

**MDHHS**  
**Telemedicine Services Database**  
**January 2016**

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	\$73.30	\$70.92	Note: Rate varies by program see specific fee schedule.
90792	GT	Psych Diag Eval W/Med Srvc	P	\$81.02	\$78.65	Note: Rate varies by program see specific fee schedule.
90832	GT	Psytx Pt&Family 30 Minutes	P	\$35.46	\$35.26	Note: Rate varies by program see specific fee schedule.
90833	GT	Psytx Pt&Fam W/E&M 30 Min	P	\$36.65	\$36.25	Note: Rate varies by program see specific fee schedule.
90834	GT	Psytx Pt&Family 45 Minutes	P	\$47.15	\$46.95	Note: Rate varies by program see specific fee schedule.
90836	GT	Psytx Pt&Fam W/E&M 45 Min	P	\$46.55	\$46.16	Note: Rate varies by program see specific fee schedule.
90837	GT	Psytx Pt&Family 60 Minutes	P	\$70.92	\$70.33	Note: Rate varies by program see specific fee schedule.
90838	GT	Psytx Pt&Fam W/E&M 60 Min	P	\$61.41	\$61.01	Note: Rate varies by program see specific fee schedule.
90846	GT	Family psytx w/o patient	P	\$62.22	NA	Waiver covered service only
90847	GT	Family psytx w/patient	P	\$59.23	\$58.84	Note: Rate varies by program see specific fee schedule.
90951	GT	ESRD Serv 4 Visits P Mo <2Yr	P	\$527.54	\$527.54	
90952	GT	ESRD Serv 2-3 Vsts P Mo <2Yr		\$357.11	\$357.11	
90954	GT	ESRD Serv 4 Vsts P Mo 2-11	P	\$456.22	\$456.22	
90955	GT	ESRD Srv 2-3 Vsts P Mo 2-11	P	\$255.75	\$255.75	
90957	GT	ESRD Srv 4 Vsts P Mo 12-19	P	\$360.94	\$360.94	
90958	GT	ESRD Srv 2-3 Vsts P Mo 12-19	P	\$244.06	\$244.06	
90960	GT	ESRD Srv 4 Visits P Mo 20+	P	\$158.88	\$158.88	
90961	GT	ESRD Srv 2-3 Vsts P Mo 20+	P	\$133.52	\$133.52	
90963	GT	Esrld home pt serv p mo <2yrs		\$304.48	\$304.48	Coverage added effective 01/01/2016
90964	GT	Esrld home pt serv p mo 2-11		\$266.25	\$266.25	Coverage added effective 01/01/2016
90965	GT	Esrld home pt serv p mo 12-19		\$253.37	\$253.37	Coverage added effective 01/01/2016
96116	GT	Neurobehavioral Status Exam	P	\$51.90	\$48.73	Note: Rate varies by program see specific fee schedule.
96150	GT	Assess hlth/behave init		\$9.06	NA	Coverage added effective 01/01/2016
96151	GT	Assess hlth/behave subseq		\$8.62	NA	Coverage added effective 01/01/2016
96152	GT	Intervene hlth/behave indiv		\$8.32	NA	Coverage added effective 01/01/2016
96153	GT	Intervene hlth/behave group		\$1.93	NA	Coverage added effective 01/01/2016

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96154	GT	Interv hlth/behav fam w/pt		\$8.17	NA	Coverage added effective 01/01/2016
97802	GT	Medical nutrition indiv in		\$21.10	NA	Waiver covered service only
97803	GT	Med nutrition indiv subseq		\$18.30	NA	Waiver covered service only
97804	GT	Medical nutrition group		\$9.69	NA	Waiver covered service only
99201	GT	Office/Outpatient Visit New	P	\$24.37	\$14.86	Note: Rate varies by program see specific fee schedule.
99202	GT	Office/Outpatient Visit New	P	\$41.60	\$28.13	Note: Rate varies by program see specific fee schedule.
99203	GT	Office/Outpatient Visit New	P	\$60.22	\$42.99	Note: Rate varies by program see specific fee schedule.
99204	GT	Office/Outpatient Visit New	P	\$91.92	\$72.70	Note: Rate varies by program see specific fee schedule.
99205	GT	Office/Outpatient Visit New	P	\$115.29	\$94.49	Note: Rate varies by program see specific fee schedule.
99211	GT	Office/Outpatient Visit Est		\$11.09	\$5.15	Note: Rate varies by program see specific fee schedule.
99212	GT	Office/Outpatient Visit Est	P	\$24.17	\$14.07	Note: Rate varies by program see specific fee schedule.
99213	GT	Office/Outpatient Visit Est	P	\$40.61	\$28.53	Note: Rate varies by program see specific fee schedule.
99214	GT	Office/Outpatient Visit Est	P	\$59.83	\$43.78	Note: Rate varies by program see specific fee schedule.
99215	GT	Office/Outpatient Visit Est	P	\$80.63	\$62.01	Note: Rate varies by program see specific fee schedule.
99231	GT	Subsequent Hospital Care	P	NA	\$21.99	Note: Rate varies by program see specific fee schedule.
99232	GT	Subsequent Hospital Care	P	NA	\$40.21	Note: Rate varies by program see specific fee schedule.
99233	GT	Subsequent Hospital Care	P	NA	\$58.04	Note: Rate varies by program see specific fee schedule.
99241	GT	Office Consultation	P	\$26.55	\$18.23	Note: Rate varies by program see specific fee schedule.
99242	GT	Office Consultation	P	\$49.92	\$38.23	Note: Rate varies by program see specific fee schedule.
99243	GT	Office Consultation	P	\$68.34	\$53.49	Note: Rate varies by program see specific fee schedule.
99244	GT	Office Consultation	P	\$102.22	\$85.98	Note: Rate varies by program see specific fee schedule.
99245	GT	Office Consultation	P	\$124.60	\$106.38	Note: Rate varies by program see specific fee schedule.
99251	GT	Inpatient Consultation	P	NA	\$27.34	Note: Rate varies by program see specific fee schedule.
99252	GT	Inpatient Consultation	P	NA	\$41.80	Note: Rate varies by program see specific fee schedule.
99253	GT	Inpatient Consultation	P	NA	\$64.18	Note: Rate varies by program see specific fee schedule.

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99254	GT	Inpatient Consultation	P	NA	\$93.31	Note: Rate varies by program see specific fee schedule.
99255	GT	Inpatient Consultation	P	NA	\$112.52	Note: Rate varies by program see specific fee schedule.
99307	GT	Nursing Fac Care Subseq	P	\$24.96	\$24.96	
99308	GT	Nursing Fac Care Subseq	P	\$38.63	\$38.63	
99309	GT	Nursing Fac Care Subseq	P	\$50.91	\$50.91	
99310	GT	Nursing Fac Care Subseq	P	\$75.67	\$75.67	
99354	GT	Prolong E&M/Psych Serv O/P	P	\$55.86	\$51.90	
99355	GT	Prolong E&M/Psych Serv O/P	P	\$54.28	\$50.32	
99356	GT	Prolonged service inpatient		N/A	\$51.31	Coverage added effective 01/01/2016
99357	GT	Prolonged service inpatient		N/A	\$50.91	Coverage added effective 01/01/2016
99406	GT	Behav chng smoking 3-10 Min		\$7.92	\$6.93	
99407	GT	Behav chng smoking > 10 Min	P	\$15.45	\$14.46	
99495	GT	Trans care mgmt 14 day disch	P	\$91.52	\$61.61	
99496	GT	Trans care mgmt 7 day disch	P	\$128.96	\$89.15	
G0108	GT	Diab Manage Trn Per Indiv	P	\$29.52	NA	
G0109	GT	Diab Manage Trn Ind/Group		\$7.92	NA	
G0406	GT	Inpt/tele follow up 15		NA	\$21.79	Service denied without modifier
G0407	GT	Inpt/tele follow up 25	P	NA	\$39.82	Service denied without modifier
G0408	GT	Inpt/tele follow up 35	P	NA	\$57.25	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	P	\$61.01	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	P	\$14.07	NA	
G0425	GT	Inpt/ED teleconsult30	P	NA	\$55.47	Service denied without modifier
G0426	GT	Inpt/ED teleconsult50	P	NA	\$75.48	Service denied without modifier
G0427	GT	Inpt/ED teleconsult70	P	NA	\$112.32	Service denied without modifier
G0436	GT	Tobacco-use Counsel 3-10 Min	P	\$8.12	\$6.93	
G0437	GT	Tobacco-use Counsel>10 Min	P	\$15.45	\$14.46	
G0459	GT	Telehealth inpt pharm mgmt	P	NA	\$22.98	Service denied without modifier
Q3014	GT	Telehealth Facility Fee		\$22.84	\$22.84	Service denied without modifier

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