

2026 Telehealth Payable Services – Medicare

CPT/HCPCS Codes	Code Definitions	2026 CMS Telehealth Code?	Audio-only, permitted?
+90785	Interactive complexity	Yes	Yes
90791	Psychiatric diagnostic evaluation-no medical services	Yes	Yes
90792	Psychiatric diagnostic evaluation-with medical services	Yes	Yes
90832	Psychotherapy with patient, 30 minutes	Yes	Yes
+90833	Psychotherapy with patient, 30 minutes, with E/M service	Yes	Yes
90834	Psychotherapy with patient, 45 minutes	Yes	Yes
+90836	Psychotherapy with patient, 45 minutes, with E/M service	Yes	Yes
90837	Psychotherapy with patient, 60 minutes	Yes	Yes
+90838	Psychotherapy with patient, 60 minutes, with E/M service	Yes	Yes
90839	Psychotherapy for crisis, initial 60 minutes	Yes	Yes
+90840	Psychotherapy for crisis, additional 30 minutes	Yes	Yes
90845	Psychoanalysis	Yes	Yes
90846	Family psychotherapy without patient, 50 minutes	Yes	Yes
90847	Family psychotherapy with patient, 50 minutes	Yes	Yes
90849	Multiple-family group psychotherapy	Yes	No
90853	Group psychotherapy	Yes	Yes
96116	Neurobehavioral status exam, first hour	Yes	Yes
+96121	Neurobehavioral status exam, additional hour	Yes	Yes
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour	Yes	No
96130	Psychological testing, first hour	Yes	Yes
+96131	Psychological testing, additional hour	Yes	Yes
96132	Neuropsychological testing, first hour	Yes	Yes
+96133	Neuropsychological testing, additional hour	Yes	Yes
96136	Psychological/neuropsychological testing administered by MD/QHP, first 30 minutes	Yes	Yes
+96137	Psychological/neuropsychological testing administered by MD/QHP, additional 30 minutes	Yes	Yes
96138	Psychological/neuropsychological testing administered by technician, first 30 minutes	Yes	Yes
+96139	Psychological/neuropsychological testing administered by technician, additional 30 minutes	Yes	Yes
99202	Office or other outpatient visit, new patient, 15 minutes	Yes	No
99203	Office or other outpatient visit, new patient, 30 minutes	Yes	No
99204	Office or other outpatient visit, new patient, 45 minutes	Yes	No
99205	Office or other outpatient visit, new patient, 60 minutes	Yes	No
99211	Office or other outpatient visit, established patient	Yes	No
99212	Office or other outpatient visit, established patient, 10 minutes	Yes	No
99213	Office or other outpatient visit, established patient, 20 minutes	Yes	No
99214	Office or other outpatient visit, established patient, 30 minutes	Yes	No

CPT/HCPCS Codes	Code Definitions	2026 CMS Telehealth Code?	Audio-only, permitted?
99215	Office or other outpatient visit, established patient, 40 minutes	Yes	No
99221	Initial hospital inpatient or observation care, straightforward or low complexity, 40 minutes	Yes	No
99222	Initial hospital inpatient or observation care, moderate complexity, 55 minutes	Yes	No
99223	Initial hospital inpatient or observation care, high complexity, 75 minutes	Yes	No
99231	Subsequent hospital inpatient care, straightforward or low complexity, 25 minutes	Yes	No
99232	Subsequent hospital inpatient care, moderate complexity, 35 minutes	Yes	No
99233	Subsequent hospital inpatient care, high complexity, 50 minutes	Yes	No
99234	Hospital inpatient or observation care, straightforward or low complexity, 45 minutes	Yes	No
99235	Hospital inpatient or observation care, moderate complexity, 70 minutes	Yes	No
99236	Hospital inpatient or observation care, high complexity, 85 minutes	Yes	No
99238	Hospital discharge day management, 30 minutes or less	Yes	No
99239	Hospital discharge day management, more than 30 minutes	Yes	No
99281	Emergency department visit	Yes	No
99282	Emergency department visit, straightforward	Yes	No
99283	Emergency department visit, low complexity	Yes	No
99284	Emergency department visit, moderate complexity	Yes	No
99285	Emergency department visit, high complexity	Yes	No
99304	Nursing facility evaluation and management, straightforward or low complexity, 25 minutes	Yes	No
99305	Nursing facility evaluation and management, moderate complexity, 35 minutes	Yes	No
99306	Nursing facility evaluation and management, high complexity, 50 minutes	Yes	No
99307	Subsequent nursing facility consult, 10 minutes	Yes	No
99308	Subsequent nursing facility consult, 15 minutes	Yes	No
99309	Subsequent nursing facility consult, 25 minutes	Yes	No
99310	Subsequent nursing facility consult, 35 minutes	Yes	No
99341	Home or residence consultation, new patient, 15 min	Yes	No
99342	Home or residence consultation, new patient, 30 min	Yes	No
99344	Home or residence consultation, new patient, 60 min	Yes	No
99345	Home or residence consultation, new patient, 75 min	Yes	No
99347	Home or residence consultation, established patient, 20 min	Yes	No
99348	Home or residence consultation, established patient, 30 min	Yes	No
99349	Home or residence consultation, established patient, 40 min	Yes	No
99350	Home or residence consultation, established patient, 60 min	Yes	No
G0136	Administration of a standardized, evidence-based assessment of physical activity and nutrition, 5–15 minutes, not more often than every 6 months	Yes	No
+G0316	Prolonged inpatient or observation service, each 15 minutes	Yes	No
+G0317	Prolonged nursing facility service, each 15 minutes	Yes	No

CPT/HCPCS Codes	Code Definitions	2026 CMS Telehealth Code?	Audio-only, permitted?
+G0318	Prolonged home or residence service, each 15 minutes	Yes	No
G0406	Follow-up inpatient consult, telehealth, per 15 minutes	Yes	No
G0407	Follow-up inpatient consult, telehealth, per 25 minutes	Yes	No
G0408	Follow-up inpatient consult, telehealth, per 35 minutes	Yes	No
G0425	Telehealth consult, initial inpatient or emergency department, per 30 minutes	Yes	No
G0426	Telehealth consult, initial inpatient or emergency department, per 50 minutes	Yes	No
G0427	Telehealth consultation, initial inpatient or emergency department, per 70 minutes	Yes	No
G0459	Inpatient telehealth, pharmacological management, including prescription use and medication review, minimal psychotherapy	Yes	No
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner	Yes	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	Yes	No
+G2212	Prolonged office/outpatient service, each 15 minutes	Yes	No
Q3014	Telehealth originating site facility fee <i>(Note: This code is billed by the originating site provider.)</i>	Yes	N/A

**Telehealth Payable
Autism Specialty Product Services***

CPT Codes	Code Definitions	2026 CMS Telehealth Code?	Audio-only, permitted by CMS?
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Yes	No
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Yes	No
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes	Yes	No
97154	Group adaptive behavior treatment by protocol, administered by technician under the supervision of a physician or other qualified healthcare professional, face-to-face w/ two or more patients, each 15 minutes tech time	Yes	No
97155	Adaptive behavior treatment w/ protocol modification admin by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Yes	No
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Yes	No
97157	Multiple family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardian(s)/caregiver(s), each 15 minutes	Yes	No
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face w/ multiple patients, each 15 minutes	Yes	No
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	Yes	No
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	Yes	No
*Note: Excluded in member benefits except for plans that include Autism Specialty Product coverage. For claims payment, eligible member must have autism spectrum disorder diagnosis. Code coverage may vary by state or account.			

**Telehealth Payable
Opioid Treatment Program (OTP) Services**

HCPCS Codes	Code Definitions	2026 CMS Telehealth Code?	Audio-only, permitted?
Opioid Treatment Program (OTP)			
+G2076	Intake activities, including medical exam by physician or authorized healthcare professional, including treatment plan preparation & supportive services (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Yes	Yes
+G2077	Periodic assessment by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Yes	Yes
+G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Yes	Yes
Note: CMS permits audio-only telephone calls for the therapy and counseling portions of the following weekly bundled codes: G0533, G2067 – G2069, G2073 - G2075			
Opioid-based treatment for Substance Use Disorder			
G2086	Office-based treatment for substance use disorder, including treatment plan development, care coordination, therapy & counseling; at least 70 minutes in the first calendar month	Yes	Yes
G2087	Office-based treatment for substance use disorder, including care coordination, therapy & counseling; at least 60 minutes in a subsequent month	Yes	Yes
+G2088	Office-based treatment for substance use disorder, including care coordination, therapy & counseling; each additional 30 minutes beyond the first 120 minutes; list separately in addition to code for primary procedure	Yes	Yes

**Telehealth Payable
Federally Qualified Health Center (FQHC) Services***

HCPCS Codes	Code Definitions	2026 CMS Telehealth Code?	Audio-only, permitted?
Federally Qualified Health Center (FQHC) Services			
G0469	Federally qualified health center (FQHC) visit, mental health, new patient; a medically necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit	Yes	Yes
G0470	Federally qualified health center (FQHC) visit, mental health, established patient; a medically necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit	Yes	Yes
*Note: Some plans exclude.			