnetic stimulation, initial -TMS- (Physician)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90867- Transcranial magnetic stimulation, initial -TMS- (Licensed Psychologist)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90867- Transcranial magnetic stimulation, initial -TMS- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90868- Transcranial magnetic stimulation, subsequent treatment, delivery & management- (Physician)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90868- Transcranial magnetic stimulation, subsequent treatment, delivery & management- (Licensed Psychologist)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90868- Transcranial magnetic stimulation, subsequent treatment, delivery & management- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90869- Transcranial magnetic stimulation, redetermination motor threshold, delivery & management- (Physician)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90869- Transcranial magnetic stimulation, redetermination motor threshold, delivery & management- (Licensed Psychologist)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90869- Transcranial magnetic stimulation, redetermination motor threshold, delivery & management- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90870- Electroconvulsive therapy- (Physician)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90870- Electroconvulsive therapy- (Licensed Psychologist)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90870- Electroconvulsive therapy- (LMSW/LLP/LPC/BA)		X				X					X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90875- Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes		X			95/***		X				X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90887- Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient		X				X			95/***		X			X				95/ ***		X		X	95/ ***		X		X		X		X		X		X
90951- Monthly ESRD Services, for Patients Younger Than 2 Years of Age; with 4 or More Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90952- Monthly ESRD Services, for Patients Younger Than 2 Years of Age; with 2-3 Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90953- 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		X			95/***		X		95/***		X		95/***		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90954- Monthly ESRD Services, for Patients 2-11 Years of Age; with 4 or More Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90955- Monthly ESRD Services, for Patients 2-11 Years of Age; with 2-3 Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90956- 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		X			95/***		X		95/***		X		95/***		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90957- Monthly ESRD Services, for Patients 12-19 Years of Age; with 4 or More Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90958- Monthly ESRD Services, for Patients 12-19 Years of Age; with 2-3 Face-To-Face Physician Visits Per Month	GT or 95 /***		X		GT or 95 /***		X		GT/02		X		GT/02		X		95/ ***		X		X	95/ ***		X		X		X		X		X		X	
90959- End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents																																			

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	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	
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	X	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	X	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	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			



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	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		
	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		95/***		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		95/***		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		95/***		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		95/***		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		95/***		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		95/***		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		95/***		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		95/***		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		95/***		X									X					GT/02		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		95/***		X									X					GT/02		X	X
97161- Physical Therapy Initial Evaluation- Low Complexity		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97162- Physical Therapy Initial Evaluation- Moderate Complexity		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97163- Physical Therapy Initial Evaluation- High Complexity		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97164- Physical Therapy Re-Evaluation		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97165- Occupational Therapy Initial Evaluation- Low Complexity		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97166- Occupational Therapy Initial Evaluation- Moderate Complexity		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97167- Occupational Therapy Initial Evaluation- High Complexity		X			95/***		X		95/***		X		95/***		X		95/***		X									GT OR 95/11		X		X		X		
97168- Occupational Therapy Re-Evaluation		X			95/***		X		95/***		X		95/***		X		95/***		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		95/***		X									X						X		
97535- Self-Care/Home Management Training		X			95/***		X		95/***		X		95/***		X		95/***		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		95/***		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		95/***		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		95/***		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		95/***		X										X							X
97761- Prosthetic training, upper and/or lower extremities, initial prosthetic encounter, each 15 minutes		X			95/***		X		95/***		X		95/***		X		95/***		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							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							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							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						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			X				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			X				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						GT/02		X				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						GT/02		X				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						GT/02		X				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												
	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				
	Code/ Description																																	
98969- Online Assessment and Management Service Provided by a Nonphysician Professional		X				X				X				X			X																	
98970- Qualified nonphysician 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	None/02		X			X					X					X																		
98971- Qualified nonphysician 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	None/02		X			X					X					X																		
98972- Qualified nonphysician 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	None/02		X			X					X					X																		
99201- Office/Op Visit, New Pt, 3 Key Components: Prob Focus Hx; Prob Focus Exam; Strtfwd Med Decision	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99202- Office/Op Visit, New Pt, 3 Key Components: Expand Prob Focus Hx; Expand Prob Focus Exam; Strtfwd Dec	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99203- Office/Op Visit, New Pt, 3 Key Components: Detailed Hx; Detailed Exam; Med Decision Low Complexity	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99204- Office/Op Visit, New Pt, 3 Key Components:Comprehensive Hx;Comprehensive Exam;Med Decin Mod Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99205- Office/Op Visit, New Pt, 3 Key Components:Comprehensive Hx;Comprehens Exam;Med Decin High Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99211- Office/Op Visit, Est Pt, Not Requiring Physician Presence, Typically 5 Min	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99212- Office/Op Visit, Est Pt, 2 Key Components: Prob Focus Hx; Prob Focus Exam; Strtfwd Med Decision	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99213- Office/Op Visit, Est Pt, 2 Key Components: Expand Prob Hx; Expand Prob Exam;Med Decision Low Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99214- Office/Op Visit, Est Pt, 2 Key Components: Detailed Hx; Detailed Exam; Med Decision Mod Complexity	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99215- Office/Op Visit, Est Pt, 2 Key Components:Comprehensive Hx;Comprehens Exam;Med Decin High Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X		GT OR 95/11		X		X					
99217- observation care discharge day management, is used for billing when a patient is discharged from observation care on a date other than the date he or she was placed in observation status.		X				95/***		X						X																				
99218- Initial Observation Care- Low	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99219- Initial Observation Care- Moderate	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99220- Initial Observation Care - High	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99221- Inpatient hospital visits: Initial and subsequent- Low	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99222- Inpatient hospital visits: Initial and subsequent- Moderate	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99223- Inpatient hospital visits: Initial and subsequent- High	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99224- Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Problem Focused		X						X			GT/02		X																					
99225- Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Expanded		X						X			GT/02		X																					
99226- Subsequent Observation Care, Per Day, For The Evaluation And Management Of A Patient, Detailed		X						X			GT/02		X																					
99231- Subsequent Hosp Care 2+ Key Components:Prob Focus Int Hx;Prob Focus Exam;Med Dec Strtfwd/Low Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X											
99232- Subsequent Hosp Care 2+ Key Components:Expand Prob Focus Int Hx;Expand Prob Exam;Med Dec Mod Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X											
99233- Subsequent Hosp Care 2+ Key Components: Detailed Intervl Hx; Detailed Exam;Med Decision High Complex	GT or 95 /***		X			GT or 95 /***		X			GT/02		X				X				X	X	X											
99234- Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date- Low Complexity	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99235- Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date- Moderate Complexity	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99236- Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date- High Complexity	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99238- Hospital discharge day management; 30 min	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99239- Hospital discharge day management; more than 30 min	GT or 95 /***		X			GT or 95 /***		X			95/***		X																					
99241- Office consultations with new or established patients 15 min		X						X																										
99242- Office consultations with new or established patients 30 min		X						X																										
99243- Office consultations with new or established patients 40 min		X						X																										
99244- Office consultations with new or established patients 60 min		X						X																										
99245- Office consultations with new or established patients 80 min		X						X																										
99251- New or Established Patient Initial Inpatient Consultation Services- 20 min		X						X																										
99252- New or Established Patient Initial Inpatient Consultation Services- 40 min		X						X																										
99253- New or Established Patient Initial Inpatient Consultation Services- 55 min		X						X																										
99254- New or Established Patient Initial Inpatient Consultation Services- 80 min		X						X																										
99255- New or Established Patient Initial Inpatient Consultation Services- 110 min		X						X																										
99281- Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history, a problem focused examination, and straightforward medical decision making. Usually, the presenting problem(s) are self limited or minor.		X						95/***		X																								
99282- Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity.		X						95/***		X																								
99283- Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate severity.		X						95/***		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	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		
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							X								X				
99484- Covering care management services of behavioral health conditions for at least 20 minutes of clinical staff time per month.		X			95/***		X			95/***		X			95/***		X							X								X				
99487- Complex Chronic Care Management, First 60 Minutes		X			95/***		X			95/***		X			95/***		X							X								X				
99489- Complex Chronic Care Management, each additional 30 minutes of care coordination services per calendar month		X			95/***		X			95/***		X			95/***		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			95/***		X			95/***		X			95/***		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			95/***		X			95/***		X			95/***		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			95/***		X			95/***		X			95/***		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			95/***		X			95/***		X			95/***		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							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							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							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							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					95/***		X					X								GT/02		X	X	
01887- 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			
01897- 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			
03627- 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			95/***		X			95/***		X							X										X		
03731- 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			95/***		X			95/***		X							X										X		
50315- Comprehensive Initial Visit		X					X					X					X							X								GT/02		X	X	
50316- Comprehensive Basic Evaluation		X					X					X					X							X								GT/02		X	X	
50317- Management/Follow-up Visit		X					X					X					X							X								GT/02		X	X	
50317- Face-to-Face Support Services		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												
59152- Speech therapy, re-evaluation		X			95/***		X					X					X							X										X		
59443- Lactation Class		X					X					X					X							X									GT/02		X	X
59480- Intensive outpatient psychiatric services		X					X					X					X							X												
T1014- Telehealth transmission, per minute, professional services bill separately		X					X					X					X							X												
T1023- Program Intake Assessment		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					95/***							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.)

