



2021-03-30



List of Telehealth Services for  
Calendar Year 2021  
Updated 2021-03-30

MTELEHEALTH



Billing Code	What it Covers	Who Can Bill	How Often	What Medicare Pays
<b>Telehealth Visits</b>				
99202-99205	Telehealth-enabled office or other visits for <b>new patients</b>	Medicare Part B Providers or Qualified Health Professionals	Once	\$73.97 – \$224.36
99211-99215	Telehealth-enabled office or other visits for <b>established patients</b>	Medicare Part B Providers or Qualified Health Professionals	No limitation	\$23.03 – \$183.19
G0425-27	Telehealth consultations	Medicare Part B Providers or Qualified Health Professionals	No limitation	\$101.19 – \$200.29
G0406-08	Follow-up inpatient telehealth consultations furnished to beneficiaries in a hospital or SNF	Medicare Part B Providers or Qualified Health Professionals	No limitation	\$38.38 – \$103.28
<b>Virtual Check-ins</b>				
G2010 G2012	A brief (5-10 minutes) check via telephone or other telecommunications device to decide whether an office visit or other service is needed. It may also include a remote evaluation of recorded video and/or images submitted by an established patient.	Medicare Part B Providers or Qualified Health Professionals	No limitation	\$12.21 \$14.66
<b>e-visits</b>				
99421-423	Patient-initiated communications between an established patient and their provider through a HIPAA-compliant secure platform.	Medicare Part B Providers or Qualified Health Professionals that can bill for E/M services.	Once during a 7-day period	\$15.00 – \$47.46
<b>Remote Patient Monitoring</b>				

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99091	The collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional. In this instance, a QHP is qualified by education, training, licensure/regulation (when applicable). The code requires a minimum of 30 minutes of interpretation and review.	To bill for CPT Code 99091, the initial provider service must occur in the physician's office or other applicable sites. Additionally, only a physician or QHP may perform these services, distinguishing it significantly from 99457, in which a clinical staff member can provide services "incident to."	Once in a 30-day billing period.	\$56.88
99453	The initial set-up of devices, training, and education on the use of monitoring equipment and any services needed to enroll the patient on-site.	Not specified; not required to be clinical staff (Practice Expense Only Code)	Once per patient, only first month of reading for 99454	\$19.19
99454	The supply and provisioning of devices used for RPM programs.	Not specified; not required to be clinical staff (Practice Expense Only Code)	Once in a 30-day billing period; required 16 days of readings	\$63.16
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99457	The remote monitoring of physiologic data as part of the patient's treatment management services. To receive reimbursement, the physician, QHP, or other clinical staff must provide RPM treatment management services for at least 20 minutes per month.	Those in indirect general supervision of clinical staff	Once per month	\$50.94
99458	Each additional 20 minutes of remote monitoring and treatment management services provided.	Those in indirect general supervision of clinical staff	Once per month	\$41.17

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<b>Chronic Care Management</b>				
99490	The first full 20 minutes of <b>non-complex</b> Chronic Care Management of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements: <ul style="list-style-type: none"> <li>Multiple (2 or more) chronic conditions expected to last at least 12 months or until the death of the patient;</li> <li>Chronic conditions place the patient at significant risk of death, acute exacerbation, decompensation, or functional decline;</li> <li>Comprehensive care plan established, implemented, revised, or monitored.</li> </ul>	Medicare Part B Providers or Qualified Health Professionals	Once per month	\$41.17
99487	The first 60 minutes of clinical staff or QHP or provider time for moderately or <b>highly complex CCM</b> .	Medicare Part B Providers or Qualified Health Professionals	Once per month	\$91.77
99489	An additional 30 minutes of time spent in the same billing cycle as 99487 with high or moderate complexity patients who require more time.	Medicare Part B Providers or Qualified Health Professionals	Once per month	\$43.97
<b>Principal Care Management</b>				
G2064	An interaction between a <b>physician or non-physician practitioner</b> with a patient with one chronic disease or high-risk condition lasting at least 30 minutes per calendar month.	Medicare Part B Providers or Qualified Health Professionals	Once per month	\$90.37

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G2065	An interaction between <b>clinical staff</b> with a patient with one chronic disease or high-risk condition lasting at least 30 minutes per calendar month.	Medicare Part B Providers or Qualified Health Professionals	Once per month	\$38.73
<b><i>Transition Care Management</i></b>				
99495	Transitional Care Management services, including interactive contact with the moderately complex patient within two days of discharge, with a face-to-face visit within 14 days of discharge.	Medicare Part B Providers or Qualified Health Professionals	Once per discharge	\$207.96
99496	Extra care incentives for highly complex patients with interactive contact within two days of discharge for TCM services, with a face-to-face visit within seven (7) days of discharge.	Medicare Part B Providers or Qualified Health Professionals	Once per discharge	\$281.59

