

Billing Instructions for Magellan Telehealth Providers – California

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

| CPT/HCPCS Codes | Code Definitions | 2023 CMS Telehealth Code? | Audio-only, permitted by CMS? | 2023 AMA Telemedicine Code? |
|-----------------|--|---------------------------|-------------------------------|-----------------------------|
| +90785 | Interactive complexity | Permanent | Yes | Yes |
| 90791 | Psychiatric diagnostic evaluation—no medical services | Permanent | Yes | Yes |
| 90792 | Psychiatric diagnostic evaluation—with medical services | Permanent | Yes | Yes |
| 90832 | Psychotherapy with patient, 30 minutes | Permanent | Yes | Yes |
| +90833 | Psychotherapy with patient, 30 minutes, with E/M service | Permanent | Yes | Yes |
| 90834 | Psychotherapy with patient, 45 minutes | Permanent | Yes | Yes |
| +90836 | Psychotherapy with patient, 45 minutes, with E/M service | Permanent | Yes | Yes |
| 90837 | Psychotherapy with patient, 60 minutes | Permanent | Yes | Yes |
| +90838 | Psychotherapy with patient, 60 minutes, with E/M service | Permanent | Yes | Yes |
| 90839 | Psychotherapy for crisis, initial 60 minutes | Permanent | Yes | Yes |
| +90840 | Psychotherapy for crisis, additional 30 minutes | Permanent | Yes | Yes |
| 90846 | Family psychotherapy without patient, 50 minutes | Permanent | Yes | Yes |
| 90847 | Family psychotherapy with patient, 50 minutes | Permanent | Yes | Yes |
| 90853 | Group psychotherapy | Permanent | Yes | |
| 90875 | Psychophysiological therapy with biofeedback, 20-30 minutes | Temporary | Yes | |
| 96116 | Neurobehavioral status exam, first hour | Permanent | Yes | Yes |
| +96121 | Neurobehavioral status exam, additional hour | Permanent | Yes | |
| 96125 | Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour | Temporary | No | |
| 96130 | Psychological testing, first hour | Temporary | Yes | |
| +96131 | Psychological testing, additional hour | Temporary | Yes | |
| 96132 | Neuropsychological testing, first hour | Temporary | Yes | |
| +96133 | Neuropsychological testing, additional hour | Temporary | Yes | |
| 96136 | Psychological/neuropsychological testing administered by MD/QHP, first 30 minutes | Temporary | Yes | |
| +96137 | Psychological/neuropsychological testing administered by MD/QHP, additional 30 minutes | Temporary | Yes | |
| 96138 | Psychological/neuropsychological testing administered by technician, first 30 minutes | Temporary | Yes | |
| +96139 | Psychological/neuropsychological testing administered by technician, additional 30 minutes | Temporary | Yes | |
| 92202 | Office outpatient visit, new patient, 15-29 minutes | Permanent | No | Yes |
| 92203 | Office outpatient visit, new patient, 30-44 minutes | Permanent | No | Yes |
| 92204 | Office outpatient visit, new patient, 45-59 minutes | Permanent | No | Yes |
| 92205 | Office outpatient visit, new patient, 60-74 minutes | Permanent | No | Yes |
| 92211 | Office outpatient visit, established patient | Permanent | No | Yes |
| 92212 | Office outpatient visit, established patient, 10-19 minutes | Permanent | No | Yes |
| 92213 | Office outpatient visit, established patient, 20-29 minutes | Permanent | No | Yes |

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| 99214 | Office outpatient visit, established patient, 30-39 minutes | Permanent | No | Yes |
| 99215 | Office outpatient Visit, established patient, 40-54 minutes | Permanent | No | Yes |
| 99221 | Initial hospital inpatient or observation care, straightforward or low complexity, 40 min | Temporary | No | |
| 99222 | Initial hospital inpatient or observation care, moderate complexity, 55 min | Temporary | No | |
| 99223 | Initial hospital inpatient or observation care, high complexity, 75 min | Temporary | 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 | Temporary | No | |
| 99235 | Hospital inpatient or observation care, moderate complexity, 70 min | Temporary | No | |
| 99236 | Hospital inpatient or observation care, high complexity, 85 min | Temporary | No | |
| 99238 | Hospital discharge day management, 30 minutes or less | Temporary | No | |
| 99239 | Hospital discharge day management, more than 30 minutes | Temporary | 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 | Temporary | No | |
| 99282 | Emergency department visit, straightforward | Temporary | No | |
| 99283 | Emergency department visit, low complexity | Temporary | No | |
| 99284 | Emergency department visit, moderate complexity | Temporary | No | |
| 99285 | Emergency department visit, high complexity | Temporary | No | |
| 99307 | Subsequent nursing facility consult, 10 minutes | Permanent | No | Yes |
| 99308 | Subsequent nursing facility consult, 15 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 | Temporary | No | |
| 99342 | Home or residence consultation, new patient, 30 min | Temporary | No | |
| 99344 | Home or residence consultation, new patient, 60 min | Temporary | No | |
| 99345 | Home or residence consultation, new patient, 75 min | Temporary | No | |
| 99347 | Home or residence consultation, established patient, 20 min | Permanent | No | |

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| 99348 | Home or residence consultation, established patient, 30 min | Permanent | No | |
| 99349 | Home or residence consultation, established patient, 40 min | Temporary | No | |
| 99350 | Home or residence consultation, established patient, 60 min | Temporary | 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 |
| +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 | |
| +G2212 | Prolonged office/outpatient service, each 15 minutes | Permanent | Yes | |
| Q3014 | Telehealth originating site facility fee <i>(Note: This code is billed by the originating site provider.)</i> | 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.