

June 2017 Telemedicine Allowable Code List (GT Modifier)

Eff. Date	End Date	Service Code	Modifier	POS	Description of Service	Provider Type												
						BC	08	11	18	19	31	39	71	72	73	77		
1/1/92		99244		05 06 07 08 11 12 15 20 22 23 24 25 34 49 50 62 65 71 72	Office Consultation - Comprehensive ~60 min		X		X	X	X							X
1/1/92		99245		05 06 07 08 11 12 15 20 22 23 24 25 34 49 50 62 65 71 72	Office Consultation - High Severity ~80 min		X		X	X	X							X
1/1/92		99251		06 08 21 31 32 51 52 61	Initial Inpatient Consultation ~20 min		X		X	X	X							X
1/1/92		99252		06 08 21 31 32 51 52 61	Initial Inpatient Consultation - Expanded~40 min		X		X	X	X							X
1/1/92		99253		06 08 21 31 32 51 52 61	Initial Inpatient Consultation - Detailed~55 min		X		X	X	X							X
1/1/92		99254		06 08 21 31 32 51 52 61	Initial Inpatient Consultation - Comprehensive~80 min		X		X	X	X							X
1/1/92		99255		06 08 21 31 32 51 52 61	Initial Inpatient Consultation - High Complexity~110 min		X		X		X							X
3/1/17		99307		31 32 33 56 99	Subsequent nursing facility care, eval and management ~10min		X		X	X	X							X
3/7/17		99308		31 32 33 56 99	Subsequent nursing facility care, eval and management ~15min		X		X	X	X							X
3/1/17		99309		31 32 33 56 99	Subsequent nursing facility care, eval and management ~25min		X		X	X	X							X
3/1/17		99310		05 07 31 32 33 56 99	Subsequent nursing facility care, eval and management ~35min		X		X	X	X							X
1/1/94		99354		05 06 07 08 11 20 22 23 24 25 49 50 62 65 71 72	Prolonged physician service; first hour		X		X	X	X							X
1/1/94		99355		05 06 07 08 11 20 22 23 24 25 49 50 62 65 71 72	Prolonged physician service; each add'l 30 min		X		X	X	X							X
3/1/17		99356		06 08 13 21 31 32 33 51 61	Prolonged physician service; inpatient first hour		X		X	X	X							X
1/1/94		99358			Prolonged evaluation and mgmt; first hour		X		X	X	X							X
1/1/94		99359			Prolonged evaluation and mgmt; each add'l 30 min		X		X	X	X							X
3/1/17		99406			SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING, GREATER THAN 3 MINUTES UP TO 10 MINUTES				X	X					X			
3/1/17		99407			SMOKING AND TOBACCO USE INTENSIVE COUNSELING, GREATER THAN 10 MINUTES				X	X					X			
3/1/17		99441		06 08 11 21 22 49 50 52 53 54 55 56 57 71 72	Telephone eval and mgt service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service ~5-10min		X		X	X	X							X
3/1/17		99442		06 08 11 21 22 49 50 52 53 54 55 56 57 71 72	Telephone eval and mgt service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service ~11-20 min		X		X	X	X							X
3/1/17		99443		06 08 11 21 22 49 50 52 53 54 55 56 57 71 72	Telephone eval and mgt service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service ~21-30 min		X		X	X	X							X
3/1/17		99446			TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED				X	X					X			
3/1/17		99447			TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED				X	X					X			
3/1/17		99448			TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED				X	X					X			

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		99449			TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED				x	x					x					
3/1/17		99495			TRANSITIONAL CARE MANAGEMENT SERVICES, MODERATELY COMPLEXITY, REQ					x					x					
3/1/17		99496			TRANSITIONAL CARE MANAGEMENT SERVICES, HIGHLY COMPLEXITY, REQUIR					x					x					
3/1/17		G0396			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED AS				x											
3/1/17		G0397			ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED AS				x											
3/1/17		G0442			ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES				x											
3/1/17		G0459			INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY				x											
10/1/16		H0038		02 05 07 11 12 20 23 49 50 53 54 71 72 99	Self-help/peer services (peer support), per 15 minutes - Telemedicine													x	x	x
10/1/16		H2014		02 05 07 11 12 13 20 23 49 50 53 54 71 72 99	Skills Training and Development and Psychosocial Rehabilitation Living Skills Training - Telemedicine	x								x				x	x	x
3/1/17		Q3014			TELEHEALTH ORIGINATING SITE FACILITY FEE															
10/1/16		S5110		02 11 12 50 53 71 72 99	Home Care Training, Family; (Family Support) - Telemedicine	x								x				x	x	x
10/1/16		S5110		02 11 12 50 53 71 72 99	Home Care Training, Family; (Family Support) - Certified through State Approved Training - Telemedicine	x								x				x	x	x
10/1/03		T1016	HO	02 05 06 07 08 11 20 34 49 50 53 54 71 72	Office Case Mgmt by Behav Health Pro, ea 15 min	x												x	x	x
10/1/03		H0002			Behav Health Screening /determine elig for admit per 15 min													x	x	x
10/1/03		H0004			Office Counseling/Therapy - individual per 15 min														x	x
10/1/03		H0004	HR		Office Counseling/Therapy - family w/client per 15 min														x	x
10/1/03		H0004	HS		Office Counseling/Therapy - family w/o client per 15 min														x	x
10/1/03		H0031			Mental Health Assessment by non-physician													x	x	x
10/1/03		H0034			Med Training and Support per 15 min													x	x	x
10/1/03		T1016	HN		Office Case Mgmt, ea 15 min													x	x	x

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COLOR CODE

Code	Provider Type
	Removed
BC	Board Certified Behavioral Analyst
08	Physician
11	Psychologist
18	Physician Assistant
19	Nurse Practitioner
31	DO-Physician Osteopath
71	Level I Psych. Hospital
72	TRBHA/RBHA
73	Out of State 1 Time Provider
77	Behavioral Health Outpatient Clinic
IC	Integrated Clinic
85	Licensed Clinical Social Worker
86	Licensed Marriage/Family Therapist
87	Licensed Professional Counselor
A3	Community Service Agency
A4	Licensed Independent Substance Abuse Counselor (LISAC)
A6	Rural Substance Abuse Transitional Center
29	Community/Rural Health Center (RHC)

POS Key

IC	85	86	87	A3	A4	A6	29
			x				
x				x		x	
x	x	x	x	x	x	x	
x	x	x	x	x	x	x	
x	x	x	x	x	x	x	
x	x	x	x		x		
x	x	x	x		x	x	
x	x	x	x		x		
x	x	x	x		x		
x	x	x	x		x	x	
x							

IC	85	86	87	A3	A4	A6	29