



These are acceptable codes for Telehealth Services during the State of Emergency due to Covid 19.  
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## COMMERCIAL BILLING FOR TELEHEALTH

| Telehealth Service       | Requirements   | Plan Notes   |
|--------------------------|--|--|
| <b>99201-99203</b>       | Office or other outpatient visit for the evaluation and management of a new patient; varying levels of complexity  | Documentation for medically necessary services apply                                 |
| <b>99211-99213</b>       | Office or other outpatient visit for the evaluation and management of an existing patient; varying levels of complexity  | Documentation for medically necessary services apply                                 |
| <b>Behavioral Health</b> | Behavioral Health providers may bill for medically necessary services that they can appropriately deliver via telehealth.  | Code appropriately for time, and consultation services                               |
| <b>99451</b>             | Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time. | These can be performed via telephone (with or without visual)                        |
| <b>99452</b>             | Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.   | These can be performed via telephone (with or without visual)                        |
| <b>97110</b>             | Therapeutic procedure lasting 15 minutes.  | Must be completed with audio and visual. PA and applicable benefit limits will apply |
| <b>97112</b>             | Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception. Examples include, Proprioceptive Neuromuscular Facilitation (PNF), Feldenkreis, Bobath, BAP'S Boards, and desensitization techniques   | Must be completed with audio and visual. PA and applicable benefit limits will apply |



| Telehealth Service             | Requirements   | Plan Notes   |
|--------------------------------|--|--|
| <b>97161-97163</b>             | Physical therapy evaluations ranging from low to high complexity.  | Must be completed with audio and visual. PA and applicable benefit limits will apply |
| <b>97165-97166</b>             | Occupational therapy evaluations ranging from low to high complexity.  | Must be completed with audio and visual. PA and applicable benefit limits will apply |
| <b>97530</b>                   | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes   | Must be completed with audio and visual. PA and applicable benefit limits will apply |
| <b>97535 with modifier -59</b> | Only considered medically necessary when it requires the professional skills of a therapist, is designed to address specific needs of the patient, and is part of an active treatment plan directed at a specific outcome. | Must be completed with audio and visual. PA and applicable benefit limits will apply |
| <b>92507</b>                   | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual   | Must be completed with audio and visual. PA and applicable benefit limits will apply |
| <b>92523</b>                   | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual   | Must be completed with audio and visual. PA and applicable benefit limits will apply |