

**MDCH
Telemedicine Database
January 2015**

Revenue Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine		\$0.00	\$0.00	
HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
90791	GT	Psych Diagnostic Evaluation	P	\$72.31	\$70.13	
90792	GT	Psych Diag Eval W/Med Srvc	P	\$80.23	\$78.05	
90832	GT	Psytx Pt & Family 30 Minutes	P	\$36.05	\$35.66	
90833	GT	Psytx Pt&Fam W/E & M 30 Minutes	P	\$37.04	\$36.65	
90834	GT	Psytx Pt&Family 45 Minutes	P	\$47.35	\$46.95	
90836	GT	Psytx Pt&Fam W/E&M 45 Min		\$39.22	\$39.22	
90837	GT	Psytx Pt&Family 60 Minutes	P	\$70.13	\$69.73	
90838	GT	Psytx Pt&Fam W/E&M 60 Minutes	P	\$60.62	\$60.22	
90846	GT	Family psytx w/o patient		\$62.01	NA	Coverage added effective 01/01/2015
90847	GT	Family psytx w/patient		\$64.16	NA	Coverage added effective 01/01/2015
90951	GT	ESRD Serv 4 Visits P Mo < 2 Yr	P	\$524.97	\$524.97	
90952	GT	ESRD Serv 2-3 Vsts P Mo < 2 Yr		\$357.11	\$357.11	
90954	GT	ESRD Serv 4 Vsts P Mo 2-11	P	\$457.41	\$457.41	
90955	GT	ESRD Srv 2-3 Vsts P Mo 2-11	P	\$256.14	\$256.14	
90957	GT	ESRD Srv 4 Vsts P Mo 12-19	P	\$360.34	\$360.34	
90958	GT	ESRD Srv 2-3 Vsts P Mo 12-19	P	\$243.27	\$243.27	
90960	GT	ESRD Srv 4 Visits P Mo 20+	P	\$158.48	\$158.48	
90961	GT	ESRD Srv 2-3 Vsts P Mo 20+	P	\$133.12	\$133.12	
96116	GT	Neurobehavioral Status Exam	P	\$51.70	\$48.34	
99201	GT	Office/Outpatient Visit New	P	\$24.17	\$14.86	
99202	GT	Office/Outpatient Visit New	P	\$41.40	\$27.93	
99203	GT	Office/Outpatient Visit New	P	\$60.42	\$42.99	
99204	GT	Office/Outpatient Visit New	P	\$91.72	\$72.50	
99205	GT	Office/Outpatient Visit New	P	\$91.72	\$72.50	
99211	GT	Office/Outpatient Visit Est	P	\$11.09	\$5.15	
99212	GT	Office/Outpatient Visit Est	P	\$24.17	\$14.26	
99213	GT	Office/Outpatient Visit Est	P	\$40.41	\$28.33	
99214	GT	Office/Outpatient Visit Est	P	\$59.63	\$43.58	
99215	GT	Office/Outpatient Visit Est	P	\$80.82	\$62.20	
99231	GT	Subsequent Hospital Care	P	NA	\$21.79	
99232	GT	Subsequent Hospital Care	P	NA	\$40.41	
99233	GT	Subsequent Hospital Care	P	NA	\$58.44	
99241	GT	Office Consultation	P	\$27.14	\$18.82	
99242	GT	Office Consultation	P	\$50.91	\$39.22	
99243	GT	Office Consultation	P	\$69.53	\$54.68	
99244	GT	Office Consultation	P	\$102.81	\$86.57	
99245	GT	Office Consultation	P	\$125.79	\$107.57	
99251	GT	Inpatient Consultation	P	NA	\$27.54	
99252	GT	Inpatient Consultation	P	NA	\$42.20	
99253	GT	Inpatient Consultation	P	NA	\$64.38	
99254	GT	Inpatient Consultation	P	NA	\$92.91	
99255	GT	Inpatient Consultation	P	NA	\$112.32	

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HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
99307	GT	Nursing Fac Care Subseq	P	\$24.76	\$24.76	
99308	GT	Nursing Fac Care Subseq	P	\$38.23	\$38.23	
99309	GT	Nursing Fac Care Subseq	P	\$50.71	\$50.71	
99310	GT	Nursing Fac Care Subseq	P	\$75.48	\$75.48	
99354	GT	Prolonged Service Office		\$55.47	\$51.51	Coverage added effective 01/01/2015
99355	GT	Prolonged Service Office		\$53.69	\$49.72	Coverage added effective 01/01/2015
99406	GT	Behav chng smoking 3-10 Min	P	\$7.92	\$6.93	
99407	GT	Behav chng smoking > 10 Min	P	\$15.25	\$14.26	
99495	GT	Trans care mgmt 14 day disch	P	\$91.13	\$61.61	
99496	GT	Trans care mgmt 7 day disch	P	\$128.96	\$89.34	
G0108	GT	Diab Manage Trn Per Indiv	P	\$29.32	NA	
G0109	GT	Diab Manage Trn Ind/Group	P	\$7.92	NA	
G0406	GT	Inpt/ tele follow up 15	P	NA	\$21.79	Service denied without modifier
G0407	GT	Inpt/ tele follow up 25	P	NA	\$40.41	Service denied without modifier
G0408	GT	Inpt/ tele follow up 35	P	NA	\$58.44	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	P	\$60.02	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	P	\$13.87	NA	
G0425	GT	Inpt/ED teleconsult 30	P	NA	\$56.85	Service denied without modifier
G0426	GT	Inpt/ED teleconsult 50	P	NA	\$76.66	Service denied without modifier
G0427	GT	Inpt/ ED teleconsult 70	P	NA	\$112.92	Service denied without modifier
G0436	GT	Tobacco-use Counsel 3-10 Min	P	\$7.92	\$6.74	
G0437	GT	Tobacco-use Counsel > 10 Min	P	\$15.65	\$14.46	
G0459	GT	Telehealth inpt pharm mgmt	P	NA	\$22.78	Service denied without modifier
Q3014	GT	Telehealth Facility Fee	P	\$22.84	\$22.84	Service denied without modifier

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