

Service Codes for Use by Health Coaches in Team-based Care

Service	Code	Notes	Will code pay when billed alone (Yes/No)	If code will not pay when billed alone provide explanation on why	Will code pay when billed with office visit code (Yes/No)	If code will not pay when billed with office visit provide explanation on why	Will code pay when billed with all the other codes listed on the spreadsheet (Yes/No)	If code will not pay when billed with all the other codes provide explanation on why	Comments
Intensive Behavioral Therapy for Cardiovascular Disease	G0446 - Face to face 15 min	Encourage aspirin use for the primary prevention of CVD when benefits outweigh the risk, screening for HTN, counseling for healthy diet	Yes		No	Receives a bundling edit (procedure has unbundle relationship)	Yes	G0446 receives a coding edit if it exceeds the maximum number of units that it can be performed each calendar year.	G0446 will allow if office visit is filed with modifier25 Billing as telehealth would require a 95 modifier and POS 02 or 10**** This code is for 15 minutes increments (i.e. 30 minutes would be 2 units) Services rendered in the home should be billed with POS 12
Intensive Behavioral Therapy for Obesity	G0447 - Face-to-face behavioral counseling for obesity, 15 minutes	22 sessions allowed in a 12-month period, 1 face-to-face visit every week for the first month, one face to face visit every other week for months 2-6, and one face to face visit every month for months 7-12 if the beneficiary meets the 3kg (6.6 lbs) weight loss requirement during the first 6 months	Yes		No	Receives a bundling edit (procedure has unbundle relationship)	Yes		G0446 will allow if office visit is filed with modifier25 Billing as telehealth would require a 95 modifier and POS 02 or 10*** This code is for 15 minutes increments (i.e. 30 minutes would be 2 units) This code is not limited to annually
Smoking and tobacco use cessation	99406 - intermediate: 3 - 10 minutes	Patients must be a tobacco user at the time of billing.	Yes		Yes		No	Receives a bundling edit (procedure has unbundle relationship)when filed with 99407	
counseling	99407 -> 10 minutes	TennCare now covers smoking cessation products for all	Yes		Yes		Yes		
Counseling/risk factor reduction intervention	99401 - 15 min individual	Need local CPT to provide in-house smoking cessation, weight management, bp counseling	Yes		Yes		No	Receives a bundling edit (procedure has unbundle relationship)when filed with 99403	Billing as telehealth would require a 95 modifier and POS 02 or 10****
	99402 - 30 min individual		Yes		Yes		No	Receives a bundling edit (procedure has unbundle relationship)when filed with 99404	Billing as telehealth would require a 95 modifier and POS 02 or 10****
intervention	99403 - 45 min individual		Yes		Yes		No		Billing as telehealth would require a 95 modifier and POS 02 or 10****
	99404 - 60 min individual		Yes		Yes		Yes		Billing as telehealth would require a 95 modifier and POS 02 or 10****
Diabetes Self-Manage- ment Education	G0108 - Diabetes out- patient selfmanagement training services, individual, 30 minutes	Medicare requires ADA or AADE accreditation.	Yes		Yes		Yes		
	G0109 - Diabetes outpatient selfmanagement training services, group session (2 or more), per 30 minutes		Yes		Yes		Yes		

	Core Sessions Months 1-6:								
Diabetes Prevention Program (DPP)	G9873 - 1st session attended	Requires CDC accreditation	No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	G9874 - 4 sessions attended								
	G9875 - 9 sessions attended		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	Core Maintenance with 5% weight loss:								
	G9876 - 2 sessions attended in months 7-9		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	G9877 - 2 sessions attended in months 10-12		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	Ongoing Maintenance Months 13-24 (Maintained 5% weight loss and attended 2 sessions every 3 months):								
	G9882 - Months 13-15		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	G9883 - Months 16-18		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	G9884 - Months 19-21		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	G9885 - Months 22-24		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	Weight Loss Performance:								
	G9880 - Achieved 5% weight loss OR had absolute reduction of waist circumference by 3.2 cm during months 1-12		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	G9881 - Achieved 9% weight loss during months 1-24		No	(Measurement/Reporting codes no fee)	No	(Measurement/ Reporting codes no fee)	No	Measurement/Reporting codes no fee)	
	Subtotal Maximum Payment Attendance Only:								
	Total Maximum Payment								

Chronic Care Management	99490 - Non-complex CCM	May be administered under general supervision (not personally performed by the billing practitioner but under overall direction not under same roof). Patients must be seen by billing provider within 12 months. In Rural Health Clinics or FOHCs must be initiated by provider but may be provided by clinical staff.	Yes	99490 receives a coding edit (subset/Redundant Procedure Disallow) - denied if care management service 99490 has already been reported for the same calendar month	Yes		No	G0446 receives a coding edit if it exceeds the maximum number of units that it can be performed each calendar year.	G0446 will allow if office visit is filed with modifier25 Billing as telehealth would require a 95 modifier and POS 02 or 10*** This code is for 15 minutes increments (i.e. 30 minutes would be 2 units) Services rendered in the home should be billed with POS 12	
	99439 - CCM each additional 20 min		personally performed by the billing practitioner but under overall direction not under same roof). Patients must be seen by billing provider within 12 months. In Rural Health Clinics or FQHCs must be initiated by provider but may be provided by	No	Receives a coding edit (per Medicaid guidelines, add-on procedure code 99439 has been submitted without an appropriate primary procedure	No	Receives a bundling edit (procedure has unbundle relationship)	No		
	99487 - Complex CCM first 60 min			Yes	99487 receives a coding edit (subset/Redundant Procedure Disallow) if care management service 99487 has already been reported for the same calendar month	Yes		Yes		
	99489 - Complex CCM each additional 30 min		No	Receives a coding edit (per Medicaid guidelines, add-on procedure code 99489 has been submitted without an appropriate primary procedure	No	Receives a coding edit (per Medicaid guidelines, add-on procedure code 99489 has been submitted without an appropriate primary procedure	Yes			
Remote Patient Management	99453 - Remote monitoring of physiologic parameter, initial set up included, monitoring of not less than 16 days	May be administered under general supervision (not personally performed by the billing practitioner but under overall direction not under same roof). Patients must be seen by billing provider within 12 months.	Yes		Yes		Yes			
	99454 - Device supply with daily recording or programmed alerts transmission, each 30 days (initial collection, transmission, report/ summary with clinician)		Yes		Yes		Yes			
	99457 - Remote physiologic monitoring treatment management services, clinical staff/ physician/other qualified healthcare professional time in a calendar month, requiring interactive communication with the patient/ caregiver during the month; first 20 minutes		Yes		Yes		Yes			
	99458 - Each additional 20 minutes		No	Receives a coding edit (per Medicaid guidelines, add-on procedure code 99458 has been submitted without an appropriate primary procedure	No	Receives a coding edit (per Medicaid guidelines, add-on procedure code 99458 has been submitted without an appropriate primary procedure	Yes			
	99091 - Collection and interpretation of physiologic data, digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/ regulation requiring a minimum of 30 min of time		Yes		No	Receives a bundling edit (procedure has unbundle relationship) when filed with 99215 office visit code	No	Receives a bundling edit (procedure has unbundle relationship)when filed with 99407		

See the following for more information on use of self-management and education codes by health coaches:

https://docs.ucare.org/filer_public/files/pp_chw.pdf

https://www.bluecrossmn.com/sites/default/files/DAM/2021-12/General-Coding-078-Community-Health-Worker.pdf

https://www.dhs.state.mn.us/main/idcplq?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357

https://www.oregon.gov/oha/OEI/Documents/EOCCO-CHW-Policy.pdf

See the following for more information on use of preventive screening codes by health coaches:

https://www.aafp.org/pubs/fpm/issues/2017/1100/p25.html

See the following for more information on use of other counseling codes by health coaches:

https://www.aafp.org/dam/AAFP/documents/patient_care/lifestyle-medicine/lifestyle-reimbursement-coding.pdf

See the following for more information on use of telehealth modifiers for above codes:

https://medconverge.com/cpt-codes-for-telemedicine/

https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes

https://arkenea.com/blog/telemedicine-cpt-codes-and-billing/

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

https://doxy.me/en/telehealth-cpt-codes/