

**CY 2018 Medicare Telehealth Service Codes with Example Pricing:** Reflects the National Payment Amount based on the Calendar Year (CY) Physician Fee Schedule Total Non-Facility RVUs and CY 2018 Modifier (\$35.99), where available. Note that Facility and Non-Facility Pricing are sometimes the same (e.g., where code is a facility-only code).

Code	Description	Payment
90785	Psychiatric treatment interactive complexity add on code – refers to 4 specific communication factors during a visit that complicate delivery of the primary psychiatric procedure	\$14.76
90791	Psych diagnostic evaluation	\$136.40
90792	Psych diagnostic evaluation with additional medical services such as physical examination and prescription of pharmaceuticals are provided in addition to the diagnostic evaluation	\$152.60
90832	Psychotherapy, 30 minutes with patient	\$66.22
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedures: 99201-99255, 99304-99337, 99341-99350)	\$69.10
90834	Psychotherapy, 45 minutes with patient	\$88.54
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedures: 99201-99255, 99304-99337, 99341-99350)	\$87.10
90837	Psychotherapy, 60 minutes with patient	\$132.80
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedures: 99201-99255, 99304-99337, 99341-99350)	\$115.17

Code	Description	Payment
90845	Psychoanalysis	\$95.01
90846	Family psychotherapy (without the patient present), 50 minutes	\$106.89
90847	Family psychotherapy (conjoint psychotherapy)(with patient present), 50 minutes	\$111.21
90951	ESRD related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$960.57
90952	ESRD related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 or more face-to-face visits by a physician or other qualified health care professional per month	Contact MAC for pricing
90954	ESRD related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$827.77
90955	ESRD related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 or more face-to-face visits by a physician or other qualified health care professional per month	\$464.63
90957	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; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$654.65
90958	ESRD related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and	\$444.12

Code	Description	Payment
	development, and counseling of parents; with 2-3 or more face-to-face visits by a physician or other qualified health care professional per month	
90960	ESRD related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$288.28
90961	ESRD related services monthly, for patients 20 years of age and older; with 2-3 or more face-to-face visits by a physician or other qualified health care professional per month.	\$242.57
90963	ESRD related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents.	\$554.33
90964	ESRD related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents.	\$484.79
90965	ESRD related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents.	\$461.03
90966	ESRD related services for home dialysis per full month, for patients 20 years of age and older.	\$241.85
90967	ESRD related services for home dialysis less than a full month, per day; for patients younger than 2 years of age.	\$18.35
90968	ESRD related services for home dialysis less than a full month, per day; for patients 2-11 years of age.	\$15.84
90969	ESRD related services for home dialysis less than a full month, per day; for patients 12-19 years of age.	\$15.47

Code	Description	Payment
90970	ESRD related services for home dialysis less than a full month, per day; for patients 20 years of age and older.	\$7.92
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language , memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	\$95.37
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	\$22.67
96151	Health and behavior re-assessment	\$21.95
96152	Health and behavior intervention, each 15 minutes, face-to-face, individual	\$20.87
96153	Health and behavior intervention group (2 or more patients)	\$4.68
96154	Health and behavior intervention family (with the patient present)	\$20.15
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	\$3.96
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	\$3.96
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.	\$35.27

Code	Description	Payment
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes.	\$30.59
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes.	\$16.19
99201	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A problem focused history;</li> <li>• A problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	\$45.35
99202	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	\$76.30
99203	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of low complexity.</li> </ul>	\$109.77
99204	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination;</li> <li>• Medical decision making of moderate complexity.</li> </ul>	\$167.35
99205	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:</p> <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination;</li> <li>• Medical decision making of high complexity.</li> </ul>	\$210.54

Code	Description	Payment
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$21.95
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: <ul style="list-style-type: none"> <li>• A problem focused history;</li> <li>• A problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	\$44.63
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: <ul style="list-style-type: none"> <li>• An expanded problem focused history;</li> <li>• An expanded problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	\$74.14
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these 3 key components: <ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of low complexity.</li> </ul>	\$109.41
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: <ul style="list-style-type: none"> <li>• A comprehensive history;</li> <li>• A comprehensive examination;</li> <li>• Medical decision making of high complexity.</li> </ul>	\$147.56
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components: <ul style="list-style-type: none"> <li>• A problem focused interval history;</li> <li>• A problem focused examination;</li> </ul>	\$39.95 (total facility)

Code	Description	Payment
	<ul style="list-style-type: none"> <li>• Medical decision making that is straightforward or of low complexity.</li> </ul>	
99232	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components:</p> <ul style="list-style-type: none"> <li>• An expanded interval history;</li> <li>• An expanded examination;</li> <li>• Medical decision making of moderate complexity.</li> </ul>	\$74.14 (total facility)
99233	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components:</p> <ul style="list-style-type: none"> <li>• A detailed history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of high complexity.</li> </ul>	\$106.17 (total facility)
99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components:</p> <ul style="list-style-type: none"> <li>• A problem focused interval history;</li> <li>• A problem focused examination;</li> <li>• Straightforward medical decision making.</li> </ul>	\$45.35
99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components:</p> <ul style="list-style-type: none"> <li>• An expanded problem focused interval history;</li> <li>• An expanded problem focused examination;</li> <li>• Medical decision making of moderate of low complexity.</li> </ul>	\$70.54
99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components:</p> <ul style="list-style-type: none"> <li>• A detailed interval history;</li> <li>• A detailed examination;</li> <li>• Medical decision making of moderate complexity.</li> </ul>	\$93.21
99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 components:</p>	\$138.56

Code	Description	Payment
	<ul style="list-style-type: none"> <li>• A comprehensive interval history;</li> <li>• A comprehensive examination;</li> <li>• Medical decision making of high complexity.</li> </ul>	
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	\$132.80
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	\$100.41
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and management service)	\$94.93 (total facility)
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	\$94.29 (total facility)
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$14.76
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$28.43
99495	Transitional Care Management Services with the following required elements: <ul style="list-style-type: none"> <li>• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> </ul>	\$166.99

Code	Description	Payment
	<ul style="list-style-type: none"> <li>• Medical decision making of at least moderate complexity during the service period</li> <li>• Face-to-face visit, within 14 calendar days of discharge</li> </ul>	
99496	<p>Transitional Care Management Services with the following required elements:</p> <ul style="list-style-type: none"> <li>• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> <li>• Medical decision making of high complexity during the service period</li> <li>• Face-to-face visit, within 7 calendar days of discharge</li> </ul>	\$236.45
99497	<p>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate</p>	\$87.10
99498	<p>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)</p>	\$75.94
G0108	<p>Diabetes outpatient self-management training services, individual, per 30 minutes</p>	\$54.34
G0109	<p>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</p>	\$14.76
G0270	<p>Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes</p>	\$30.59

Code	Description	Payment
G0296	Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)	\$29.15
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	\$36.35
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	\$69.82
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	\$39.23 (total facility)
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	\$73.41 (total facility)
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	\$105.45 (total facility)
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	\$110.85
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	\$25.55
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	\$101.49 (total facility)
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	\$137.48 (total facility)
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	\$205.14 (total facility)

Code	Description	Payment
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	(Discontinued)
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	(Discontinued)
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	\$175.27
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	\$119.13
G0442	Annual alcohol misuse screening, 15 minutes	\$18.71
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	\$26.27
G0444	Annual depression screening, 15 minutes	\$18.35
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	\$27.71
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	\$26.27
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	\$26.27
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	\$41.75 (total facility)
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	\$64.42

Code	Description	Payment
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth	\$204.06 (total facility)