IMPACT
Virtual First Medical Practice Collaboration

VIRTUAL FIRST CARE (V1C) CODING LIBRARY

INTRODUCING THE CODING LIBRARY

This resource culls the codes being used across the IMPACT membership into a single library so that contracting parties can learn from and leverage past experience as they develop their own plans for coding virtual first care (V1C) solutions.

Given the rapid evolution of V1C and our commitment to keeping pace, we invite you to submit updates and additions to the library.

YOUR GUIDE TO THIS RESOURCE

- **PART 1**: Codes that V1C services currently use to get reimbursed
- **PART 2**: Codes typically used for services similar to those provided by V1C, but that are restricted such that they can't be used and reimbursed for V1C (e.g. codes that require in-person)
- **PART 3**: Codes to consider adding to cover reimbursable aspects of V1C services that do not fit with current codes

PART 1: EXISTING CODES IN USE IN V1C

Code Type	Code	Code Name/Description	Billing Detail/Notes
CPT	99444	Online evaluation and management service provided by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related evaluation and management service provided within the previous 7 days, using the Internet or similar electronic communications network	
CPT	96127 (95)	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	May use relevant modifier codes (e.g. 95 here) on claims such as parentheticals adjacent to code number
HCPCS	H0031	Mental health assessment, by non-physician	
CPT	97161 (95)	Physical Therapy Evaluation - Initial Consultation-Per participant, 30-minute 1:1 initial consultation with a licensed physical therapist	May use relevant modifier codes (e.g. 95 here) on claims such as parentheticals adjacent to code number

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Code Type	Code	Code Name/Description	Billing Detail/Notes
CPT	97110 (95)	Occupational Therapy (OT) -Guided Managed Care - Per participant, following initial consultation, eligible participants can opt in to personalized OT-guided recovery program (episode-based)	
CPT	97164	Re-evaluation of physical therapy established plan of care	
CPT	97112	Neuromuscular re-education of movement	
CPT	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider	
CPT	99453	Remote Patient Monitoring - Initial set-up and patient education on use of equipment. This reimbursement is for the initial work associated with onboarding a new patient, setting up the equipment, and patient education on use of the equipment	~$19 one-time payment upon patient onboarding
CPT	99091	Interpreting physiologic data	
CPT	95719-25	Long-term electroencephalogram (EEG) monitoring by a physician (with daily & summary report), codes distinguish length of time: 95719: 12-26 hrs; 95721: 36-60 hrs; 95723: 60-84 hrs; 95725: >84 hrs	

PART 2: CODE EXISTS BUT DOES NOT CURRENTLY ALLOW REIMBURSEMENT FOR V1C

Code Type	Code	Code Name/Description	Limitations/Challenges of Code	Billing Detail/Notes
CPT (Cat 3)	0591T 0592T 0593T	Health & Well-Being Coaching; face-to-face, initial assessment, follow-up session, group sessions (30+ minutes)	Requires face-to-face interaction, does not account for asynchronous health coaching, etc.	
CPT	99487 99489	Complex chronic care management. First 60 mins, each additional 30 mins up to 90	Managing multiple complex chronic conditions, other restrictions	Monthly fee; Medicare rates $93 for first 60 mins, $46 for each additional 30

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Code Type	Code	Code Name/Description	Limitations/Challenges of Code	Billing Detail/Notes
HCPCS	G2064 G2065	Principal care management (1 chronic condition), monthly fee. 2064 for APP 30mins/mo, 2065 for provider supervision 30 minute/month	Code definition indicates must have 1 chronic condition, risk of hospitalization, possibly capped number of months Not reimbursable by all payers	New codes. Medicare monthly rates $52 for 2064 and $22 for 2065
HCPCS	G1000-G1019	Decision Support for selecting Cancer Care G1011: Clinical decision support mechanism, qualified tool not otherwise specified (all other codes specify a tool in their definition), as defined by the Medicare appropriate use criteria program	V1Cs host a wide range of virtual decision support tools across multiple specialties Not reimbursable by all payers	American Medical Association is in discussions on expanding codesets for clinical decision support tools
HCPCS	S0280 S0281	Medical home program, initial plan, and maintenance of plan	Unclear how often these codes are built into benefit designs, reimbursement rates, or restrictions Patient pay unclear Code does not specify virtual services	Found one doc indicating $200 for initial plan and $100 maintenance per month
HCPCS	S0315 S0316 S0317 S0320	Disease management program, initial assessment, follow up or reassessment, nurse phone calls for monitoring	Unclear how often in plan design, rates, or patient pay Medicare doesn't accept S codes; must contract directly w/ payers	Health coaching - PE issues; need code within context of coaching
CPT HCPCS HCPCS	97802-97803 S9470 G0270	Medical nutrition therapy (MNT) initial or follow up, 15 minutes for each	CPT code limited in theory to USPSTF approved preventive scope (not all conditions) Unclear how often S and G codes are included in plan designs	MNT CPT codes ~$30 per 15 minutes (might be capped by plan design on number visits)
CPT	96156-96159	Health behavior assessment 30 min intervention each additional 15 mins intervention	Relatively new codes, not sure how used or paid or limitations Patient pay unclear	96156 Medicare $97 96158 Medicare $67 96159 Medicare $23

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Code Type	Code	Code Name/Description	Limitations/Challenges of Code	Billing Detail/Notes
CPT (Cat 3)	0488T	Online Diabetes Prevention	Only for CDC Diabetes Prevention Programs	Established by AMA effort in 2018; up for renewal in 2023
CPT	98969 98970	Online assessment and management service provided by a qualified non-physician healthcare professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network	Not Payable by Medicare Does not reflect the differences in online assessments/non-physician management across specialities or V1C solutions, which would benefit plan data analyses at health services level	
CPT CPT HCPCS	99202-99204 99212-99214 G2212	Evaluation & Management (E&M) codes for first visits and follow-up visits, plus modifier for extra long visits due to complexity	Fee-for-service Patient payment responsibility	Medicare rates for first visits: ~$74-$225 Medicare follow up visits: $57-183 These codes changed entirely in 2021 so only in the first year of this new approach
CPT HCPCS	99490 G2058	Non-complex Chronic Care Management. First 20 minutes and each additional 20 up to 60	Must be managing multiple chronic conditions, other restrictions apply	Monthly fee; Medicare rates $42 for first 20 minutes, $38 for each additional 20
CPT	99454	RPM: Initial device(s) supply with daily recording(s) or programmed alert(s) transmission	Requires the patient to submit at least 16 days of device readings during the 30-day period, which is not clinically necessary for some V1C solutions	~$62, billed monthly
CPT	99457 99458	RPM: Initial 20 minutes (+99458 for every additional 20 minutes) of qualified healthcare professional requiring interactive communication with the patient/caregiver within a single month	Cannot be reimburse using 99457 if less than 20 minutes Can only bill for 99458 2x in one month, so only 1 hour of interaction (total) can be reimbursed monthly Only reimbursed when done by “professionals”	99457: ~$52, billed monthly 99458: ~$42, billed monthly up to 2x Agnostic of patient conditions

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Code Type	Code	Code Name/Description	Limitations/Challenges of Code	Billing Detail/Notes
[coming soon] CPT	989X1 989X4 989X5	Remote Therapeutic Monitoring (RTM). X1 is setup/education, X4 is first 20 min, X5 is additional 20 minutes	Similar to RPM codes, requiring the patient to submit at least 16 days of device readings during the 30-day period, which is not clinically necessary for some V1C solutions	Approx (non-facility) payments: 989X1: $22.50 989X4: $51 989X5: $41 New codes for 2022. Not clear how quickly these will be adopted or limitations they may have.
CPT	95700	Long-term EEG technical services (with daily & summary report); includes initial setup, patient education, and takedown	Need a minute of 8 channels for reimbursement, which may not be clinically necessary for some V1C solutions Codes exist for specific signals, but combining different codes that match to the signals being recorded could lead to payment "unbundling" issues This code specifically is only used for in-person setup	For setup performed by non-EEG technologist or remotely supervised by an EEG technologist, use 95999
CPT	95705-95716	Long-term EEG monitoring by a technologist, codes distinguish length of time, with/without video, and level of effort (number of patients monitored, or unmonitored/intermittent/continuous monitoring)	Combining different codes that match to the signals being recorded could lead to payment "unbundling" issues	
CPT	93224-93227	Holter ECG monitoring: reported for external electrocardiographic recording services up to 48 hours by continuous rhythm recording and storage; codes distinguish recording, analysis, and interpretation	Combining different codes that match to the signals being recorded could lead to payment "unbundling" issues	

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PART 3: NEW CODES IDEAS - UNDER DISCUSSION

IMPACT members recognize the opportunity to fill gaps in available codes as V1C becomes more established and widely integrated. The following are ideas for new codes that will be the basis for further discussion within IMPACT and may be formally proposed to entities that govern the addition of new codes (e.g. American Medical Association and Centers for Medicare & Medicaid Services). New code ideas to fill these gaps include:

- Anything async or digital is currently difficult to code for — consider a time x cost metric, specifically for patient/provider communications (text messaging, emailing, phone call, video calls, and in-app messaging), which can be prioritized in a single “command center” for a provider
- Place of Service (POS) Code Set does not include virtual care services aside from telemedicine (02); in these instances V1Cs must use an Unassigned (82-98) or “Other Place of Service” (99) code which isn't an accurate descriptor
- Discrete services like care navigation is not easily coded without bundled payments
- Brick-and-mortar care is able to add in time used for every staff person and calculates overhead of the “facility” — something parallel to this in V1C might include different kinds of staff options; overhead should be equated to platform support in V1C (= underlying platform capabilities + customization for a given condition/ service)
- Modifiers for the time increments only contemplates a single visit in a month — should include many touchpoints in a 30 day-period

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