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DOOR 2 | September 2024

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MEDICARE FEE-FOR-SERVICE

Telehealth Audio-Only

Telehealth Services Billing and Payment Process

The Centers for Medicare and Medicaid Services (CMS) have implemented comprehensive billing and payment guidelines for telehealth services under Medicare. These guidelines are designed to ensure that health care providers accurately report and bill for telehealth services, enabling proper reimbursement while maintaining compliance with federal regulations. As telehealth becomes increasingly integrated into health care delivery, understanding and adhering to these guidelines is essential for providers to navigate the complexities of Medicare billing.

Consent for Telehealth Services

Before billing for telehealth services, providers must obtain patient consent, which can be secured either in advance or at the time the service is delivered. This consent must be documented in the patient's medical record. The process of obtaining consent does not require direct supervision, and it can be performed by auxiliary personnel under the general supervision of the billing practitioner. This ensures that the necessary legal and procedural requirements are met before telehealth services are rendered.

For further details, see: [MLN901705 Telehealth Services](#)

Supervision Requirements

CMS defines direct supervision in the context of telehealth to include the real-time availability of the supervising practitioner via audio and video communication. This means that while telehealth services are being provided, the supervising practitioner must be immediately available through telecommunications technology, ensuring compliance with CMS supervision standards for remote services.

Detailed guidelines are available in: [MLN901705 Telehealth Services](#)

Co-Pay

For telehealth services billed under Medicare Part B, patients are responsible for a 20% co-payment, similar to in-person services, after the deductible is met. Providers should

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
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ensure that this cost-sharing is reflected accurately when billing for telehealth services, as it remains consistent with the payment structure for in-person visits.

For more information, visit: [Telehealth Insurance Coverage (medicare.gov)](medicare.gov)

Originating Site

Originating Site: Providers can bill for telehealth services delivered to patients regardless of their location through December 31, 2024, as there are no geographic or site-specific restrictions during this period. Providers should be aware that for non-behavioral telehealth services after this date, restrictions on originating sites may resume, except for behavioral and mental health services, which will continue to allow telehealth from any location.

Distant Site

Distant Site: Until December 31, 2024, any provider eligible to bill Medicare for professional services can offer telehealth from any distant site. This includes locations such as their offices or other professional settings. Providers must ensure they use the correct billing codes and modifiers to reflect the distant site status in compliance with CMS regulations.

Refer to: MLN901705 Telehealth Services and Federal Telehealth Laws - CCHP

Place of Service (POS) Codes

Starting January 1, 2024, providers must use specific POS codes when billing for telehealth services:

› **POS 02:** This code should be used when telehealth services are provided from a location other than the patient's home. It identifies services delivered via telecommunications technology outside of the patient's residence.

› **POS 10:** This code is for telehealth services provided when the patient is in their home. It is used to indicate that services were rendered in the patient's private residence, rather than a healthcare facility.

In addition to the POS codes, **modifier 95** should be used to indicate that the service was provided via real-time telehealth. Providers must ensure accurate use of these codes to facilitate proper billing and reimbursement.

For further details, see: MLN Matters Article MM13452

Authorized Providers and Billing

All healthcare professionals who are eligible to bill Medicare under the Fee-for-Service (FFS) model can bill for telehealth services. This includes physicians, nurse practitioners, physician assistants, and other qualified healthcare providers. It is essential that providers use the appropriate codes and ensure they meet all Medicare eligibility requirements to bill for telehealth services under the FFS model. Compliance with Medicare guidelines is crucial for proper reimbursement and to avoid claim denials.

For comprehensive billing information, refer to: [Medicare Payment Policies for Telehealth](#)

Modifiers for Telehealth Services

When billing for telehealth services, providers must use the appropriate Place of Service (POS) code that reflects where the service would have occurred if provided in person. **Modifier 95** should be applied for real-time telehealth services. Proper use of these modifiers is essential for accurate billing and to ensure that claims are processed correctly.

Detailed information on modifiers can be found in: [Telehealth For Providers: What You Need To Know](#)

New Provisions for CY 2024

For Calendar Year 2024, CMS has temporarily expanded several telehealth-related provisions:

> › Providers can bill for telehealth services delivered from any site in the U.S., including the patient's home.

> › The scope of telehealth practitioners now includes occupational therapists, physical therapists, speech-language pathologists, and audiologists.

> › Mental health counselors and marriage and family therapists are now included as distant site practitioners for telehealth services.

> › Payment continues for telehealth services provided by RHCs and FQHCs under the established methodology used during the Public Health Emergency (PHE).

> › The in-person visit requirement for initiating mental health telehealth services has been temporarily delayed.

Providers must familiarize themselves with these temporary provisions and adjust their billing practices accordingly to ensure compliance.

- https://www.cms.gov/files/document/mln901705-telehealth-services.pdf

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

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Digital Health Modifiers

For Medicare Fee for Service and other programs' digital health claims, which includes FQHCs and RHCs, the chart below shows the modifiers that should be used in the following situations:

Table 1: Medicare FFS Digital Health Modifiers

Modifier	Definition
G0 (zero)	Used to identify telehealth services furnished for purposes of diagnosis, evaluation or treatment of symptoms of an acute stroke.
GQ	Asynchronous Telehealth service.
GT	Critical Access Hospital Distant Site providers billing under CAH Optional Method II. Must be on an institutional claim.
GY	Used to report that an Advanced Beneficiary Notice (ABN) was not issued because item or service is statutorily excluded or does not meet definition of any Medicare benefit. (Note: only to be used when the patient is not at an eligible originating site.)
FR	Supervising practitioner present through two-way audio and video communication.
FQ	Telehealth service furnished using real-time audio only communication.*
UD	Telehealth service furnished using real-time audio only communication. (Arizona Medicaid only).
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.*
95	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.

*While FQ and 93 may appear to be the same, CMS clarified in the 2023 Medicare Physician Fee Schedule (MPFS)16, that 93 is to be used for mental health claims: Additionally, effective on and after January 1, 2023, CPT modifier "93" can be appended to claim lines, as appropriate, for services furnished using audio-only communications technology in accordance with our regulation at § 410.78(a) (3).

All providers, including RHCs, FQHCs, and OTPs must append Medicare modifier "FQ" (Medicare telehealth service was furnished using audio-only communication technology) for allowable audio-only services furnished in those settings. However, consistent with our proposal for audio-only services furnished under the PFS, we are also finalizing to require all providers including RHCs, FQHCs,

and OTPs to use modifier "93" when billing for eligible mental health services furnished via audio-only telecommunications technology. Providers have the option to use the "FQ" or the 93" modifiers or both where appropriate and true, since they are identical in meaning.

Telehealth Audio-Only Medicare Telehealth Codes

Table 2. Medicare FFS Telehealth Audio-Only Codes and Coverage Requirements

Focus Area	CPT/HCPC Codes	Modifiers	Coverage Requirements
Evaluation and Management (E/M)	99441-99443, G2061-G2063	93	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.
Home Health	G0321		Home health services you furnish using synchronous telehealth you render via telephone or another real-time interactive, audio-only telehealth
Opioid Use Disorder	G2086, G2087, G2088		Audio only telecommunications continue to be available through the calendar year 2024. Medicare Part B may be billed when video is not available to the beneficiary to the extent that use of audio-only is permitted under the applicable SAMHSA and DEA requirements at the time of service.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

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Table 3. Medicare FFS Audio-Only Payment Amounts

(Abbreviations: N.P.A. = National Payment Amount, Fac. = Facility, S. Cal. = Southern California, N. Cal. = Northern California)

Code	N.P.A Fac. Price ($)	N.P.A. Non-Fac. Price ($)	S. Cal. Fac. Price ($)	S. Cal. non-Fac. Price ($)	N. Cal. Fac. Price ($)	N. Cal. non-Fac. Price ($)	Description
99441	34.62	56.26	36.41	62.01	39.79	70.49	Phone e/m phys/qhp 5-10 min
99442	64.91	90.54	68.40	98.72	74.87	111.24	Phone e/m phys/qhp 11-20 min
99443	96.20	128.16	101.29	139.10	110.82	156.16	Phone e/m phys/qhp 21-30 min
G2086	399.12	462.70	418.73	493.94	456.40	546.62	Off base opioid tx 70min
G2087	385.14	427.41	402.72	452.73	437.79	497.78	Off base opioid tx, 60 m
G2088	37.95	58.59	39.72	64.14	43.19	72.48	Off base opioid tx, add30
90785	12.98	14.65	13.46	15.43	14.46	16.82	Psytx complex interactive
90791	147.46	172.10	152.61	181.75	163.70	198.65	Psych diagnostic evaluation
90792	169.10	193.73	175.30	204.44	188.61	223.56	Psych diag eval w/med srvcs
98967	21.97	23.97	23.02	25.39	25.02	27.85	Hc pro phone call 11-20 min
98968	30.63	32.96	31.96	34.71	34.54	37.85	Hc pro phone call 21-30 min
90832	68.24	78.23	70.54	82.35	75.60	89.77	Psytx w pt 30 minutes
90833	63.91	71.90	66.16	75.61	71.12	82.46	Psytx w pt w e/m 30 min
99406	11.65	14.65	12.17	15.72	13.24	17.49	Behav chng smoking 3-10 min
99407	24.63	27.30	25.82	28.97	28.15	31.93	Behav chng smoking > 10 min
99441	34.62	56.26	36.41	62.01	39.79	70.49	Phone e/m phys/qhp 5-10 min
90834	90.21	103.19	93.37	108.73	100.17	118.59	Psytx w pt 45 minutes
90836	80.89	90.88	83.88	95.69	90.26	104.43	Psytx w pt w e/m 45 min
90837	133.15	152.12	137.79	160.23	147.79	174.71	Psytx w pt 60 minutes

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
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Code	N.P.A Fac. Price ($)	N.P.A. Non-Fac. Price ($)	S. Cal. Fac. Price ($)	S. Cal. non-Fac. Price ($)	N. Cal. Fac. Price ($)	N. Cal. non-Fac. Price ($)	Description
99442	64.91	90.54	68.40	98.72	74.87	111.24	Phone e/m phys/qhp 11-20 min
99443	96.20	128.16	65.96	93.98	106.24	148.10	Phone e/m phys/qhp 21-30 min
90838	107.19	120.50	143.42	168.45	119.66	138.56	Psytx w pt w e/m 60 min
90839	128.82	146.47	133.49	154.35	132.62	153.95	Psytx crisis initial 60 min
99497	74.56	81.89	78.60	87.26	86.04	96.43	Advncd care plan 30 min
99498	70.24	70.90	74.00	74.79	81.00	81.94	Advncd care plan addl 30 min
G0108	N/A	54.26	N/A	58.78	N/A	65.78	Diab manage trn per indiv
90840	64.58	72.57	66.77	76.22	71.74	83.08	Psytx crisis ea addl 30 min
90845	86.55	97.87	89.65	103.04	96.30	112.36	Psychoanalysis
90847	101.53	102.19	105.17	105.96	112.93	113.87	Family psytx w/pt 50 min
G0109	N/A	15.65	N/A	17.02	N/A	19.12	Diab manage trn ind/group
G0296	24.97	27.63	26.29	29.44	28.72	32.50	Visit to determ ldct elig
90846	97.20	97.53	100.63	101.02	108.00	108.47	Family psytx w/o pt 50 min
90853	23.97	27.63	24.76	29.09	26.53	31.73	Group psychotherapy
92507	N/A	76.23	N/A	82.85	N/A	92.87	Speech/hearing therapy
G0396	31.29	34.29	32.73	36.28	35.62	39.87	Alcohol/subs interv 15-30mn
G0397	63.58	66.58	66.30	69.84	72.01	76.26	Alcohol/subs interv >30 min
92508	N/A	24.30	N/A	26.85	N/A	30.52	Speech/hearing therapy
92521	N/A	132.82	N/A	144.35	N/A	161.84	Evaluation of speech fluency
G0406	$40.94	N/A	42.87	N/A	46.81	N/A	Inpt/tele follow up 15
G0407	71.24	N/A	74.88	N/A	81.88	N/A	Inpt/tele follow up 25
G0408	103.86	N/A	109.22	N/A	119.50	N/A	Inpt/tele follow up 35

Code	N.P.A Fac. Price ($)	N.P.A. Non-Fac. Price ($)	S. Cal. Fac. Price ($)	S. Cal. non-Fac. Price ($)	N. Cal. Fac. Price ($)	N. Cal. non-Fac. Price ($)	Description
92522	N/A	111.18	N/A	120.25	N/A	134.34	Evaluate speech production
92523	N/A	227.69	N/A	247.51	N/A	277.54	Speech sound lang comprehen
92524	N/A	109.52	N/A	118.28	N/A	131.98	Behavral qualit analys voice
G0420	N/A	107.85	N/A	114.21	N/A	125.47	Ed svc ckd ind per session
G0421	N/A	26.96	N/A	28.75	N/A	31.78	Ed svc ckd grp per session
96116	78.89	91.87	82.19	97.55	88.86	107.28	Nubhvl xm phys/qhp 1st hr
96121	65.58	74.90	67.93	78.96	72.92	86.14	Nubhvl xm phy/qhp ea addl hr
G0425	91.54	N/A	95.07	N/A	102.91	N/A	Inpt/ed teleconsult30
G0426	129.49	N/A	135.47	N/A	147.53	N/A	Inpt/ed teleconsult50
G0427	183.08	N/A	191.81	N/A	208.83	N/A	Inpt/ed teleconsult70
96127	N/A	4.66	N/A	5.34	N/A	6.29	Brief emotional/behav assmt
96130	108.18	119.84	112.48	126.26	121.42	137.95	Psycl tst eval phys/qhp 1st
96131	74.90	85.55	77.47	90.08	83.06	98.18	Psycl tst eval phys/qhp ea
G0438	N/A	165.44	N/A	179.12	N/A	200.60	Ppps, initial visit
G0439	N/A	130.15	N/A	141.64	N/A	159.32	Ppps, subseq visit
96132	104.52	128.16	108.68	136.64	117.19	150.73	Nrpsyc tst eval phys/qhp 1st
96133	75.23	97.20	77.87	103.86	83.53	114.71	Nrpsyc tst eval phys/qhp ea
G0442	8.99	18.97	9.52	21.33	10.45	24.62	Annual alcohol screen 15 min
G0443	22.30	24.97	23.50	26.65	25.72	29.50	Brief alcohol misuse counsel

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

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Code	N.P.A Fac. Price ($)	N.P.A. Non-Fac. Price ($)	S. Cal. Fac. Price ($)	S. Cal. non-Fac. Price ($)	N. Cal. Fac. Price ($)	N. Cal. non-Fac. Price ($)	Description
G0444	8.99	18.97	9.52	21.33	10.45	24.62	Depression screen annual
G0445	22.30	26.30	23.50	28.23	25.72	$31.39	High inten beh couns std 30m
G0446	22.64	25.30	23.90	27.05	26.19	29.97	Intens behave ther cardio dx
96136	22.97	41.61	23.94	46.00	25.88	52.34	Psycl/nrpsyc tst phy/qhp 1st
96137	17.64	37.62	18.29	41.92	19.64	47.98	Psycl/nrpsyc tst phy/qhp ea
96138	N/A	34.29	N/A	40.38	N/A	48.33	Psycl/nrpsyc tech 1st
96139	N/A	35.28	N/A	41.57	N/A	49.75	Psycl/nrpsyc tst tech ea
96156	87.55	98.86	90.83	104.22	97.72	113.78	Hlth bhv assmt/reassessment
G0447	22.30	25.30	23.50	27.05	25.72	29.97	Hlth bhv assmt/reassessment
G0459	41.94	N/A	43.77	N/A	47.43	N/A	Telehealth inpt pharm mgmt
G0506	43.61	62.58	45.98	68.42	50.35	77.27	Comp asses care plan ccm svc
96158	58.59	66.91	60.66	70.50	65.09	76.90	Hlth bhv ivntj indiv 1st 30
96159	19.64	22.64	20.34	23.88	21.82	26.07	Hlth bhv ivntj indiv ea addl
96160	N/A	3.00	N/A	3.54	N/A	4.25	Pt-focused hlth risk assmt
G0513	58.59	62.91	61.78	66.90	67.65	73.79	Prolong prev svcs, first 30m
G0514	58.92	63.25	62.17	67.29	68.12	74.26	Prolong prev svcs, addl 30m
96161	N/A	3.00	N/A	3.54	N/A	4.25	Caregiver health risk assmt
96164	9.32	10.32	9.70	10.88	10.48	11.90	Hlth bhv ivntj grp 1st 30
G2086	399.12	462.70	418.73	493.94	456.40	546.62	Off base opioid tx 70min

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
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Code	N.P.A Fac. Price ($)	N.P.A. Non-Fac. Price ($)	S. Cal. Fac. Price ($)	S. Cal. non-Fac. Price ($)	N. Cal. Fac. Price ($)	N. Cal. non-Fac. Price ($)	Description
G2087	385.14	427.41	402.72	452.73	437.79	497.78	Off base opioid tx, 60 m
G2088	37.95	58.59	39.72	64.14	43.19	72.48	Off base opioid tx, add30
96165	4.00	4.66	4.20	4.99	4.57	5.51	Hlth bhv ivntj grp ea addl
96167	61.92	70.57	64.07	74.31	68.71	80.99	Hlth bhv ivntj fam 1st 30
96168	21.97	25.30	22.78	26.72	24.46	29.18	Hlth bhv ivntj fam ea addl
G2211	16.31	16.31	17.22	17.22	18.86	18.86	Complex e/m visit add on
G2212	30.96	32.29	32.55	34.12	35.59	37.48	Prolong outpt/office vis
97535	N/A	32.62	N/A	36.06	N/A	41.01	Self care mngment training
97802	31.62	36.28	34.46	39.98	38.71	45.32	Medical nutrition indiv in
97803	26.96	31.62	29.37	34.88	32.98	39.59	Med nutrition indiv subseq
97804	15.31	16.64	16.63	18.21	18.65	20.54	Medical nutrition group
98966	11.32	12.98	11.91	13.87	12.98	15.34	Hc pro phone call 5-10 min
G0270	26.96	31.62					Mnt Subs tx For Change dx
90834	90.21	103.19	93.37	108.73	100.17	118.59	Psytx w pt 45 minutes

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

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Table 4. Medicare FFS Telehealth Audio-Video and Audio-Only Codes

(Abbreviations: N.P.A. = National Payment Amount, Fac. = Facility)

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
0362T	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.		Behavioral identification support assessment, each 15 minutes - These sessions are conducted live, typically with a provider guiding the patient through the assessment in real-time.
0373T	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.		Adaptive behavior treatment by protocol, each 15 minutes - This treatment requires real-time interaction to adapt the behavior protocol based on immediate feedback

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
0591T	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.		Health and wellness coaching for individual, initial session - Health and wellness coaching is often conducted via live video or audio sessions.
0592T	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.		Health and wellness coaching for individual, follow-up session - Follow-up sessions continue the real-time coaching interaction.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
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Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
0593T	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.	This code is contractor priced under the Physician Fee Schedule. Please contact your local Medicare Contractor for payment amounts.		Health and wellness coaching for individual, maintenance session - Maintenance sessions are part of ongoing live coaching.
90901	$18.97	$40.94	Biofeedback train any meth	Biofeedback training, any method - Biofeedback training typically involves live monitoring and feedback.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

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Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
77427	$189.74	$189.74	**Radiation Treatment Management.** Radiation tx management x5	**Radiation Treatment Management** This code applies to radiation treatment management services, typically reported in five fractions or treatment sessions. The service includes the supervision and coordination of the patient's overall radiation treatment plan, including assessment of the patient's response to therapy, management of any side effects, and adjustments to the treatment plan as necessary. It involves close collaboration with the radiation oncology team to ensure the effective delivery of treatment.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
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Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90875	90875: The current Physician Fee Schedule does not price the requested HCPCS Code.	90875: The current Physician Fee Schedule does not price the requested HCPCS Code.	Other Psychiatric Services or Procedures In this service, the provider performs 30 minutes of psychophysiological therapy using biofeedback training along with psychotherapy to alter the behavior of the patient.	**Psychophysiological Therapy with Biofeedback and Psychotherapy** This code is used for a 30-minute session where the provider delivers psychophysiological therapy that includes biofeedback training combined with psychotherapy. The goal is to modify the patient's behavior by helping them become aware of physiological functions and using this awareness to achieve desired psychological outcomes. This service is often used in the treatment of conditions such as anxiety, stress, and certain types of chronic pain.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
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Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90901	$18.97	$40.94	Biofeedback train any meth	This code applies to biofeedback training using any method, where the provider uses specialized equipment to monitor and provide feedback on physiological functions such as heart rate, muscle tension, and brainwave activity. The purpose of this training is to help the patient learn to control these functions, often for managing stress, anxiety, or chronic pain. The provider guides the patient in using the feedback to make adjustments in behavior or physical responses.
90951	$1,156.41	$1,156.41	**End-Stage Renal Disease Services.** Esrd serv 4 visits p mo <2yr	This code is used for managing all aspects of care for a pediatric patient under 2 years of age with end-stage renal disease (ESRD). The provider sees the patient at least four times per month to monitor their condition, manage treatment, and adjust therapy as needed. The service includes face-to-face visits and encompasses the comprehensive management required for this vulnerable patient population.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
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CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90954	$991.30	$991.30	**End-Stage Renal Disease Services.** Esrd serv 4 vsts p mo 2-11	The provider manages all the services associated with the monthly care of a patient who is between the ages of 2 and 11 years old and has a condition known as end stage renal disease, or ESRD. For this service, the provider sees the patient face–to–face at least four times during the month to accomplish this care. https://www.aapc.com/codes/cpt-codes/90954
90955	$515.62	$515.62	**End-Stage Renal Disease Services.** Esrd srv 2-3 vsts p mo 2-11	This code is used for managing the care of a pediatric patient aged 2 to 11 years with ESRD, involving two to three visits per month. The provider monitors the patient's condition, adjusts treatment as needed, and ensures that the therapy is meeting the patient's needs. The focus is on maintaining stability and addressing any complications that arise.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
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Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90956	$343.86	$343.86	**End-Stage Renal Disease Services** Esrd srv 1 visit p mo 2-11	This code applies to the management of ESRD in pediatric patients aged 2 to 11 years, where the provider conducts one visit per month. The service includes monitoring the patient's condition, managing the treatment plan, and addressing any issues that may affect the patient's health. The provider ensures that the patient's care is coordinated and that the treatment remains appropriate.
90957	$758.96	$758.96	**End-Stage Renal Disease Services.** Esrd srv 4 vsts p mo 12-19	This code is used for the comprehensive management of a patient aged 12 to 19 years with ESRD, requiring at least four visits per month. The provider oversees all aspects of the patient's care, including monitoring kidney function, managing dialysis or other treatments, and addressing complications. The frequent visits allow for close supervision and timely adjustments to the treatment plan.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90958	$493.99	$493.99	**End-Stage Renal Disease Services.** Esrd srv 2-3 vsts p mo 12-19	This code covers the management of ESRD in patients aged 12 to 19 years, with two to three visits per month. The provider monitors the patient's condition, adjusts the treatment plan as necessary, and manages any complications. The service is designed to ensure that the patient's health is maintained and that their treatment needs are met.
90959	$322.22	$322.22	**End-Stage Renal Disease Services.** Esrd serv 1 vst p mo 12-19	This code is used for the management of ESRD in patients aged 12 to 19 years, involving one visit per month. The provider reviews the patient's health status, manages ongoing treatment, and addresses any issues that arise during the course of care. The focus is on maintaining the patient's stability and ensuring that the treatment plan is effective.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90960	$349.52	$349.52	**End-Stage Renal Disease Services.** Esrd srv 4 visits p mo 20+	This code applies to the management of ESRD in adult patients aged 20 years and older, requiring at least four visits per month. The provider is responsible for overseeing all aspects of the patient's care, including dialysis management, medication adjustments, and monitoring for complications. The frequent visits allow for proactive management of the patient's condition.
90961	$290.27	$290.27	**End-Stage Renal Disease Services.** Esrd srv 2-3 vsts p mo 20+	This code covers the management of ESRD in adult patients aged 20 years and older, with two to three visits per month. The provider monitors the patient's condition, adjusts treatment as needed, and addresses any health concerns that arise. The service ensures that the patient's ESRD is managed effectively and that their care is coordinated.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90962	$200.39	$200.39	**End-Stage Renal Disease Services** Esrd serv 1 visit p mo 20+	This code is used for the management of ESRD in adult patients aged 20 years and older, involving one visit per month. The provider reviews the patient's health, manages the treatment regimen, and ensures that any complications are addressed promptly. The goal is to maintain the patient's health and stability with minimal visits.
90963	$599.18	$599.18	**End-Stage Renal Disease Services.** Esrd home pt serv p mo <2yrs	This code applies to the comprehensive management of ESRD in pediatric patients under 2 years of age who are receiving home dialysis. The provider is responsible for overseeing the patient's home dialysis treatment, including monitoring, managing complications, and adjusting the treatment plan as necessary to ensure the patient's well-being

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90964	$513.63	$513.63	**End-Stage Renal Disease Services.** Esrd home pt serv p mo 2-11	This code covers the management of ESRD in pediatric patients aged 2 to 11 years who are on home dialysis. The provider oversees the treatment, ensuring that the patient's dialysis regimen is effective and that any complications are managed promptly. The service includes monthly monitoring and coordination of care.
90965	$492.99	$492.99	**End-Stage Renal Disease Services.** Esrd home pt serv p mo 12-19	This code is used for managing ESRD in patients aged 12 to 19 years who are receiving home dialysis. The provider monitors the patient's condition, manages the home dialysis regimen, and addresses any issues that may arise during treatment. The service ensures that the patient's care is consistent and effective.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90966	$290.27	$290.27	**End-Stage Renal Disease Services** Esrd home pt serv p mo 20+	This code applies to the management of ESRD in adult patients aged 20 years and older who are receiving home dialysis. The provider oversees the patient's treatment, including monitoring for complications, managing dialysis sessions, and adjusting care as needed. The goal is to maintain the patient's health and ensure that home dialysis is carried out effectively.
90967	$17.31	$17.31	**End-Stage Renal Disease Services.** Esrd svc pr day pt <2	This code covers daily ESRD services for pediatric patients under 2 years of age. The provider monitors the patient's condition daily, managing dialysis or other treatments and addressing any immediate concerns that may arise. The service ensures that the patient's health is maintained with close, daily supervision.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
90968	$16.98	$16.98	**End-Stage Renal Disease Services.** Esrd svc pr day pt 2-11	This code is used for daily ESRD services provided to pediatric patients aged 2 to 11 years. The provider offers daily monitoring and management of the patient's condition, ensuring that treatment is effective and that any complications are addressed immediately.
90969	$16.64	$16.64	**End-Stage Renal Disease Services.** Esrd svc pr day pt 12-19	This code applies to daily ESRD services for patients aged 12 to 19 years. The provider monitors the patient's condition on a daily basis, managing treatments such as dialysis and responding to any issues that may arise. This level of care ensures that the patient's health is closely supervised.
90970	$9.32	$9.32	**End-Stage Renal Disease Services.** Esrd svc pr day pt 20+	This code is used for daily ESRD services provided to adult patients aged 20 years and older. The provider oversees the patient's care each day, ensuring that treatments are administered

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92002	$44.61	$84.55	**New Patient General Ophthalmological Services and Procedures.** Intrm oph exam new patient	The provider performs an intermediate level ophthalmological evaluation of a new patient and initiates a diagnostic and treatment program. https://www.aapc.com/codes/cpt-codes/92002
92004	$92.21	$148.46	**New Patient General Ophthalmological Services and Procedures**. Compre oph exam new pt 1/>	The provider performs a comprehensive level ophthalmological evaluation of a new patient and initiates a diagnostic and treatment program for one or more visits. https://www.aapc.com/codes/cpt-codes/92004
92012	$49.27	$88.88	**Established Patient General Ophthalmological Services and Procedures.** Intrm oph exam est patient	For this CPT code, an Ophthalmologist sees an established patient for an intermediate level eye examination. Generally, a patient is considered to be "established" if the same physician, or any physician in the group practice (or any physician of the same specialty who is billing under the same group number), has seen the patient for a face–to–face service within the past 36 months. https://www.aapc.com/codes/cpt-codes/92012

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92014	$74.23	$125.49	**Established Patient General Ophthalmological Services and Procedures.** Compre oph exam est pt 1/>	An ophthalmologist sees an established patient for a comprehensive level eye examination. Generally, a patient is considered to be "established" if the same physician, or any physician in the group practice (or any physician of the same specialty who is billing under the same group number), has seen the patient for a face–to–face service within the past 36 months https://www.aapc.com/codes/cpt-codes/92014
92526	N/A	$84.55	**Ophthalmological Services and Procedures.** Oral function therapy	Oral function therapy. The provider treats a swallowing disorder through medications, rehabilitation, or a feeding tube, to identify the cause of improper functioning. https://www.aapc.com/codes/cpt-codes/92526
92550	N/A	$21.64	**Special Otorhino-laryngologic Services and Procedures.** Tympanometry & reflex thresh	Tympanometry and reflex threshold measurements **Notes:** (Do not report 92550 in conjunction with 92567, 92568) https://www.aapc.com/codes/cpt-codes/92550

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92552	N/A	$37.95	**Special Otorhino-laryngologic Services and Procedures.** Pure tone audiometry air	Pure tone audiometry (threshold); air only
92553	N/A	$45.94	**Special Otorhino-laryngologic Services and Procedures.** Audiometry air & bone	Pure tone audiometry (threshold); air and bone
92555	N/A	$28.96	**Special Otorhino-laryngologic Services and Procedures.** Speech threshold audiometry	Speech audiometry threshold
92556	N/A	$44.94	**Special Otorhino-laryngologic Services and Procedures.** Speech audiometry complete	Speech audiometry threshold; with speech recognition
92563	N/A	$34.62	**Special Otorhino-laryngologic Services and Procedures.** Tone decay hearing test	Tone decay test
92565	N/A	$20.97	**Special Otorhino-laryngologic Services and Procedures.**	Stenger test pure tone

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92567	$10.65	$16.31	**Special Otorhino-laryngologic Services and Procedures.**	Tympanometry (impedance testing)
92568	$14.65	$14.98	**Special Otorhino-laryngologic Services and Procedures.** Acoustic refl threshold tst	
92570	$28.63	$31.96	**Special Otorhino-laryngologic Services and Procedures.** Acoustic immitance testing	
92587	NA With modifiers • 26- $17.64 • TC- N/A	$21.30 With modifiers • 26- $17.64 • TC- $3.66	**Special Otorhino-laryngologic Services and Procedures.** Evoked auditory test limited	
92588	NA With modifiers • 26- $27.96 • TC- N/A	$32.95 With modifiers • 26- $27.96 • TC- $4.99	**Special Otorhino-laryngologic Services and Procedures.** Evoked auditory tst complete	

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92601	$120.50	$157.45	**Special Otorhino-laryngologic Services and Procedures.** Cochlear implt f/up exam <7	
92602	$67.91	$99.20	**Special Otorhino-laryngologic Services and Procedures.** Reprogram cochlear implt <7	
92603	$117.17	$148.13	**Special Otorhino-laryngologic Services and Procedures.** Cochlear implt f/up exam 7/>	
92604	$64.91	$89.21	**Special Otorhino-laryngologic Services and Procedures.** Reprogram cochlear implt 7/>	
92607	N/A	$123.83	**Special Otorhino-laryngologic Services and Procedures.** Ex for speech device rx 1hr	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92608	N/A	$48.60	**Special Otorhino-laryngologic Services and Procedures.** Ex for speech device rx addl	
92609	N/A	$103.19	**Special Otorhino-laryngologic Services and Procedures.** Use of speech device service	
92610	$69.90	$85.22	**Special Otorhino-laryngologic Services and Procedures.** Evaluate swallowing function	
92625	$59.92	$66.91	**Special Otorhino-laryngologic Services and Procedures.** Tinnitus assessment	
92626	$73.23	$85.88	**Special Otorhino-laryngologic Services and Procedures.** Eval aud funcj 1st hour	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
92627	$17.31	$20.31	**Special Otorhino-laryngologic Services and Procedures.** Eval aud funcj ea addl 15	
93750	$39.28	$50.60	**Cardiovascular Procedures.** Interrogation vad in person	
93797	$8.65	$16.98	**Cardiovascular Procedures.** Cardiac rehab	
93798	$13.32	$25.63	**Cardiovascular Procedures.** Cardiac rehab/monitor	
94002	$89.88	N/A	**Pulmonary Procedures.** Vent mgmt inpat init day	
94003	$63.25	N/A	**Pulmonary Procedures.** Vent mgmt inpat subq day	
94004	$46.94	N/A	**Pulmonary Procedures.** Vent mgmt nf per day	
94625	$18.31	$73.90	**Pulmonary Procedures.** Phy/qhp op pulm rhb w/o mntr	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
94626	$26.96	$80.22	**Pulmonary Procedures.** Phy/qhp op pulm rhb w/mntr	
94664	N/A	$17.98	**Pulmonary Procedures.** Evaluate pt use of inhaler	
95970	$17.98	$18.64	**Neurology and Neuromuscular Procedures.** Alys npgt w/o prgrmg	
95971	$38.28	$47.93	**Neurology and Neuromuscular Procedures.** Alys smpl sp/pn npgt w/prgrm	
95972	$39.61	$56.59	**Neurology and Neuromuscular Procedures.** Alys cplx sp/pn npgt w/prgrm	
95983	$48.60	$49.60	**Neurology and Neuromuscular Procedures.** Alys brn npgt prgrmg 15 min	
95984	$42.61	$43.27	**Neurology and Neuromuscular Procedures.** Alys brn npgt prgrmg addl 15	

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
96105	N/A	$95.87	**Neurology and Neuromuscular Procedures.** Assessment of aphasia	
96112	$122.83	$123.83	**Neurology and Neuromuscular Procedures.** Devel tst phys/qhp 1st hr	
96113	$56.26	$59.92	**Neurology and Neuromuscular Procedures.** Devel tst phys/qhp ea addl	
96125	N/A	$102.19	**Central Nervous System Assessments/ Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing).** Cognitive test by hc pro	
97129	$21.97	$22.30	**Physical Medicine and Rehabilitation Evaluations.** Ther ivntj 1st 15 min	
97130	$20.97	$21.30	**Physical Medicine and Rehabilitation Evaluations.** Ther ivntj ea addl 15 min	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
97150	N/A	$17.98	**Physical Medicine and Rehabilitation Evaluations.** Group therapeutic procedures	
97161	N/A	$100.20	**Physical Medicine and Rehabilitation Evaluations.** Pt eval low complex 20 min	
97162	N/A	$100.20	**Physical Medicine and Rehabilitation Evaluations.** Pt eval mod complex 30 min	
97163	N/A	$100.20	**Physical Medicine and Rehabilitation Evaluations.** Pt eval high complex 45 min	
97165	N/A	$101.19	**Physical Medicine and Rehabilitation Evaluations.** Ot eval low complex 30 min	
97166	N/A	$101.19	**Physical Medicine and Rehabilitation Evaluations.** Ot eval mod complex 45 min	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
97167	N/A	$101.19	**Physical Medicine and Rehabilitation Evaluations.** Ot eval high complex 60 min	
97168	N/A	$69.90	**Physical Medicine and Rehabilitation Evaluations.** Ot re-eval est plan care	
97530	N/A	$36.62	**Physical Medicine and Rehabilitation Evaluations.** Therapeutic activities	
97755	N/A	$38.28	**Physical Medicine and Rehabilitation Evaluations.** Assistive technology assess	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99202	$46.94	$72.23	E/M **Office or Other Outpatient Services** **Office.** o/p new sf 15 min	The following codes are used to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. To report services provided to a patient who is admitted to a hospital or nursing facility in the course of an encounter in the office or other ambulatory facility, see the notes for initial hospital inpatient or observation care or initial nursing facility care. https://www.aapc.com/codes/cpt-codes/99202
99203	$81.22	$111.51	E/M **Office or Other Outpatient Services** **Office.** o/p new low 30 min	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes/99203

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99204	$132.15	$167.10	**E/M Office or Other Outpatient Services.** Office o/p new mod 45 min	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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes/99204
99205	$179.75	$220.36	**E/M Office or Other Outpatient Services.** Office o/p new hi 60 min	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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. **Notes:** (For services 75 minutes or longer, use prolonged services code 99417) https://www.aapc.com/codes/cpt-codes/99205

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99211	$8.65	$23.30	**E/M Office or Other Outpatient Services.** Off/op est may x req phy/qhp	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. https://www.aapc.com/codes/cpt-codes-range/99211-99215/
99212	$34.95	$56.59	**E/M Office or Other Outpatient Services.** Office o/p est sf 10 min	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 https://www.aapc.com/codes/cpt-codes-range/99211-99215/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99213	$65.24	$90.87	**E/M Office or Other Outpatient Services.** Office o/p est low 20 min	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99211-99215/
99214	$96.20	$128.16	**E/M Office or Other Outpatient Services.** Office o/p est mod 30 min	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99211-99215/

CALIFORNIA TELEHEALTH RESOURCE CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99215	$142.80	$180.42	**E/M Office or Other Outpatient Services.** Office o/p est hi 40 min	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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99211-99215/
99221	$81.89	N/A	**E/M Hospital Inpatient and Observation Care Services.** 1st hosp ip/obs sf/low 40	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. https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

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99222	$129.16	N/A	**E/M Hospital Inpatient and Observation Care Services.** 1st hosp ip/obs moderate 55	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. https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/
99223	$171.10	N/A	**E/M Hospital Inpatient and Observation Care Services.** 1st hosp ip/obs high 75	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. https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99231	$48.93	N/A	**E/M Hospital Inpatient and Observation Care Services.** Sbsq hosp ip/obs sf/low 25	Subsequent 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 of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99231-99233/
99232	$77.89	N/A	**E/M Hospital Inpatient and Observation Care Services.** Sbsq hosp ip/obs moderate 35	Subsequent 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, 35 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99231-99233/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99233	$117.17	N/A	**E/M Hospital Inpatient and Observation Care Services.** Sbsq hosp ip/obs high 50	Subsequent 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, 50 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99231-99233/
99234	$96.53	N/A	**E/M Hospital Inpatient and Observation Care Services.** Hosp ip/obs sm dt sf/low 45	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.

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99235	$157.45	N/A	**E/M Hospital Inpatient and Observation Care Services.** Hosp ip/obs same date mod 70	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.
99236	$205.72	N/A	**E/M Hospital Inpatient and Observation Care Services.** Hosp ip/obs same date hi 85	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. https://www.aapc.com/codes/cpt-codes-range/99234-99236/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

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99238	$80.22	N/A	**E/M Hospital Inpatient and Observation Care Services.** Hosp ip/obs dschrg mgmt 30/<	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter https://www.aapc.com/codes/cpt-codes-range/99238-99239/
99239	$113.18	N/A	**E/M Hospital Inpatient and Observation Care Services.** Hosp ip/obs dschrg mgmt >30	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter https://www.aapc.com/codes/cpt-codes-range/99238-99239/
99281	$11.32	N/A	**E/M Emergency Department Services.** Emr dpt vst mayx req phy/qhp	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 https://www.aapc.com/codes/cpt-codes-range/99281-99285/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
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Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99282	$41.28	N/A	**E/M Emergency Department Services.** Emergency dept visit sf mdm	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 https://www.aapc.com/codes/cpt-codes-range/99281-99285/
99283	$70.24	N/A	**E/M Emergency Department Services.** Emergency dept visit low mdm	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 https://www.aapc.com/codes/cpt-codes-range/99281-99285/
99284	$119.50	N/A	**E/M Emergency Department Services.** Emergency dept visit mod mdm	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 https://www.aapc.com/codes/cpt-codes-range/99281-99285/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

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99285	$173.10	N/A	**E/M Emergency Department Services.** Emergency dept visit hi mdm	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 https://www.aapc.com/codes/cpt-codes-range/99281-99285/
99291	$210.04	$272.29	**E/M Critical Care Services.** Critical care first hour	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes https://www.aapc.com/codes/cpt-codes-range/99291-99292/
99292	$105.85	$119.17	**E/M Critical Care Services.** Critical care addl 30 min	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) https://www.aapc.com/codes/cpt-codes-range/99291-99292/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99304	$79.56	$79.56	**E/M Nursing Facility Services.** 1st nf care sf/low mdm 25	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. https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/
99305	$132.15	$132.15	**E/M Nursing Facility Services.** 1st nf care moderate mdm 35	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. https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99306	$180.42	$180.42	**E/M Nursing Facility Services.** 1st nf care high mdm 50	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, 50 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/
99307	$39.95	$39.95	**E/M Nursing Facility Services.** Sbsq nf care sf mdm 10	Subsequent nursing facility care, per day, for the evaluation and management of a 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, 10 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99307-99310/

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99308	$73.90	$73.90	**E/M Nursing Facility Services.** Sbsq nf care low mdm 20	Subsequent nursing facility care, per day, for the evaluation and management of a 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, 20 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99307-99310/
99309	$106.85	$106.85	**E/M Nursing Facility Services.** Sbsq nf care moderate mdm 30	Subsequent 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, 30 minutes must be met or exceeded. https://www.aapc.com/codes/cpt-codes-range/99307-99310/

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99310	$152.46	$152.46	**E/M Nursing Facility Services.** Sbsq nf care high mdm 45	Subsequent 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. https://www.aapc.com/codes/cpt-codes-range/99307-99310/
99315	$80.89	$80.89	**E/M Nursing Facility Services.** Nf dschrg mgmt 30 min/less	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter https://www.aapc.com/codes/cpt-codes-range/99315-99316/
99316	$129.82	$129.82	**E/M Nursing Facility Services.** Nf dschrg mgmt 30 min+	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter https://www.aapc.com/codes/cpt-codes-range/99315-99316/
99341	N/A	$48.93	**E/M Home or Residence Services.** Home/res vst new sf mdm 15	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

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99342	N/A	$77.56	**E/M Home or Residence Services.** Home/res vst new low mdm 30	
99344	N/A	$140.81	**E/M Home or Residence Services.** Home/res vst new mod mdm 60	
99345	N/A	$200.06	**E/M Home or Residence Services.** Home/res vst new high mdm 75	
99347	N/A	$44.94	**E/M Home or Residence Services.** Home/res vst est sf mdm 20	
99348	N/A	$75.90	**E/M Home or Residence Services.** Home/res vst est low mdm 30	
99349	N/A	$126.16	**E/M Home or Residence Services.** Home/res vst est mod mdm 40	
99350	N/A	$183.75	**E/M Home or Residence Services.** Home/res vst est high mdm 60	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
99468	$881.45	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Neonate crit care initial	
99469	$381.14	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Neonate crit care subsq	
99471	$763.62	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ped critical care initial	
99472	$391.13	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ped critical care subsq	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

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99475	$550.24	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ped crit care age 2-5 init	
99476	$331.21	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ped crit care age 2-5 subsq	
99477	$333.87	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Init day hosp neonate care	
99478	$131.49	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ic lbw inf < 1500 gm subsq	

CTRC Digital Health Payment Guide
DOOR 2 | September 2024

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
Part of OCHIN

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99479	$119.50	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ic lbw inf 1500-2500 g subsq	
99480	$114.84	N/A	**E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.** Ic inf pbw 2501-5000 g subsq	
99483	$191.07	$272.62	**E/M Cognitive Assessment and Care Plan Services.** Assmt & care pln pt cog imp	
G0136	$8.99	$18.97	Adm of soc dtr assess 5-15 m	
G0316	$29.96	$31.62	Prolong inpt eval add15 m	
G0317	$29.96	$31.62	Prolong nursin fac eval 15m	
G0318	$29.63	$30.96	Prolong home eval add 15m	
G0422	$128.16	$128.16	Intens cardiac rehab w/exerc	
G0423	$128.16	$128.16	Intens cardiac rehab no exer	

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
G0508	$203.72	N/A	Crit care telehea consult 60	
G0509	$187.74	N/A	Crit care telehea consult 50	
G3002	$73.57	$82.55	Chronic pain mgmt 30 mins	
G3003	$25.63	$30.29	Chronic pain mgmt addl 15m	
Telehealth Audio Only				
G0270	$26.96	$31.62	Mnt subs tx for change dx	