

# Payment Policy: Non Face-to-Face Services

Reference Number: QCP.PP.017

Last Review Date: 12/1/2025

[Coding Implications](#)  
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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## Description

### Policy/Criteria

**I.** It is the policy of QualChoice that Non Face-to-Face Services performed on or after the above revision date which will become the new effective date. For all. Services referred to in this policy that were preformed before the revision date contact customer service for the rules that would apply.

1. Health Care Professionals will often contact and respond to patients by telephone, email, or other electronic means. <criteria>
2. These services are considered part of the overall services rendered by a Health Care Professional and are not covered under normal circumstances.
3. Telephone recording and analysis of various cardiac monitoring and pacing devices are covered.

**II. Medical Statement**

- A. Non face-to-face services, such as by telephone, email or other electronic means are generally, are not covered under normal circumstances.
- B. All services that are not provided by a provider physically located with the patient are considered non-face-to-face.
- C. Following non-face-to-face services to promote behavioral health integration are covered without prior authorization (medical records for these services may be requested for review to ensure CMS documentation requirements):
  1. Interprofessional services (99446-99449 and 99451, 99452)
  2. Behavioral Health Care coordination (99484)
  3. Psychiatric Collaborative Care Management (99492, 99493 and 99494)
- D. Telephonic monitoring of cardiac pacing and monitoring devices are covered

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b>CPT® Codes</b>	<b>Description</b>
93293	Transtelephonic rhythm strip pacemaker eval, sgl, dual, or mult lead pacemaker syst, incl recording w/ & w/out magnet applic w/analysis, rvw & rpt by physician or other qual hlth care prof, up to 90 days
93294	Interrogation dvc eval (remote), up to 90 days; sgl, dual, or mult lead pacemaker system, or leadless pacemaker system w/interim analysis, rvw & rpt by a physician or other qual hlth care prof (code revised 1/1/19)
93295	Interrogation dvc eval (remote), up to 90 days; sgl, dual, or mult lead implantable defibrillator system w/interim analysis, rvw & rpt by a physician or other qual hlth care prof
93296	Interrogation dvc eval (remote), up to 90 days; sgl, dual, or mult lead pacemaker system, leadless pacemaker system, or implantable defib system, remote data acquisition(s), receipt of transmissions & tech rvw, tech support & distrib of results (code revised 1/1/19)
93297	Interrogation dvc eval (remote), up to 30 days; implantable cardio physiologic monitor system, incl analysis of 1 or more recorded physiologic cardio data elements frm all internal & external sensors, analysis, rvw & rpts by a physician or other qual hlth care prof (code revised 1/1/19)
93298	Interrogation dvc eval (remote), up to 30 days; subcutan cardiac rhythm monitor system, incl analysis of recorded heart rhythm data, analysis, rvw(s) & rpts by a physician or other qual hlth care prof (code revised 1/1/19)
93299	Interrogation dvc eval (remote), up to 30 days; implantable cardio physiologic monitor system or SC cardiac rhythm monitor syst, remote data acquisition(s), receipt of transmissions & techn rvw, tech support & distribution of results (code revised 1/1/19) (deleted code eff 01/01/2020 & replaced by code G2066)
98966	Telephone assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt, parent, or guardian not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys nor leading to an assessment & mgmt svc or proc w/in the nxt 24 hrs or soonest avail appt; 5-10 min of med discussion
98967	Telephone assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt, parent, or guardian not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys nor leading to an assessment & mgmt svc or proc w/in the nxt 24 hrs or soonest avail appt; 11-20 min of med discussion
98968	Telephone assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt, parent, or guardian not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys nor leading to an assessment & mgmt svc or proc w/in the nxt 24 hrs or soonest avail appt; 21-30 min of med discussion
98969	Online assessment & mgmt svc provided by a qual nonphysician hlth care prof to an estab pt or guardian, not originating frm a related assessment & mgmt svc provided w/in the prv 7 dys , using the Internet or similar electronic communications network Deleted code eff 01/01/2020
98970	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN

<b>CPT® Codes</b>	<b>Description</b>
98971	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN
98972	QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES
99422	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES
99423	ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES
99441	Telephone E/M svc by physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt, parent, or guardian not originating frm a related E/M svc provided w/in the prv 7 dys nor leading to an E/M svc or proc w/in the nxt 24 hrs or soonest avail appt; 5-10 min of med discussion
99442	Telephone E/M svc by physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt, parent, or guardian not originating frm a related E/M svc provided w/in the prv 7 dys nor leading to an E/M svc or proc w/in the nxt 24 hrs or soonest avail appt; 11-20 min of med discussion
99443	Telephone E/M svc by physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt, parent, or guardian not originating frm a related E/M svc provided w/in the prv 7 dys nor leading to an E/M svc or proc w/in the nxt 24 hrs or soonest avail appt; 21-30 min of med discussion
99444	Online E/M svc provided by a physician or other qual hlth care prof who may rpt E/M svcs provided to an estab pt or guardian, not originating frm a related E/M svc provided w/in the prv 7 dys, using the Internet or similar electronic communications ntwk Deleted code eff 01/01/2020
99446	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt's treating/req physician or other qual hlth care prof; 5-10 mn of medical consult discussion & rvw (code revised 1/1/19)
99447	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt's treating/req physician or other qual hlth care prof; 11-20 mn of medical consult discussion & rvw (code revised 1/1/19)
99448	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt's treating/req physician or other qual hlth care prof; 21-30 mn of medical consult discussion & rvw (code revised 1/1/19)
99449	Interprofessional telephone/Internet/electronic health record assessment & mgmt svc provided by a consultative physician, incl a verbal & written rpt to the pt's treating/req physician or other qual hlth care prof; 31 mn or more of medical consult discussion & rvw (code revised 1/1/19)
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified healthcare

<b>CPT® Codes</b>	<b>Description</b>
	professional. It requires a minimum of 16 minutes. and can be billed every 14 days when this time requirement is met.
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)
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 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (replaced code 93299 eff 1/1/2020)
G2066	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 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (replaced code 93299 eff 1/1/2020)

<b>Reviews, Revisions, and Approvals</b>	<b>Date</b>	<b>Approval Date</b>
Original approval date	1/1/2019	1/1/2019

## **References**

### 1. Addendum

- a. Effective 01/01/19: Made reference to BI529 for telemedicine services.
- b. 2019 Code Updates: Updated code description for CPT codes 93294, 93296, 93297, 93298, 93299, 99446, 99447, 99448, and 99449.
- c. Effective 01/01/2020: Code update – Added new codes and their descriptions 98970, 98971, 98972, 99421, 99422, 99423, G2061, G2062, G2063 and G2066 eff 01/01/2020. Added these codes to the search box as well. Deleted codes 98969, 99444 and 93299 eff 01/01/2020.
- d. Effective 03/01/2021: Following non-face-to-face services to promote behavioral health integration are covered: Interprofessional services (99446-99449 and 99451, 99452), Behavioral Health Care coordination (99484), and Psychiatric Collaborative Care Management (99492, 99493 and 99494). These services do not require prior authorization. However, medical records may be requested to ensure CMS documentation requirements are being met.
- e. Added Codes: 99451, 99452, 99484, 99492, 99493, 99494 to the search box

## **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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