

PriorityHealth



(/)

Questions? Call us at

📞 **877.436.7748**

(TTY 711) 8 a.m. to 8 p.m.

Telephone visits, e-visits and hosted visits

Applies to:

Commercial group HMO, EPO, POS and PPO plans
Commercial individual My**Priority**® plans
Priority Health Choice plans (Medicaid and Healthy Michigan Plan)
Priority Health Medicare plans

Definition:

Priority Health reimburses, fee for service, for telephone visits, e-visits and hosted visits. The CPT manual defines billing and coding requirements for both the physician and the non-physician qualified health care provider* (QHP) visit.

- No modifier is necessary to bill these codes
- Copay and deductible may apply

Medicare billing

Medicare considers these a "supplemental benefit." An e-visit cannot be used as a substitute for an effective, ongoing doctor-patient relationship, but is supportive of that relationship and of efficient delivery of care.

- Copay and deductible may apply, depending on the member's Priority Health Medicare plan, for phone/online visit codes 99441, 99442 and 99443.
- An e-visit must be fully documented in the member's record by the provider who performed it.

- The provider must share that documentation with the member's primary care provider and/or other plan provider specified by the member.

Medicaid and Healthy Michigan Plan billing

Refer to the Medicaid fee schedules to determine if telephone, e-visit or hosted visits are payable services. [Go to Medicaid Fee Schedules \(/provider/center/fee-schedules\)](#).

Reimbursement rates

The reimbursement rates for these codes are listed in our standard fee schedules for your contract.

[See our standard fee schedules \(/provider/center/fee-schedules\)](#)

Visit codes billable by physicians only

Hosted visits

A "hosted" visit is a virtual consult with a remote physician, hosted by a physician who is face-to-face with the patient. Telephone, teleconference, REMEC and other systems may be used.

- **G0406**, Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
- **G0407**, Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
- **G0408**, Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
- **G0425**, Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
- **G0426**, Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
- **G0427**, Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth

Visit codes billable by physicians and QHPs*

Telephone visits

- **99441**, Telephone evaluation and management service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

- **99442**, Telephone services (see above), 11-20 minutes of medical discussion
- **99443**, Telephone services (see above), 21-30 minutes of medical discussion
- Bill the non-physician QHP telephone visit under the participating PCP.
- A participating physician needs to be available to the QHP at the time of the telephone visit. "Available" can mean face-to-face, by phone, or by fax.
- QHPs may only assess patients within the scope of their licensure.
- When the patient initiates the call and the physician or QHP returns the patient's call, it should be documented that way in the medical record.
- Copayments will not apply.

Online medical evaluations ("e-visits")

- **99421**, Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **99422**, Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **99423**, Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- **G2010**, Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
- **G2012**, Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Visit codes billable by QHPs*

Telephone assessment codes are not billable for Medigap plans.

- **98966**, Telephone assessment and management service provided by a qualified non-physician health care professional* to an established patient, parent or guardian; 5-10 minutes of medical discussion
- **98967**, Telephone assessment (see above), 11-20 minutes of medical discussion
- **98968**, Telephone assessment (see above), 21-30 minutes of medical discussion
- **98970**, Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative

time during the 7 days; 5-10 minutes

- **98971**, Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **98972**, Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
- **G2061**, Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **G2062**, Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **G2063**, Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Also see [Care management billing \(/provider/manual/services/medical/care-management\)](/provider/manual/services/medical/care-management) for details on the unique processing of QHP telephone visit codes.

*QHPs are credentialed by Priority Health. They include RNs, certified NPs, PA-Cs, licensed Masters social workers (LMSWs), psychologists (LLPs and PhDs), certified diabetes educators (CDEs), registered dietitians and Masters'- trained nutritionists, clinical pharmacists and respiratory therapists.

Expanded services

Priority Health recognizes the value of care management services that are integral to the patient-centered medical home, and reimburses for them. In addition to the codes on this page, see all expanded services codes including advance care planning, tobacco cessation and behavioral health outpatient codes, in our [Expanded services contracted billable codes listing \(/media/priorityhealth/documents/provider-billing/expanded-services-billable-codes.pdf?la=en&hash=AB9F34CB3228320E017ED5B233B11FFFD47BAEE9\)](/media/priorityhealth/documents/provider-billing/expanded-services-billable-codes.pdf?la=en&hash=AB9F34CB3228320E017ED5B233B11FFFD47BAEE9).

All medical/surgical services

You must be logged in to use these tools.

Tools

[Approved Drug List \(https://www.priorityhealth.com/prog/pharmacy/pharmacy.cgi\)](https://www.priorityhealth.com/prog/pharmacy/pharmacy.cgi)

[Auth Inquiry \(/app/AuthInquiry\)](/app/AuthInquiry)

[Auth Request \(/app/ProviderClearCoverageSsoUi/\)](/app/ProviderClearCoverageSsoUi/)

[Claims \(/prog/member/claims.cgi\)](/prog/member/claims.cgi)

[Edits Checker \(http://editschecker.priorityhealth.com:8090/ProviderPortal\)](http://editschecker.priorityhealth.com:8090/ProviderPortal)

[Filemart \(https://filemart.priorityhealth.com/prog/filemart/filemart.cgi\)](https://filemart.priorityhealth.com/prog/filemart/filemart.cgi)

[Find a Doctor \(https://web.healthsparq.com/healthsparq/public/#/one/insurerCode=PH_I%26brandCode=PH\)](https://web.healthsparq.com/healthsparq/public/#/one/insurerCode=PH_I%26brandCode=PH)

[Member Inquiry \(/prog/member/member_directory.cgi\)](/prog/member/member_directory.cgi)

[Patient Profile \(/prog/member/patient_profile.cgi\)](/prog/member/patient_profile.cgi)

[Rx Inquiry \(/prog/member/rx_directory.cgi\)](/prog/member/rx_directory.cgi)

[User Admin \(/app/securityadmin\)](/app/securityadmin)

Info categories

[Authorizations \(/provider/manual/auths\)](/provider/manual/auths)

[Billing & payment \(/provider/manual/billing\)](/provider/manual/billing)

[Clinical practice guidelines \(/provider/manual/clinical-resources/cpgs\)](/provider/manual/clinical-resources/cpgs)

[Data exchange \(/provider/center/data-exchange\)](/provider/center/data-exchange)

[Drugs \(/provider/manual/drugs\)](/provider/manual/drugs)

[Fee schedules \(/provider/center/fee-schedules\)](/provider/center/fee-schedules)

[Forms \(/provider/manual/forms\)](/provider/manual/forms)

[Incentive programs \(/provider/center/incentives\)](/provider/center/incentives)

[Medical policies \(/provider/manual/medical-policies\)](/provider/manual/medical-policies)

[News & education \(/provider/manual/news\)](/provider/manual/news)

[Plans & benefits \(/provider/manual/plans-benefits\)](/provider/manual/plans-benefits)

[Procedures & services \(/provider/manual/services\)](/provider/manual/services)

[Requirements & responsibilities \(/provider/manual/standards\)](/provider/manual/standards)

[Reviews & appeals \(/provider/manual/appeals\)](/provider/manual/appeals)

[Your online account \(/provider/center/online-account\)](/provider/center/online-account)

Call the Provider Helpline

800.942.4765 (tel:800-942-4765)

Mon.-Thurs. 7:30-5; Fri. 9-5

[All provider contacts \(/provider/contact-us\)](/provider/contact-us)

 (<https://twitter.com/PriorityHealth>)

 (<https://www.linkedin.com/company/priority-health>)

 (<https://www.facebook.com/PriorityHealth>)

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Language assistance available

[Español \(/nondiscrimination-notice/language-assistance#spanish\)](/nondiscrimination-notice/language-assistance#spanish) | [العربية \(/nondiscrimination-notice/language-assistance#arabian\)](/nondiscrimination-notice/language-assistance#arabian) | [繁體中文 \(/nondiscrimination-notice/language-assistance#chinese\)](/nondiscrimination-notice/language-assistance#chinese) | [Assyrian](#)

[\(/nondiscrimination-notice/language-assistance#assyrian\)](#) | [Tiếng Việt \(/nondiscrimination-notice/language-assistance#vietnamese\)](#) | [Shqip \(/nondiscrimination-notice/language-assistance#albanian\)](#) | [한국어 \(/nondiscrimination-notice/language-assistance#korean\)](#) | [বাংলা \(/nondiscrimination-notice/language-assistance#bengali\)](#) | [Polski \(/nondiscrimination-notice/language-assistance#polish\)](#) | [Deutsch \(/nondiscrimination-notice/language-assistance#german\)](#) | [Italiano \(/nondiscrimination-notice/language-assistance#italian\)](#) | [日本語 \(/nondiscrimination-notice/language-assistance#japanese\)](#) | [Русский \(/nondiscrimination-notice/language-assistance#russian\)](#) | [Srpsko-hrvatski \(/nondiscrimination-notice/language-assistance#serbian\)](#) | [Tagalog \(/nondiscrimination-notice/language-assistance#tagalog\)](#)