

Non-Face-to-Face Services Guide

CPT® 2020

Category	CPT Codes	Allowable*	Associated Time	Code Description	Option #	Guidance**	COVID-19 Waiver Only
Chronic Care Management	99490	\$43.83	20 minutes/month (add-on time possible as appropriate)	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, with the following required elements: <ul style="list-style-type: none"> Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline Comprehensive care plan established, implemented, revised, or monitored Assumes 15 minutes of work by the billing practitioner per month. 	Option I, does not require any technology solution other than a certified EHR.	Requires a formal plan of care and CCM/co-insurance consent. If the patient has been seen within the last 12 months, this can be achieved by a documented telephone conversation, verbal co-insurance consent and treatment plan that includes non face-to-face services	
Complex Chronic Care Management	99487	\$94.51	60 minutes/month (add-on time possible as appropriate)	Complex chronic care management services , with the following required elements: <ul style="list-style-type: none"> Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline Establishment or substantial revision of a comprehensive care plan Moderate or high complexity medical decision making 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month 	Option I, does not require any technology solution other than a certified EHR.	Requires a formal plan of care and CCM/co-insurance consent. If the patient has been seen within the last 12 months, this can be achieved by a documented telephone conversation, verbal co-insurance consent and treatment plan that includes non face-to-face services	
Principal Care Management	G2064	\$95.53	30 minutes/month	Chronic care management services , provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: <ul style="list-style-type: none"> Single chronic condition expected to last between 3 months and a year, or until the death of the patient Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline Comprehensive care plan established, implemented, revised, or monitored 	Option I, does not require any technology solution other than a certified EHR.	Requires a formal plan of care and CCM/co-insurance consent. If the patient has been seen within the last 12 months, this can be achieved by a documented telephone conversation, verbal co-insurance consent and treatment plan that includes non face-to-face services	
Virtual Check In	G2012	\$15.42	5-10 minutes	Brief communication via telephone or technology-based service 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.	Option I, does not require any technology solution	Must be initiated by the patient. Supposed to be used in place of the next available appointment. Requires co-insurance consent which addresses patient initiation.	
Telephone Services	99441	\$47.85	5-10 minutes	Telephone evaluation and management service provided by a physician/npp to a patient, parent, or guardian <ul style="list-style-type: none"> Patient-initiated requiring the evaluation, assessment, and management of the patient. For new or established patients Not reported if related to an E/M visit 7 days prior or 24hrs after 	Option I, does not require any technology solution	Must be initiated by the patient. Supposed to be used in place of the next available appointment. Requires co-insurance consent which addresses patient initiation.	
	99442	\$78.77	11-20 minutes	Telephone evaluation and management service provided by a physician/npp to a patient, parent, or guardian <ul style="list-style-type: none"> Patient-initiated requiring the evaluation, assessment, and management of the patient. For new or established patients Not reported if related to an E/M visit 7 days prior or 24hrs after 	Option I, does not require any technology solution	Must be initiated by the patient. Supposed to be used in place of the next available appointment. Requires co-insurance consent which addresses patient initiation.	
	99443	\$114.04	21+ minutes	Telephone evaluation and management service provided by a physician/npp to a patient, parent, or guardian <ul style="list-style-type: none"> Patient-initiated requiring the evaluation, assessment, and management of the patient. For new or established patients Not reported if related to an E/M visit 7 days prior or 24hrs after 	Option I, does not require any technology solution	Must be initiated by the patient. Supposed to be used in place of the next available appointment. Requires co-insurance consent which addresses patient initiation.	
Online Digital E/M Services	99421	\$16.15	5-10 minutes	Online digital E/M service, for an ext. patient, for up to 7 days, cumulative time during the 7 days <ul style="list-style-type: none"> Patient-initiated requiring the evaluation, assessment, and management of the patient. For an established patient only Reported once in a 7-day period for the provider's cumulative time 	Option II, requires technology based secure communication such as the EHR practice portal, secure messaging via ACO App, WhatsApp, etc.	Must be initiated by the patient. Requires co-insurance consent which addresses patient initiation.	
	99422	\$32.60	11-20 minutes	Online digital E/M service, for an ext. patient, for up to 7 days, cumulative time during the 7 days <ul style="list-style-type: none"> Patient-initiated requiring the evaluation, assessment, and management of the patient. For an established patient only Reported once in a 7-day period for the provider's cumulative time 	Option II, requires technology based secure communication such as the EHR practice portal, secure messaging via ACO App, WhatsApp, etc.	Must be initiated by the patient. Requires co-insurance consent which addresses patient initiation.	
	99423	\$52.67	21+ minutes	Online digital E/M service, for an ext. patient, for up to 7 days, cumulative time during the 7 days <ul style="list-style-type: none"> Patient-initiated requiring the evaluation, assessment, and management of the patient. For an established patient only Reported once in a 7-day period for the provider's cumulative time 	Option II, requires technology based secure communication such as the EHR practice portal, secure messaging via ACO App, WhatsApp, etc.	Must be initiated by the patient. Requires co-insurance consent which addresses patient initiation.	
Telehealth E&M	New Pts 99201-99205 Est Pts 99211-99215	\$109.46 (99203) \$78.77 (99213)	various	Follow E&M documentation guidelines. The 95' edition is effective and vitals are not required. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/95Docguidelines.pdf	Option III, requires Full Telemedicine capabilities including secure and synchronous audio and video.	Follow E&M documentation guidelines. The 95' edition is effective and vitals are not required. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/95Docguidelines.pdf Requires telehealth and co-insurance consent. Requires 95 Telehealth modifier	YES, originating site issues make this nearly impossible under normal circumstances
Telehealth TCM	99495-99496	\$192.14 (99495)	various	Follow TCM documentation guidelines: During the 30 days beginning on the date the beneficiary is discharged from an inpatient setting, the following three TCM components must be furnished: <ul style="list-style-type: none"> An interactive contact within 2 business days following the beneficiary's discharge to the community setting; Certain non-face-to-face services (e.g., Obtain and review discharge summary or continuity of care documents, Review need for or follow-up on pending diagnostic tests and treatments, Interact with other health care professionals who will assume or reassume care of the beneficiary's system-specific problems); and A face-to-face visit (Follow E&M documentation guidelines). 	Option III, requires Full Telemedicine capabilities including secure and synchronous audio and video.	Follow TCM documentation guidelines. Documentation must support all three components & medication reconciliation. *Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge *Medical decision making of at least moderate complexity during the service period *Face-to-face visit within 14 calendar days of discharge Requires telehealth and co-insurance consent. Requires 95 Telehealth modifier	YES, originating site issues make this nearly impossible under normal circumstances
Telehealth Annual Wellness Visit	Initial G0438 Subsequent (G0439)	\$120.34 (G0439)	various	Annual wellness visit; includes a personalized prevention plan of service. <ul style="list-style-type: none"> Visit to develop or update a personalized prevention plan, and perform a health risk assessment Covered once every 12 months 	Option III, requires Full Telemedicine capabilities including secure and synchronous audio and video.	Follow AWV documentation guidelines. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV-Chart-ICN905706TextOnly.pdf Requires telehealth consent. Requires 95 Telehealth modifier	YES, originating site issues make this nearly impossible under normal circumstances

*2020 Physician Fee Schedule locality 03. Actual Allowable amounts will vary.

**This supplement is intended only as a quick reference guide. Before reporting a code, make sure to review all current coding and payer guidelines and requirements.