

## MEDICARE FEE-FOR-SERVICE

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### Telehealth Interactive Audio-Video

#### 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

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 \(medicare.gov\)](https://www.medicare.gov/telehealth-insurance-coverage)

### 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>

### 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,

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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 Interactive Audio-Video

**Table 2. Medicare FFS Telehealth Interactive Audio-Video Codes and Coverage Requirements**

Focus Area	CPT/HCPCS Codes	Modifiers	Coverage Requirements
Evaluation and Management (E/M)	99202-99205 99211-99215	95 (Optional)	Office or other outpatient visit for the evaluation and management of a new patient or established patient.
Behavioral and Mental Health	96156, 96158, 96519, 96164, 96165, 96167, 96168	93	Physicians, mental health practitioners, FQHCs, and RHCs can initiate tele-behavioral health services without a prior in-person visit.  Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) are reimbursable when enrolled with Medicare. Addiction Counselors that meet all of the applicable requirements to be an MHC may also enroll in Medicare as an MHC.  There is no in person requirement.
Occupational Therapy, Physical Therapy, Speech-Language Pathology, Audiology	97161-97168, 97110, 97112, 97116, 97530, 97535, 97537, 97542, 97763, 97750, 97755, 97760, 97761, 98960-98962, 92521-92524, 92507	CQ – PTA CO - OTA	Occupational therapists, physical therapists, speech-language pathologists, and audiologists can provide and bill for telehealth services

Focus Area	CPT/HCPCS Codes	Modifiers	Coverage Requirements
Social Determinant of Health Screening	GXXX5		Service must be furnished on the same date as an E/M visit and would be reasonable and necessary only when used to inform the patient's diagnosis and treatment plan established during that visit.
Complex Patients	G2211		Additional payment for outpatient office visits recognizing the inherent costs clinicians may incur when longitudinally treating a patient's single, serious, or complex chronic condition.
Health and Well Being	0591T, 0592T, 0593T		Temporarily Covered through 2024.
Diabetes Self-Management Training	G0108 (30 min individual) G0109 (30 min-group)		Providers that bill for the diabetes self-management education training must be certified by the American Diabetes Association (ADA) or have a Certificate of Recognition from a HCFA approved entity. Medicare will allow one hour of training (initial or follow-up) that is required for insulin-dependent beneficiaries via telehealth.
Home Health	G0320		Home health services furnished using synchronous telehealth rendered via real-time audio and video telehealth.

**Table 3. Medicare FFS Interactive Audio-Video 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
<a href="#">96156</a>	87.55	98.86	90.83	104.22	97.72	113.78	Hlth bhv assmt/ reassessment
<a href="#">96158</a>	58.59	66.91	60.66	70.50	65.09	76.90	Hlth bhv ivntj indiv 1st 30
<a href="#">96164</a>	9.32	10.32	9.70	10.88	10.48	11.90	Hlth bhv ivntj grp 1st 30
<a href="#">96165</a>	4.00	4.66	4.20	4.99	4.57	5.51	Hlth bhv ivntj grp ea addl
<a href="#">96167</a>	61.92	70.57	64.07	74.31	68.71	80.99	Hlth bhv ivntj fam 1st 30
<a href="#">96168</a>	21.97	25.30	22.78	26.72	24.46	29.18	Hlth bhv ivntj fam ea addl
<a href="#">97161</a>	N/A	100.20	N/A	109.78	n/a	123.91	Pt eval low complex 20 min
<a href="#">97162-97163</a>	N/A	100.20	N/A	109.78	N/A	123.91	Pt eval mod complex 30 min -45 Min
<a href="#">97164</a>	N/A	69.57	N/A	76.75	N/A	87.17	Pt re-eval est plan care
<a href="#">97165, 97166, 97167</a>	N/A	101.19	NA	110.96	na	125.33	Ot eval low complex 30 min-45 min
<a href="#">97168</a>	N/A	69.90	NA	77.15	N/A	87.64	Ot re-eval est plan care
<a href="#">97110</a>	Na	29.29	NA	32.13	NA	36.28	therapeutic exercises
<a href="#">97112</a>	NA	33.62	N/A	36.98	NA	41.87	Neuromuscular reeducation
<a href="#">97116</a>	NA	29.29	NA	32.13	NA	36.28	Gait training therapy
<a href="#">97530</a>	NA	36.62	NA	40.84	NA	46.79	Therapeutic activities
<a href="#">97535</a>	NA	32.62	NA	36.06	NA	41.01	Self care mngmt training
<a href="#">97537</a>	NA	31.62	NA	34.73	NA	39.26	Community/work reintegration

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
<a href="#">97542</a>	NA	31.62	NA	34.73	NA	39.26	Wheelchair mngmt training
<a href="#">97763</a>	NA	52.26	NA	59.14	NA	68.55	Orthc/prostc mgmt sbsq enc
<a href="#">97750</a>	NA	33.95	NA	37.64	NA	42.90	Physical performance test
<a href="#">97755</a>	NA	38.28	NA	41.69	NA	46.84	Assistive technology assess
<a href="#">97760</a>	NA	47.60	NA	53.52	NA	61.71	Orthotic mgmt&traing 1st enc
<a href="#">97761</a>	NA	41.61	NA	46.43	NA	53.21	Prosthetic traing 1st enc
<a href="#">92521</a>	NA	132.82	NA	144.35	NA	161.84	Evaluation of speech fluency
<a href="#">92522</a>	NA	111.18	NA	120.25	NA	134.34	Evaluate speech production
<a href="#">92523</a>	NA	227.69	NA	247.51	NA	277.54	Speech sound lang comprehen
<a href="#">92524</a>	NA	109.52	NA	118.28	NA	131.98	Behavral qualit analys voice
<a href="#">92507</a>	NA	76.23	NA	82.85	NA	92.87	Speech/hearing therapy
<a href="#">G2211</a>	16.31	16.31	17.22	17.22	18.86	18.86	Complex e/m visit add on
<a href="#">G0108</a>	NA	54.26	NA	58.78	NA	65.78	Diab manage trn per indiv
<a href="#">90834</a>	90.21	103.19	93.37	108.73	100.17	118.59	Psytx w pt 45 minutes



**Table 4. Medicare FFS Telehealth Audio-Video 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
<a href="#">0362T</a>	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.
<a href="#">0373T</a>	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
<a href="#">0591T</a>	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.
<a href="#">0592T</a>	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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">0593T</a>	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.
<a href="#">90901</a>	\$18.97	\$40.94	Biofeedback train any meth	Biofeedback training, any method - Biofeedback training typically involves live monitoring and feedback.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">77427</a>	\$189.74	\$189.74	<p><b>Radiation Treatment Management.</b></p> <p>Radiation tx management x5</p>	<p><b>Radiation Treatment Management</b></p> <p>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.</p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90875</a>	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.	<p>Other Psychiatric Services or Procedures</p> <p>In this service, the provider performs 30 minutes of psychophysiological therapy using biofeedback training along with psychotherapy to alter the behavior of the patient.</p>	<p><b>Psychophysiological Therapy with Biofeedback and Psychotherapy</b></p> <p>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.</p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90901</a>	\$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.
<a href="#">90951</a>	\$1,156.41	\$1,156.41	<b>End-Stage Renal Disease Services.</b> 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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90954</a>	\$991.30	\$991.30	<b>End-Stage Renal Disease Services.</b> 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. <a href="https://www.aapc.com/codes/cpt-codes/90954">https://www.aapc.com/codes/cpt-codes/90954</a>
<a href="#">90955</a>	\$515.62	\$515.62	<b>End-Stage Renal Disease Services.</b> 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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90956</a>	\$343.86	\$343.86	<b>End-Stage Renal Disease Services</b> 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.
<a href="#">90957</a>	\$758.96	\$758.96	<b>End-Stage Renal Disease Services.</b> 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.



Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90958</a>	\$493.99	\$493.99	<b>End-Stage Renal Disease Services.</b> 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.
<a href="#">90959</a>	\$322.22	\$322.22	<b>End-Stage Renal Disease Services.</b> 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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90960</a>	\$349.52	\$349.52	<b>End-Stage Renal Disease Services.</b> 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.
<a href="#">90961</a>	\$290.27	\$290.27	<b>End-Stage Renal Disease Services.</b> 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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90962</a>	\$200.39	\$200.39	<b>End-Stage Renal Disease Services</b> 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.
<a href="#">90963</a>	\$599.18	\$599.18	<b>End-Stage Renal Disease Services.</b> 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

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90964</a>	\$513.63	\$513.63	<b>End-Stage Renal Disease Services.</b> 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.
<a href="#">90965</a>	\$492.99	\$492.99	<b>End-Stage Renal Disease Services.</b> 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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90966</a>	\$290.27	\$290.27	<b>End-Stage Renal Disease Services</b> 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.
<a href="#">90967</a>	\$17.31	\$17.31	<b>End-Stage Renal Disease Services.</b> 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.

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">90968</a>	\$16.98	\$16.98	<b>End-Stage Renal Disease Services.</b> 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.
<a href="#">90969</a>	\$16.64	\$16.64	<b>End-Stage Renal Disease Services.</b> 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.
<a href="#">90970</a>	\$9.32	\$9.32	<b>End-Stage Renal Disease Services.</b> 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

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">92002</a>	\$44.61	\$84.55	<b>New Patient General Ophthalmological Services and Procedures.</b> Intrm oph exam new patient	The provider performs an intermediate level ophthalmological evaluation of a new patient and initiates a diagnostic and treatment program. <a href="https://www.aapc.com/codes/cpt-codes/92002">https://www.aapc.com/codes/cpt-codes/92002</a>
<a href="#">92004</a>	\$92.21	\$148.46	<b>New Patient General Ophthalmological Services and Procedures.</b> 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. <a href="https://www.aapc.com/codes/cpt-codes/92004">https://www.aapc.com/codes/cpt-codes/92004</a>
<a href="#">92012</a>	\$49.27	\$88.88	<b>Established Patient General Ophthalmological Services and Procedures.</b> 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. <a href="https://www.aapc.com/codes/cpt-codes/92012">https://www.aapc.com/codes/cpt-codes/92012</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">92014</a>	\$74.23	\$125.49	<p><b>Established Patient General Ophthalmological Services and Procedures.</b></p> <p>Compre oph exam est pt 1/&gt;</p>	<p>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</p> <p><a href="https://www.aapc.com/codes/cpt-codes/92014">https://www.aapc.com/codes/cpt-codes/92014</a></p>
<a href="#">92526</a>	N/A	\$84.55	<p><b>Ophthalmological Services and Procedures.</b></p> <p>Oral function therapy</p>	<p>Oral function therapy. The provider treats a swallowing disorder through medications, rehabilitation, or a feeding tube, to identify the cause of improper functioning.</p> <p><a href="https://www.aapc.com/codes/cpt-codes/92526">https://www.aapc.com/codes/cpt-codes/92526</a></p>
<a href="#">92550</a>	N/A	\$21.64	<p><b><u>Special Otorhino-laryngologic Services and Procedures.</u></b></p> <p>Tympanometry &amp; reflex thresh</p>	<p>Tympanometry and reflex threshold measurements</p> <p><b>Notes:</b> (Do not report 92550 in conjunction with 92567, 92568)</p> <p><a href="https://www.aapc.com/codes/cpt-codes/92550">https://www.aapc.com/codes/cpt-codes/92550</a></p>



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

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

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">92601</a>	\$120.50	\$157.45	<p><b><u>Special Otorhino-laryngologic Services and Procedures.</u></b></p> <p>Cochlear implt f/up exam &lt;7</p>	
<a href="#">92602</a>	\$67.91	\$99.20	<p><b><u>Special Otorhino-laryngologic Services and Procedures.</u></b></p> <p>Reprogram cochlear implt &lt;7</p>	
<a href="#">92603</a>	\$117.17	\$148.13	<p><b><u>Special Otorhino-laryngologic Services and Procedures.</u></b></p> <p>Cochlear implt f/up exam 7/&gt;</p>	
<a href="#">92604</a>	\$64.91	\$89.21	<p><b><u>Special Otorhino-laryngologic Services and Procedures.</u></b></p> <p>Reprogram cochlear implt 7/&gt;</p>	
<a href="#">92607</a>	N/A	\$123.83	<p><b><u>Special Otorhino-laryngologic Services and Procedures.</u></b></p> <p>Ex for speech device rx 1hr</p>	

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

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

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

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

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



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

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99202</a>	\$46.94	\$72.23	<b>E/M <u>Office or Other Outpatient Services</u> Office.</b> 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.  <a href="https://www.aapc.com/codes/cpt-codes/99202">https://www.aapc.com/codes/cpt-codes/99202</a>
<a href="#">99203</a>	\$81.22	\$111.51	<b>E/M <u>Office or Other Outpatient Services</u> Office.</b> 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.  <a href="https://www.aapc.com/codes/cpt-codes/99203">https://www.aapc.com/codes/cpt-codes/99203</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99204</a>	\$132.15	\$167.10	<p><b><u>E/M Office or Other Outpatient Services.</u></b></p> <p>Office o/p new mod 45 min</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes/99204">https://www.aapc.com/codes/cpt-codes/99204</a></p>
<a href="#">99205</a>	\$179.75	\$220.36	<p><b><u>E/M Office or Other Outpatient Services.</u></b></p> <p>Office o/p new hi 60 min</p>	<p>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.</p> <p><b>Notes:</b></p> <p>(For services 75 minutes or longer, use prolonged services code <a href="#">99417</a>)</p> <p><a href="https://www.aapc.com/codes/cpt-codes/99205">https://www.aapc.com/codes/cpt-codes/99205</a></p>

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

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99213</a>	\$65.24	\$90.87	<p><b><u>E/M Office or Other Outpatient Services.</u></b></p> <p>Office o/p est low 20 min</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99211-99215/">https://www.aapc.com/codes/cpt-codes-range/99211-99215/</a></p>
<a href="#">99214</a>	\$96.20	\$128.16	<p><b><u>E/M Office or Other Outpatient Services.</u></b></p> <p>Office o/p est mod 30 min</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99211-99215/">https://www.aapc.com/codes/cpt-codes-range/99211-99215/</a></p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99215</a>	\$142.80	\$180.42	<p><b><u>E/M Office or Other Outpatient Services.</u></b></p> <p>Office o/p est hi 40 min</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99211-99215/">https://www.aapc.com/codes/cpt-codes-range/99211-99215/</a></p>
<a href="#">99221</a>	\$81.89	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>1st hosp ip/obs sf/low 40</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/">https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/</a></p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99222</a>	\$129.16	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>1st hosp ip/obs moderate 55</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/">https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/</a></p>
<a href="#">99223</a>	\$171.10	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>1st hosp ip/obs high 75</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/">https://www.aapc.com/codes/cpt-codes-range/99221-99223-1/</a></p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99231</a>	\$48.93	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>Sbsq hosp ip/obs sf/low 25</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99231-99233/">https://www.aapc.com/codes/cpt-codes-range/99231-99233/</a></p>
<a href="#">99232</a>	\$77.89	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>Sbsq hosp ip/obs moderate 35</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99231-99233/">https://www.aapc.com/codes/cpt-codes-range/99231-99233/</a></p>



Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99233</a>	\$117.17	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>Sbsq hosp ip/obs high 50</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99231-99233/">https://www.aapc.com/codes/cpt-codes-range/99231-99233/</a></p>
<a href="#">99234</a>	\$96.53	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>Hosp ip/obs sm dt sf/low 45</p>	<p>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.</p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99235</a>	\$157.45	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>Hosp ip/obs same date mod 70</p>	<p>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.</p>
<a href="#">99236</a>	\$205.72	N/A	<p><b><u>E/M Hospital Inpatient and Observation Care Services.</u></b></p> <p>Hosp ip/obs same date hi 85</p>	<p>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.</p> <p><a href="https://www.aapc.com/codes/cpt-codes-range/99234-99236/">https://www.aapc.com/codes/cpt-codes-range/99234-99236/</a></p>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99238</a>	\$80.22	N/A	<b><u>E/M Hospital Inpatient and Observation Care Services.</u></b> Hosp ip/obs dschrg mgmt 30/<	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter <a href="https://www.aapc.com/codes/cpt-codes-range/99238-99239/">https://www.aapc.com/codes/cpt-codes-range/99238-99239/</a>
<a href="#">99239</a>	\$113.18	N/A	<b><u>E/M Hospital Inpatient and Observation Care Services.</u></b> Hosp ip/obs dschrg mgmt >30	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter <a href="https://www.aapc.com/codes/cpt-codes-range/99238-99239/">https://www.aapc.com/codes/cpt-codes-range/99238-99239/</a>
<a href="#">99281</a>	\$11.32	N/A	<b><u>E/M Emergency Department Services.</u></b> 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 <a href="https://www.aapc.com/codes/cpt-codes-range/99281-99285/">https://www.aapc.com/codes/cpt-codes-range/99281-99285/</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99282</a>	\$41.28	N/A	<b><u>E/M Emergency Department Services.</u></b> 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 <a href="https://www.aapc.com/codes/cpt-codes-range/99281-99285/">https://www.aapc.com/codes/cpt-codes-range/99281-99285/</a>
<a href="#">99283</a>	\$70.24	N/A	<b><u>E/M Emergency Department Services.</u></b> 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 <a href="https://www.aapc.com/codes/cpt-codes-range/99281-99285/">https://www.aapc.com/codes/cpt-codes-range/99281-99285/</a>
<a href="#">99284</a>	\$119.50	N/A	<b><u>E/M Emergency Department Services.</u></b> 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 <a href="https://www.aapc.com/codes/cpt-codes-range/99281-99285/">https://www.aapc.com/codes/cpt-codes-range/99281-99285/</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99285</a>	\$173.10	N/A	<b><u>E/M Emergency Department Services.</u></b> 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 <a href="https://www.aapc.com/codes/cpt-codes-range/99281-99285/">https://www.aapc.com/codes/cpt-codes-range/99281-99285/</a>
<a href="#">99291</a>	\$210.04	\$272.29	<b><u>E/M Critical Care Services.</u></b> Critical care first hour	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes <a href="https://www.aapc.com/codes/cpt-codes-range/99291-99292/">https://www.aapc.com/codes/cpt-codes-range/99291-99292/</a>
<a href="#">99292</a>	\$105.85	\$119.17	<b><u>E/M Critical Care Services.</u></b> 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) <a href="https://www.aapc.com/codes/cpt-codes-range/99291-99292/">https://www.aapc.com/codes/cpt-codes-range/99291-99292/</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99304</a>	\$79.56	\$79.56	<b><u>E/M Nursing Facility Services.</u></b> 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.  <a href="https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/">https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/</a>
<a href="#">99305</a>	\$132.15	\$132.15	<b><u>E/M Nursing Facility Services.</u></b> 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.  <a href="https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/">https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99306</a>	\$180.42	\$180.42	<b><u>E/M Nursing Facility Services.</u></b> 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.  <a href="https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/">https://www.aapc.com/codes/cpt-codes-range/99304-99306-1/</a>
<a href="#">99307</a>	\$39.95	\$39.95	<b><u>E/M Nursing Facility Services.</u></b> 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.  <a href="https://www.aapc.com/codes/cpt-codes-range/99307-99310/">https://www.aapc.com/codes/cpt-codes-range/99307-99310/</a>

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99308</a>	\$73.90	\$73.90	<b><u>E/M Nursing Facility Services.</u></b> 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.  <a href="https://www.aapc.com/codes/cpt-codes-range/99307-99310/">https://www.aapc.com/codes/cpt-codes-range/99307-99310/</a>
<a href="#">99309</a>	\$106.85	\$106.85	<b><u>E/M Nursing Facility Services.</u></b> 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.  <a href="https://www.aapc.com/codes/cpt-codes-range/99307-99310/">https://www.aapc.com/codes/cpt-codes-range/99307-99310/</a>



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

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99342</a>	N/A	\$77.56	<b><u>E/M Home or Residence Services.</u></b> Home/res vst new low mdm 30	
<a href="#">99344</a>	N/A	\$140.81	<b><u>E/M Home or Residence Services.</u></b> Home/res vst new mod mdm 60	
<a href="#">99345</a>	N/A	\$200.06	<b><u>E/M Home or Residence Services.</u></b> Home/res vst new high mdm 75	
<a href="#">99347</a>	N/A	\$44.94	<b><u>E/M Home or Residence Services.</u></b> Home/res vst est sf mdm 20	
<a href="#">99348</a>	N/A	\$75.90	<b><u>E/M Home or Residence Services.</u></b> Home/res vst est low mdm 30	
<a href="#">99349</a>	N/A	\$126.16	<b><u>E/M Home or Residence Services.</u></b> Home/res vst est mod mdm 40	
<a href="#">99350</a>	N/A	\$183.75	<b><u>E/M Home or Residence Services.</u></b> Home/res vst est high mdm 60	

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99468</a>	\$881.45	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b> Neonate crit care initial	
<a href="#">99469</a>	\$381.14	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b> Neonate crit care subseq	
<a href="#">99471</a>	\$763.62	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b> Ped critical care initial	
<a href="#">99472</a>	\$391.13	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b> Ped critical care subseq	

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99475</a>	\$550.24	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b>  Ped crit care age 2-5 init	
<a href="#">99476</a>	\$331.21	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b>  Ped crit care age 2-5 subsq	
<a href="#">99477</a>	\$333.87	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b>  Init day hosp neonate care	
<a href="#">99478</a>	\$131.49	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b>  Ic lbw inf < 1500 gm subsq	

Codes	N.P.A. Payment Amount Fac. Price	N.P.A. Non-Fac. Price	Short Description	Code Description
<a href="#">99479</a>	\$119.50	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b>  Ic lbw inf 1500-2500 g subsq	
<a href="#">99480</a>	\$114.84	N/A	<b><u>E/M Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services.</u></b>  Ic inf pbw 2501-5000 g subsq	
<a href="#">99483</a>	\$191.07	\$272.62	<b><u>E/M Cognitive Assessment and Care Plan Services.</u></b>  Assmt & care pln pt cog imp	
<a href="#">G0136</a>	\$8.99	\$18.97	Adm of soc dtr assess 5-15 m	
<a href="#">G0316</a>	\$29.96	\$31.62	Prolong inpt eval add15 m	
<a href="#">G0317</a>	\$29.96	\$31.62	Prolong nursin fac eval 15m	
<a href="#">G0318</a>	\$29.63	\$30.96	Prolong home eval add 15m	
<a href="#">G0422</a>	\$128.16	\$128.16	Intens cardiac rehab w/exerc	
<a href="#">G0423</a>	\$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
<a href="#">G0508</a>	\$203.72	N/A	Crit care telehea consult 60	
<a href="#">G0509</a>	\$187.74	N/A	Crit care telehea consult 50	
<a href="#">G3002</a>	\$73.57	\$82.55	Chronic pain mgmt 30 mins	
<a href="#">G3003</a>	\$25.63	\$30.29	Chronic pain mgmt addl 15m	