

CONFIDENTIAL

Telehealth-specific Service Codes- Please see Coverage Grid for details on coverage, cost-share and code selection Rates Effective 3/1/2020

Payment for the codes below is included in the Enhanced GPMP for Providers in Primary Value for applicable lines of business

Telehealth-specific Codes	Description	Enhanced Non-Facility Rates		
		Commercial & Self-Funded	Medicare Adv	State Products
99421	Online dig e/m svc 5-10 min	\$50.96	\$44.31	n/a use telephone
99422	Online dig e/m svc 11-20 min	\$84.38	\$73.38	n/a use telephone
99423	Online dig e/m svc 21+ min	\$122.63	\$106.64	n/a use telephone
99441	Phone e/m phys/qhp 5-10 min	\$50.96	\$44.31	\$23.48
99442	Phone e/m phys/qhp 11-20 min	\$84.38	\$73.38	\$37.41
99443	Phone e/m phys/qhp 21-30 min	\$122.63	\$106.64	\$56.18
99446	Interprofessional ph/internet/ehr 5-10	\$50.96	\$44.31	not covered
99447	Interprofessional ph/internet/ehr 11-20	\$84.38	\$73.38	not covered
99448	Interprofessional ph/internet/ehr 21-30	\$122.63	\$106.64	not covered
99449	Interprofessional ph/internet/ehr 31/>	\$122.63	\$106.64	not covered
99451	Interprofessional ph/internet/ehr 5/>	\$50.96	\$44.31	not covered
99452	Interprofessional ph/internet/ehr rfrl	\$50.96	\$44.31	not covered
G0425	Inpt/ed teleconsult30	\$121.05	\$105.27	\$56.93
G0426	Inpt/ed teleconsult50	\$185.24	\$161.09	\$86.41
G0427	Inpt/ed teleconsult70	\$234.23	\$203.69	\$108.35
G2010	Remote image submit by pt	\$50.96	\$44.31	not covered
G2012	Brief check in by md/qhp	\$50.96	\$44.31	n/a use telephone
98966	Hc pro phone call 5-10 min	Not covered- all lines of business*		
98967	Hc pro phone call 11-20 min	Not covered- all lines of business*		
98968	Hc pro phone call 21-30 min	Not covered- all lines of business*		
98970	Qnhp ol dig e/m svc 5-10min	\$43.32	\$37.66	not covered
98971	Qnhp ol dig em svc 11-20min	\$71.72	\$62.37	not covered
98972	Qnhp ol dig e/m svc 21+ min	\$104.24	\$90.64	not covered
G2061	Qual nonmd est pt 5-10m	\$43.32	\$37.66	not covered
G2062	Qual nonmd est pt 11-20m	\$71.72	\$62.37	not covered
G2063	Qual nonmd est pt 21>min	\$104.24	\$90.64	not covered

*Services performed by ancillary providers via the telephone would be billed using the most appropriate code from their current fee schedule with place of service 02 and modifier GQ