



Physical Activity Related Current Procedural Terminology (CPT)[®] Codes

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Research indicates regular physical activity (PA) has health benefits for patients of any age and body weight and is critical for long-term weight management. With the evolving science in this field healthcare practitioners and PA subject matter expertise continue to expand; encompassing areas such as physical activity guidelines, practice implementation, patient counseling, as well as, provider billing and coding guidance. The American College of Sports Medicine has been a leader in educating health care providers on fitness and health guidance through their Exercise is Medicine Initiative. Please refer to the American College of Sports Medicine's comprehensive resource page for additional tools and materials to support patient physical activity assessments: https://www.exerciseismedicine.org/support_page.php/resources/. However, challenges continue with expanding reimbursement for physical activity related assessments and interventions for physician extenders and paraprofessionals.

CPT codes are the codes used by physicians and other qualified health care professionals to report the services or procedures they provide to patients, and to bill those services or procedures. When a claim is filed with the CPT procedure code along with the appropriate ICD-10 diagnosis code, payment is made to the providing practitioner or billing entity. The CPT system is maintained and implemented by the American Medical Association (AMA). Effective Jan 1, 2020, the AMA approved the release of new category III CPT codes specifically designated for health and wellness coaching. Prior to the approval of these code, there were no CPT code(s) existing specifically for health coaching services.

The following table provides a comprehensive list of CPT codes applicable to physical activity related patient assessments, management, and follow up care.

PHYSICAL ACTIVITY RELATED CPT® CODES				
CPT/ HCPCS Code	Description	Effective Date	Publication	Clinician eligible to bill code
Health and Wellness Coaching				
0591T	Health and well-being face-to-face; individual; initial assessment	January 1, 2020	CPT 2020	Physician and qualified health care professionals
0592T	Individual follow-up session; at least 30 minutes *Do not report 0592T in conjunction with 98960, 0488T, 0591T	January 1, 2020	CPT 2020	Physician and qualified health care professionals
0593T	Group (2 or more individuals), at least 30 minutes *Do not report 0593T in conjunction with 97150, 98961, 98962, 0403T	January 1, 2020	CPT 2020	Physician and qualified health care professionals
<p>Notes: Health and Well-Being Coaching: Health and well-being coaching is a patient-centered approach wherein patients determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach. The health and well-being coach is qualified to perform health and well-being coaching by education, training, national examination and, when applicable, licensure/regulation, and has completed a training program in health and well-being coaching whose content meets standards established by an applicable national credentialing organization.</p>				
Office and Outpatient Consultations				
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded	January 1, 2023	CPT 2023	Physician and qualified health care professionals

99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	January 1, 2023	CPT 2023	Physician and qualified health care professionals
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded	January 1, 2023	CPT 2023	Physician and qualified health care professionals
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	January 1, 2023	CPT 2023	Physician and qualified health care professionals
Notes: These codes may be used to report consultations that are provided in the office or other outpatient site, including the home or residence, or emergency department. Follow-up visits in the consultant's office or other outpatient facility that are initiated by the consultant or patient are reported using the appropriate codes for established patients in the office (99212, 99213, 99214, 99215) or home or residence (99347, 99348, 99349, 99350). Services that constitute transfer of care (ie, are provided for the management of the patient's entire care or for the care of a specific condition or problem) are reported with the appropriate new or established patient codes for office or other outpatient visits or home or residence services				
Patient Self-Management				
98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minute; individual patient			Licensed MD/DO or mid-level practitioner
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients			Licensed MD/DO or mid-level practitioner

98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients			Licensed MD/DO or mid-level practitioner
Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Procedure Code(s)				
99401	Preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 15 minutes			Physician and qualified health care professionals
99402	Preventive medicine counseling and/or risk factor intervention/s provided to an individual (separate procedure); approximately 30 minutes			Physician and qualified health care professionals
99403	Preventive medicine counseling and/or risk factor reduction intervention/s provided to an individual (separate procedure); approximately 45 minutes			Physician and qualified health care professionals
99404	Preventive medicine counseling and/or risk factor reduction intervention/s provided to an individual (separate procedure); approximately 60 minutes			Physician and qualified health care professionals
G0447	Face-to-face behavioral counseling for obesity, 15 minutes – for billing for behavioral counseling for obesity			Physician and qualified health care professionals
Chronic Care Management Services				
99437	Each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	January 1, 2022	CPT 2022	Physician or Qualified Health Professional

99490	<p>Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:</p> <p>Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline Comprehensive care plan established, implemented, revised, or monitored</p> <p>Assumes 15 minutes of work by the billing practitioner per month.</p>	January 1, 2019	CPT 2019	Physician or Non-Physician Provider (Nurse Practitioner or Physician Assistant)
G2058	<p>Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure). (Do not report G2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month). (Use G2058 in conjunction with 99490). (Do not report 99490, G2058 in the same calendar month as 99487, 99489, 99491)).</p>	January 1, 2020	HCPCS 2020	Licensed Physicians, Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists
99491	<p>Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:</p> <p>Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient</p>	January 1, 2019	CPT 2019	Licensed Physicians, Physician Assistants, Nurse Practitioners, Certified Nurse

	Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline Comprehensive care plan established, implemented, revised, or monitored			Midwives, Clinical Nurse Specialists
COMPLEX CHRONIC CARE MANAGEMENT SERVICES				
99487	Complex chronic care management services, with the following required elements: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline Establishment or substantial revision of a comprehensive care plan Moderate or high complexity medical decision making 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	January 1, 2019	CPT 2019	Physician or Non-Physician Provider (Nurse Practitioner or Physician Assistant)
99489	Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure). Complex CCM services of less than 60 minutes in duration, in a calendar month, are not reported separately. Report 99489 in conjunction with 99487. Do not report 99489 for care management services of less than 30 minutes additional to the first 60 minutes of complex CCM services during a calendar month.	January 1, 2019	CPT 2019	Physician or Non-Physician Provider (Nurse Practitioner or Physician Assistant)

PRINCIPAL CARE MANAGEMENT SERVICES				
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/ decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care. First 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	January 1, 2022	CPT 2022	Physician or other qualified health care professional
99425	Each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	January 1, 2022	CPT 2022	Physician or other qualified health care professional
99426	Principal care management services, for a single high-risk condition disease... first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month	January 1, 2022	CPT 2022	Physician or other qualified health care professional
99427	Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	January 1, 2022	CPT 2022	Physician or other qualified health care professional
Digitally Stored Data Services / Remote Physiologic and Therapeutic Monitoring Treatment Management Services				

98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	January 1, 2022	CPT 2022	Qualified Health Care Practitioners who are not able to independently order and bill for E/M services
98976	Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	January 1, 2022	CPT 2022	
98977	Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	January 1, 2022	CPT 2022	
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	January 1, 2022	CPT 2022	
98981	Each additional 20 minutes (List separately in addition to code for primary procedure)	January 1, 2022	CPT 2022	
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time	January 1, 2018	CPT 2018	Physician and qualified health care professionals

99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	January 1, 2019	CPT 2019	Physician and qualified health care professionals
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	January 1, 2019	CPT 2019	Physician and qualified health care professionals
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes	January 1, 2019	CPT 2019	Physician and qualified health care professionals
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes	January 1, 2020	CPT 2020	Physician and qualified health care professionals
ONLINE DIGITAL EVALUATION SERVICE (e-Visit) / ONLINE DIGITAL ASSESSMENTS				
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	January 1, 2021		Qualified non-physician health care professional
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	January 1, 2021		Qualified non-physician health care professional

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	January 1, 2021		Qualified non-physician health care professional
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	January 1, 2020		Physician and qualified health care professionals
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	January 1, 2020		Physician and qualified health care professionals
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	January 1, 2020		Physician and qualified health care professionals
COMMUNICATION TECHNOLOGY BASED SERVICES				
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	January 1, 2019	HCPCS 2019	Physician and qualified health care professionals
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	January 1, 2019	HCPCS 2019	Physician and qualified health care professionals

	within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion			
G2252	Brief communication technology-based service, e.g., virtual check-in service, 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; 11–20 minutes of medical discussion.	January 1, 2022	HCPCS 2022	Physician and qualified health care professionals
Transitional Care Evaluation & Management Services				
99495	Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; Medical decision making of at least moderate complexity during the service period; Face-to-face visit, within 14 calendar days of discharge	January 1, 2019	CPT 2019	Physician and qualified health care professionals
99496	Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; Medical decision making of high complexity during the service period; Face-to-face visit, within 7 calendar days of discharge	January 1, 2019	CPT 2019	Physician and qualified health care professionals

KEY TERMS / DEFINITIONS:

CPT® - Current Procedural Terminology

CPT codes are the codes used for reporting services and procedures and getting paid. When a claim is filed with the CPT procedure code along with the appropriate ICD-10 diagnosis code, payment is made to the providing practitioner.

The CPT® system is maintained and implemented by the American Medical Association.

There are three categories of CPT codes:

- CPT category I - Inclusion of a descriptor and its associated five-digit code number in the CPT Category I code set is based on whether the procedure or service is consistent with contemporary medical practice and is performed by many practitioners in clinical practice in multiple locations. Category I codes are the most commonly used codes for reporting and receiving payment. This may be an office visit or Emergency department visit. The correct code level is selected based on some set criteria.
 - Example, reporting code 99285 will get you payment for an Emergency department visit.
- CPT Category II – Set of supplemental tracking codes that can be used for performance measurement. Example, reporting 2000F will inform the payer that during the 99285 Emergency Department visit above, blood pressure assessment was also done. Often these codes are not recorded because they do not generate revenue.
- CPT Category III – These codes contain a set of temporary codes for emerging technology, services, procedures, and service paradigms. Category III codes allow data collection for these services/procedures. The use of the codes in this section allows physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technology, services, procedures, and service paradigms for clinical efficacy, utilization and outcomes.

A **“physician or other qualified health care professional”** is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from “clinical staff.” A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service.

HCPCS - Healthcare Common Procedures Coding System

HCPCS codes are used to report supplies, equipment, and devices provided to patients as well as procedures not contained in the CPT code system. It is an additional or supplemental resource to CPT codes. HCPCS codes are referred to as Level II CPT codes. HCPCS is alphanumeric and is implemented by the Centers for Medicare and Medicaid Services (CMS).

CMS includes two levels in its Healthcare Common Procedures Coding System:

- HCPCS Level I codes is the CPT coding system (Both are one and the same)
- HCPCS Level II codes are usually referred to as HCPCS codes

Health Coach: The AMA currently defines a health coach as a non-physician health care professional certified by National Board for Health & Wellness Coaching (NBHWC) or The National Commission for Health Education Credentialing, Inc (NCHEC)