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# 2024 Coding & Payment Quick Reference

## Select TeleMedicine Services

## Introduction

The Coronavirus Preparedness and Response Supplemental Appropriations Act, as signed into law on March 6, 2020, included a provision allowing the Secretary of the Department of Health and Human Services to waive certain Medicare telehealth payment requirements during the Public Health Emergency (PHE). As such, individuals with Medicare had broad access to telehealth services, including in their homes, without the geographic or location limits that usually apply. These waivers were included as provisions of The Consolidated Appropriations Act, 2023, which extended many telehealth flexibilities through December 31, 2024, such as:

- People with Medicare can access telehealth services in any geographic area in the United States, rather than only in rural areas.
- People with Medicare can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility.
- Certain telehealth visits can be delivered using audio-only technology (such as a telephone) if someone is unable to use both audio and video (such as a smartphone or computer).

However, if an individual receives routine home care via telehealth under the hospice benefit, this flexibility has ended as of the end of the PHE on May 11, 2023. MA plans may offer additional telehealth benefits. Individuals in an MA plan should check with their plan about coverage for telehealth services. Additionally, after December 31, 2024, when these flexibilities expire, some ACOs may offer telehealth services that allow primary care doctors to care for patients without an in-person visit, no matter where they live.

## Medicare Coverage and Payment of Virtual Services

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. With the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and to keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need.

CMS maintains a list of services that are normally furnished in person that may be furnished to Medicare beneficiaries via telehealth. This list is available here. These services are described by HCPCS codes and paid under the Physician Fee Schedule. Under the emergency declaration and waivers, these services may be provided to patients by professionals regardless of patient location.

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## Summary of Common Telemedicine Services & Codes

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

| Type of Service | Relevant CPT® / HCPCS Codes1 |
|---|---|
| Telehealth Visits | 99202-99205; 99211-99215; G0136; G0406-G0408; G0425-G0427; G0459 |
| E-Visits* | 99441-99443 |
| **Additional Services Available via Telehealth** | |
| Emergency Department Visits | 99281-99285 |
| Observation Services | 99234-99236 |
| Hospital Care & Discharge | 99221-99223; 99328-99329 |
| Nursing Facility Visits | 99304-99306; 99315-99316 |
| Critical Care Services | 99291-99292 |
| Home Visits | 99341-99342; 99344-99345; 99347-99350 |
| Inpatient Neonatal & Pediatric Critical Care | 99468-99469; 99471-99472; 99475-99476 |
| Intensive Care Services | 99477-99478 |
| Care Planning for Patients with Cognitive Impairment | 99483 |
| Psychological & Neuropsychological Testing | 96130-96133; 96136-96139 |
| Physical & Occupational Therapy Services | 97161-97168; 97110; 97112; 97116; 97535; 97750; 97755; 97760-97761;92521-92524; 92507 |
| Radiation Treatment Management Services | 77427 |
| Remote Patient Monitoring | 99493 |
| Health and Well-Being Coaching | 0591T-0593T |

**for use with established patients only*

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The following codes are thought to be relevant to telemedicine services and are referenced throughout this guide.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

## Medicare Physician Payments

| | | RVUs | | | 2024 Medicare National Average Physician‡ [2] | |
|---|---|---|---|---|---|---|
| CPT® / HCPCS Code[1] | CPT Description | Work | Total Facility | Total Office | In-Facility | In-Office |
| **Telehealth Visits:** | | | | | | |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 0.93 | 1.41 | 2.17 | $47 | $72 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. | 1.60 | 2.44 | 3.35 | $81 | $112 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | 2.60 | 3.97 | 5.02 | $132 | $167 |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. | 3.50 | 5.40 | 6.62 | $180 | $220 |
| 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. | 0.18 | 0.26 | 0.70 | $9 | $23 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. | 0.70 | 1.05 | 1.70 | $35 | $57 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. | 1.30 | 1.96 | 2.73 | $65 | $91 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. | 1.92 | 2.89 | 3.85 | $96 | $128 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. | 2.80 | 4.29 | 5.42 | $143 | $180 |
| G0406 | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth | 0.76 | 1.23 | NA | $41 | NA |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes | | | | | |
| G0407 | Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth | 1.39 | 2.14 | NA | $71 | NA |
| G0408 | Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth | 2.00 | 3.12 | NA | $104 | NA |
| G0425 | Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth | 1.92 | 2.75 | NA | $92 | NA |
| G0426 | Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth | 2.61 | 3.89 | NA | $129 | NA |
| G0427 | Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth | 3.86 | 5.50 | NA | $183 | NA |
| G0459 | Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy | 0.95 | 1.26 | NA | $42 | NA |

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## Medicare Physician Payments (Continued)

| CPT®/ HCPCS Code[1] | CPT Description | RVUs Work | RVUs Total Facility | RVUs Total Office | 2024 Medicare National Average Physician[‡ 2] In-Facility | 2024 Medicare National Average Physician[‡ 2] In-Office |
|---|---|---|---|---|---|---|
| **E-Visits:** | | | | | | |
| 99441 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 5-10 minutes of medical discussion | 0.70 | 1.04 | 1.69 | $35 | $56 |
| 99442 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion | 1.30 | 1.95 | 2.72 | $65 | $91 |
| 99443 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion | 1.92 | 2.89 | 3.85 | $96 | $128 |
| **Emergency Department Visits:** | | | | | | |
| 99281 | Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional | 0.25 | 0.34 | NA | $11 | NA |
| 99282 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making | 0.93 | 1.24 | NA | $41 | NA |
| 99283 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making | 1.60 | 2.11 | NA | $70 | NA |
| 99284 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making | 2.74 | 3.59 | NA | $120 | NA |
| 99285 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making | 4.00 | 5.20 | NA | $173 | NA |
| **Observation Services:** | | | | | | |
| 99234 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | 2.00 | 2.90 | NA | $97 | NA |
| 99235 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded. | 3.24 | 4.73 | NA | $157 | NA |
| 99236 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded. | 4.30 | 6.18 | NA | $206 | NA |
| **Hospital Care & Discharge:** | | | | | | |
| 99221 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | 1.63 | 2.46 | NA | $82 | NA |
| 99222 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. | 2.60 | 3.88 | NA | $129 | NA |
| 99223 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. | 3.50 | 5.14 | NA | $171 | NA |
| 99238 | Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter | 1.50 | 2.41 | NA | $80 | NA |
| 99239 | Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter | 2.15 | 3.40 | NA | $113 | NA |

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## Medicare Physician Payments (Continued)

| CPT® / HCPCS Code[1] | CPT Description | RVUs Work | RVUs Total Facility | RVUs Total Office | 2024 Medicare National Average Physician[‡ 2] In-Facility | 2024 Medicare National Average Physician[‡ 2] In-Office |
|---|---|---|---|---|---|---|
| **Nursing Facility Visits:** | | | | | | |
| 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. | 1.50 | 2.39 | 2.39 | $80 | $80 |
| 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. | 2.50 | 3.97 | 3.97 | $132 | $132 |
| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | 3.50 | 5.42 | 5.42 | $180 | $180 |
| 99315 | Nursing facility discharge management; 30 minutes or less total time on the date of the encounter | 1.50 | 2.43 | 2.43 | $81 | $81 |
| 99316 | Nursing facility discharge management; more than 30 minutes total time on the date of the encounter | 2.50 | 3.90 | 3.90 | $130 | $130 |
| **Critical Care Services:** | | | | | | |
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes | 4.50 | 6.31 | 8.18 | $210 | $272 |
| 99292 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) | 2.25 | 3.18 | 3.58 | $106 | $119 |
| **Home Visits:** | | | | | | |
| 99341 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. | 1.00 | NA | 1.47 | NA | $49 |
| 99342 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | 1.65 | NA | 2.33 | NA | $78 |
| 99344 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | 2.87 | NA | 4.23 | NA | $141 |
| 99345 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. | 3.88 | NA | 6.01 | NA | $200 |
| 99347 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. | 0.90 | NA | 1.35 | NA | $45 |
| 99348 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | 1.50 | NA | 2.28 | NA | $76 |
| 99349 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | 2.44 | NA | 3.79 | NA | $126 |
| 99350 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | 3.60 | NA | 5.52 | NA | $184 |
| **Inpatient Neonatal & Pediatric Critical Care:** | | | | | | |
| 99468 | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger | 18.46 | 26.48 | NA | $881 | NA |
| 99469 | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger | 7.99 | 11.45 | NA | $381 | NA |
| 99471 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age | 15.98 | 22.94 | NA | $764 | NA |
| 99472 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age | 7.99 | 11.75 | NA | $391 | NA |
| 99475 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age | 11.25 | 16.53 | NA | $550 | NA |
| 99476 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age | 6.75 | 9.95 | NA | $331 | NA |

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## Medicare Physician Payments (Continued)

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|---|---|---|---|---|---|---|
| **Intensive Care Services:** | | | | | | |
| 99477 | Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services | 7.00 | 10.03 | NA | $334 | NA |
| 99478 | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams) | 2.75 | 3.95 | NA | $131 | NA |
| **Care Planning for Patients with Cognitive Impairment:** | | | | | | |
| 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter. | 3.84 | 5.74 | 8.19 | $191 | $4 |
| **Psychological & Neuropsychological Testing:** | | | | | | |
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 2.56 | 3.25 | 3.60 | $108 | $120 |
| 96131 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | 1.96 | 2.25 | 2.57 | $75 | $86 |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 2.56 | 3.14 | 3.85 | $105 | $128 |
| 96133 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | 1.96 | 2.26 | 2.92 | $75 | $97 |
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | 0.55 | 0.69 | 1.25 | $23 | $42 |
| 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | 0.46 | 0.53 | 1.13 | $18 | $38 |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | 0.00 | NA | 1.03 | NA | $34 |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | 0.00 | NA | 1.06 | NA | $35 |
| **Physical & Occupational Therapy Services:** | | | | | | |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | 0.45 | NA | 0.88 | NA | $29 |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities | 0.50 | NA | 1.01 | NA | $34 |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | 0.45 | NA | 0.88 | NA | $29 |
| 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |

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## Medicare Physician Payments (Continued)

| CPT® / HCPCS Code[1] | CPT Description | RVUs Work | RVUs Total Facility | RVUs Total Office | 2024 Medicare National Average Physician[‡ 2] In-Facility | 2024 Medicare National Average Physician[‡ 2] In-Office |
|---|---|---|---|---|---|---|
| **Physical & Occupational Therapy Services (Continued):** | | | | | | |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: a history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; an evolving clinical presentation with changing characteristics; and clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: a history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; an examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with unstable and unpredictable characteristics; and clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: an examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97167 | Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. | 1.54 | NA | 3.01 | NA | $100 |
| 97535 | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | 1.54 | NA | 3.01 | NA | $100 |
| 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | 1.54 | NA | 3.01 | NA | $100 |
| 97755 | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes | 1.54 | NA | 3.01 | NA | $100 |

See important notes on the uses and limitations of this information on page 9.

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## Medicare Physician Payments (Continued)

| CPT®/ HCPCS Code[1] | CPT Description | RVUs Work | RVUs Total Facility | RVUs Total Office | 2024 Medicare National Average Physician‡ [2] In-Facility | 2024 Medicare National Average Physician‡ [2] In-Office |
|---|---|---|---|---|---|---|
| **Physical & Occupational Therapy Services (Continued):** | | | | | | |
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | 0.50 | NA | 1.43 | NA | $48 |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | 0.50 | NA | 1.25 | NA | $42 |
| 92521 | The physician takes a patient history, including speech and language development, hearing loss, and physical and mental development, and a physical examination is performed. Speech and language evaluations are conducted. Assessment of any deficits is noted and a treatment plan for the patient is made that could involve speech therapy, hearing aids, etc. In auditory processing disorders, the patient (usually children) cannot process the information heard due to a lack of integration between the ears and the brain, even though hearing may be normal. Central auditory processing disorder (CAPD) is often confused with, or functions as, an underlying factor to a number of learning disabilities. In 92521, speech fluency, including stuttering and cluttering, is evaluated. Report 92522 when evaluation of phonics and speech/sound production is performed. Report 92523 when language comprehension is addressed in addition to the evaluation in 92522. Report 92524 for evaluation of voice and resonance. | 2.24 | NA | 3.99 | NA | $133 |
| 92522 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); | 1.92 | NA | 3.31 | NA | $111 |
| 92523 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) | 3.84 | NA | 6.79 | NA | $228 |
| 92524 | Behavioral and qualitative analysis of voice and resonance | 1.92 | NA | 3.27 | NA | $110 |
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | 1.30 | NA | 2.28 | NA | $76 |
| **Radiation Treatment Management Services:** | | | | | | |
| 77427 | Radiation treatment management, 5 treatments | 3.37 | 5.70 | 5.70 | $190 | $190 |
| **Remote Patient Monitoring:** | | | | | | |
| 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment. | 2.05 | 3.05 | 4.20 | $102 | $140 |
| **Health and Well-Being Coaching:** | | | | | | |
| 0591T | Health and well-being coaching face-to-face; individual, initial assessment | | | | | |
| 0592T | Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes | | | | | |
| 0593T | Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes | | | | | |

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## Additional Resources Available:

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|---|---|
| **American Association of Procedural Coders (AAPC):** | **Telehealth Coverage Expanded for Medicare Patients** |
| **American College of Physicians (ACP):** | **COVID-19 Telehealth Coding and Billing Practice Management Tips** |
| **Centers for Medicare & Medicaid Services (CMS):** | **General Telemedicine Tool Kit** |
| **Centers for Medicare & Medicaid Services (CMS):** | **Medicare Telemedicine Health Care Provider Fact Sheet** |
| **Centers for Medicare & Medicaid Services (CMS):** | **FAQ: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency** |
| **Centers for Medicare & Medicaid Services (CMS):** | **Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19** |

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‡ The 2024 National Average Medicare physician payment rates have been calculated using a 2024 conversion factor of $33.2875. Rates subject to change.

NA "NA" indicates that there is no in-office differential for these codes.

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2. Center for Medicare and Medicaid Services. CMS Physician Fee Schedule – March 2024 release. RVU24A | CMS

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