

## Billing Instructions for Magellan Telehealth Providers - California

See [important notes](#) on page 4.

CPT/HCPCS Codes	Code Definitions	2024 CMS Telehealth Code?	Audio-only, permitted by CMS?	2024 AMA Telemedicine Code?
<b>+90785</b>	Interactive complexity	Permanent	Yes	Yes
<b>90791</b>	Psychiatric diagnostic evaluation—no medical services	Permanent	Yes	Yes
<b>90792</b>	Psychiatric diagnostic evaluation—with medical services	Permanent	Yes	Yes
<b>90832</b>	Psychotherapy with patient, 30 minutes	Permanent	Yes	Yes
<b>+90833</b>	Psychotherapy with patient, 30 minutes, with E/M service	Permanent	Yes	Yes
<b>90834</b>	Psychotherapy with patient, 45 minutes	Permanent	Yes	Yes
<b>+90836</b>	Psychotherapy with patient, 45 minutes, with E/M service	Permanent	Yes	Yes
<b>90837</b>	Psychotherapy with patient, 60 minutes	Permanent	Yes	Yes
<b>+90838</b>	Psychotherapy with patient, 60 minutes, with E/M service	Permanent	Yes	Yes
<b>90839</b>	Psychotherapy for crisis, initial 60 minutes	Permanent	Yes	Yes
<b>+90840</b>	Psychotherapy for crisis, additional 30 minutes	Permanent	Yes	Yes
<b>90846</b>	Family psychotherapy without patient, 50 minutes	Permanent	Yes	Yes
<b>90847</b>	Family psychotherapy with patient, 50 minutes	Permanent	Yes	Yes
<b>90853</b>	Group psychotherapy	Permanent	Yes	
<b>90875</b>	Psychophysiological therapy with biofeedback, 20-30 minutes	Provisional	Yes	
<b>96116</b>	Neurobehavioral status exam, first hour	Permanent	Yes	Yes
<b>+96121</b>	Neurobehavioral status exam, additional hour	Permanent	Yes	
<b>96125</b>	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour	Provisional	No	
<b>96130</b>	Psychological testing, first hour	Provisional	Yes	
<b>+96131</b>	Psychological testing, additional hour	Provisional	Yes	
<b>96132</b>	Neuropsychological testing, first hour	Provisional	Yes	
<b>+96133</b>	Neuropsychological testing, additional hour	Provisional	Yes	
<b>96136</b>	Psychological/neuropsychological testing administered by MD/QHP, first 30 minutes	Provisional	Yes	
<b>+96137</b>	Psychological/neuropsychological testing administered by MD/QHP, additional 30 minutes	Provisional	Yes	
<b>96138</b>	Psychological/neuropsychological testing administered by technician, first 30 minutes	Provisional	Yes	
<b>+96139</b>	Psychological/neuropsychological testing administered by technician, additional 30 minutes	Provisional	Yes	
<b>92202</b>	Office outpatient visit, new patient, 15 minutes	Permanent	No	Yes
<b>92203</b>	Office outpatient visit, new patient, 30 minutes	Permanent	No	Yes
<b>92204</b>	Office outpatient visit, new patient, 45 minutes	Permanent	No	Yes
<b>92205</b>	Office outpatient visit, new patient, 60 minutes	Permanent	No	Yes
<b>92211</b>	Office outpatient visit, established patient	Permanent	No	Yes
<b>92212</b>	Office outpatient visit, established patient, 10 minutes	Permanent	No	Yes
<b>92213</b>	Office outpatient visit, established patient, 20 minutes	Permanent	No	Yes
<b>92214</b>	Office outpatient visit, established patient, 30 minutes	Permanent	No	Yes

CPT/HCPCS Codes	Code Definitions	2024 CMS Telehealth Code?	Audio-only, permitted by CMS?	2024 AMA Telemedicine Code?
99215	Office outpatient Visit, established patient, 40 minutes	Permanent	No	Yes
99221	Initial hospital inpatient or observation care, straightforward or low complexity, 40 min	Provisional	No	
99222	Initial hospital inpatient or observation care, moderate complexity, 55 min	Provisional	No	
99223	Initial hospital inpatient or observation care, high complexity, 75 min	Provisional	No	
99231	Subsequent hospital inpatient care, straightforward or low complexity, 25 min	Permanent	No	Yes
99232	Subsequent hospital inpatient care, moderate complexity, 35 min	Permanent	No	Yes
99233	Subsequent hospital inpatient care, high complexity, 50 min	Permanent	No	Yes
99234	Hospital inpatient or observation care, straightforward or low complexity, 45 min	Provisional	No	
99235	Hospital inpatient or observation care, moderate complexity, 70 min	Provisional	No	
99236	Hospital inpatient or observation care, high complexity, 85 min	Provisional	No	
99238	Hospital discharge day management, 30 minutes or less	Provisional	No	
99239	Hospital discharge day management, more than 30 minutes	Provisional	No	
99242	Outpatient consultation, straightforward, 20 min	N/A	N/A	Yes
99243	Outpatient consultation, low complexity, 30 min	N/A	N/A	Yes
99244	Outpatient consultation, moderate complexity, 40 min	N/A	N/A	Yes
99245	Outpatient consultation, high complexity, 55 min	N/A	N/A	Yes
99252	Hospital consultation, straightforward, 35 min	N/A	N/A	Yes
99253	Hospital consultation, low complexity, 45 min	N/A	N/A	Yes
99254	Hospital consultation, moderate complexity, 60 min	N/A	N/A	Yes
99255	Hospital consultation, high complexity, 80 min	N/A	N/A	Yes
99281	Emergency department visit	Provisional	No	
99282	Emergency department visit, straightforward	Provisional	No	
99283	Emergency department visit, low complexity	Provisional	No	
99284	Emergency department visit, moderate complexity	Provisional	No	
99285	Emergency department visit, high complexity	Provisional	No	
99304	Nursing facility evaluation and management, straightforward or low complexity, 25 minutes	Provisional	No	Yes
99305	Nursing facility evaluation and management, moderate complexity, 35 minutes	Provisional	No	Yes
99306	Nursing facility evaluation and management, high complexity, 50 minutes	Provisional	No	Yes
99307	Subsequent nursing facility consult, 10 minutes	Permanent	No	Yes
99308	Subsequent nursing facility consult, 20 minutes	Permanent	No	Yes
99309	Subsequent nursing facility consult, 25 minutes	Permanent	No	Yes
99310	Subsequent nursing facility consult, 35 minutes	Permanent	No	Yes
99341	Home or residence consultation, new patient, 15 min	Provisional	No	
99342	Home or residence consultation, new patient, 30 min	Provisional	No	

CPT/HCPCS Codes	Code Definitions	2024 CMS Telehealth Code?	Audio-only, permitted by CMS?	2024 AMA Telemedicine Code?
99344	Home or residence consultation, new patient, 60 min	Provisional	No	
99345	Home or residence consultation, new patient, 75 min	Provisional	No	
99347	Home or residence consultation, established patient, 20 min	Permanent	No	
99348	Home or residence consultation, established patient, 30 min	Permanent	No	
99349	Home or residence consultation, established patient, 40 min	Provisional	No	
99350	Home or residence consultation, established patient, 60 min	Provisional	No	
+99417	Prolonged outpatient service, each 15 min	N/A	N/A	Yes
+99418	Prolonged inpatient or observation service, each 15 min	N/A	N/A	Yes
G0136	Administration of a standardized, evidence-based SDOH risk assessment, 5–15 minutes, not more often than every 6 months	Permanent	No	
+G0316	Prolonged Inpatient or Observation Service, each 15 min	Permanent	No	
+G0317	Prolonged Nursing Facility Service, each 15 min	Permanent	No	
+G0318	Prolonged Home or Residence Service, each 15 min	Permanent	No	
G0406	Follow-up inpatient consult, telehealth, per 15 minutes	Permanent	Yes	
G0407	Follow-up inpatient consult, telehealth, per 25 minutes	Permanent	Yes	
G0408	Follow-up inpatient consult, telehealth, per 35 minutes	Permanent	Yes	
G0425	Telehealth consult, initial inpatient or emergency department, per 30 minutes	Permanent	Yes	
G0426	Telehealth consult, initial inpatient or emergency department, per 50 minutes	Permanent	Yes	
G0427	Telehealth consultation, initial inpatient or emergency department, per 70 minutes	Permanent	Yes	
G0459	Inpatient telehealth, pharmacological management, including prescription use and medication review, minimal psychotherapy	Permanent	Yes	
+G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition	Permanent	Yes	
+G2212	Prolonged office/outpatient service, each 15 minutes	Permanent	Yes	
Q3014	Telehealth originating site facility fee (Note: This code is billed by the originating site provider.)	Permanent	N/A	

Note: Coverage for codes is subject to the provisions and limitations of the member's benefit plan including authorization requirements. Nothing in this document should be construed as altering member benefits.

**Important notes:**

- 1) **Telehealth Services Provider Attestation:** Magellan requires completion and return of this document for provision of all telehealth services.
- 2) **Magellan defines telehealth** as a method of delivering behavioral health services using interactive telecommunications when the member and the behavioral health provider are not in the same physical location. Telecommunications is the combination of audio and live, interactive video or can be audio-only, as permitted by CMS.
- 3) **Audio-only services:** CMS allows some services to be furnished as audio-only when the member does not have access to two-way audio-visual communication technology or did not consent to its use.
- 4) **Telehealth and audio-only modifiers:**
  - Services provided via telehealth should be billed with the GT or 95 modifier.
  - Services provided via audio-only should be billed with the FQ or 93 modifier.
- 5) **Place of service (POS) codes:** All telehealth or audio-only services submitted on an 837p transaction or CMS 1500 form must include the appropriate telehealth POS code:
  - If the member is located in their home, bill POS 10.
  - If the member is at a location other than their home, bill POS 02.
- 6) **Distant site** refers to where the provider delivering the service is located at the time of the service.
- 7) **Originating site** refers to where the member is located at the time of the service.
- 8) **Q3014 performed by telehealth originating site providers** should not be billed in conjunction with the telehealth or audio-only modifiers. This code cannot be billed if the member is located in their home.
- 9) **Organizational providers billing professional services** should bill the license-level modifier in the first modifier field and the telehealth or audio-only modifier in the second modifier field.
- 10) All codes/services listed are subject to the provisions and limitations of the member's benefit plan including authorization requirements. Nothing in this document should be construed as altering member benefits.