

**MDHHS**  
**Telemedicine Services Database**  
**January 2021**

<b>Revenue Code</b>	<b>Short Description</b>	<b>Non-Fac Fee</b>	<b>Comments</b>
0780	Telemedicine	\$0.00	
Note: All telemedicine services must be reported with POS 02 and modifier GT per MDHHS policy. See Medicaid Provider Manual and applicable bulletins for additional information.			
<b>HCPCS Code</b>	<b>Short Description</b>	<b>Rate (Non-Fac Fee)</b>	<b>Comments</b>
90785	Psytx Complex Interactive	\$8.52	Note: Rate varies by program see specific fee schedule.
90791	Psych Diagnostic Evaluation	\$102.62	Note: Rate varies by program see specific fee schedule.
90792	Psych Diag Eval W/Med Srvcs	\$114.50	
90832	Psytx W Pt 30 Minutes	\$44.18	Note: Rate varies by program see specific fee schedule.
90833	Psytx W Pt W E/M 30 Min	\$40.41	
90834	Psytx W Pt 45 Minutes	\$58.64	Note: Rate varies by program see specific fee schedule.
90836	Psytx W Pt W E/M 45 Min	\$51.11	
90837	Psytx W Pt 60 Minutes	\$86.57	Note: Rate varies by program see specific fee schedule.
90838	Psytx W Pt W E/M 60 Min	\$67.75	
90839	Psytx Crisis Initial 60 Min	\$82.41	Note: Rate varies by program see specific fee schedule.
90840	Psytx Crisis Ea Addl 30 Min	\$39.03	Note: Rate varies by program see specific fee schedule.
90847	Family Psytx W/Pt 50 Min	\$58.24	Note: Rate varies by program see specific fee schedule.
90853	Group psychotherapy	\$15.65	
90951	Esrd Serv 4 Visits P Mo <2yr	\$680.47	
90952	Esrd Serv 2-3 Vsts P Mo <2yr	\$680.47	
90954	Esrd Serv 4 Vsts P Mo 2-11	\$448.50	
90955	Esrd Srv 2-3 Vsts P Mo 2-11	\$303.29	
90957	Esrd Srv 4 Vsts P Mo 12-19	\$447.90	
90958	Esrd Srv 2-3 Vsts P Mo 12-19	\$291.60	
90960	Esrd Srv 4 Visits P Mo 20+	\$205.83	
90961	Esrd Srv 2-3 Vsts P Mo 20+	\$170.37	
90963	Esrd Home Pt Serv P Mo <2yrs	\$351.83	
90964	Esrd Home Pt Serv P Mo 2-11	\$302.30	
90965	Esrd Home Pt Serv P Mo 12-19	\$290.81	
90966	Esrd Home Pt Serv P Mo 20+	\$170.17	
90967	Esrd Svc Pr Day Pt <2	\$10.30	
90968	Esrd Svc Pr Day Pt 2-11	\$10.10	
90969	Esrd Svc Pr Day Pt 12-19	\$9.71	
90970	Esrd Svc Pr Day Pt 20+	\$5.55	
92227	Remote Dx Retinal Imaging	\$9.11	
92228	Remote Retinal Imaging Mgmt	\$17.63	
96116	Nubhvl Xm Phys/Qhp 1st Hr	\$55.07	Note: Rate varies by program see specific fee schedule.
96121	Nubhvl xm phy/qhp ea addl hr	\$46.75	Note: Rate varies by program see specific fee schedule.

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96156	Hlth Bhv Assmt/Reassessment	\$55.27	Note: Rate varies by program see specific fee schedule.
96158	Hlth Bhv Ivntj Indiv 1st 30	\$37.84	Note: Rate varies by program see specific fee schedule.
96159	Hlth Bhv Ivntj Indiv Ea Addl	\$13.07	Note: Rate varies by program see specific fee schedule.
96160	Pt-Focused Hlth Risk Assmt	\$1.58	
96161	Caregiver Health Risk Assmt	\$1.58	
96164	Hlth Bhv Ivntj Grp 1st 30	\$4.16	Note: Rate varies by program see specific fee schedule.
96165	Hlth Bhv Ivntj Grp Ea Addl	\$1.93	Note: Rate varies by program see specific fee schedule.
96167	Hlth Bhv Ivntj Fam 1st 30	\$40.41	Note: Rate varies by program see specific fee schedule.
96168	Hlth Bhv Ivntj Fam Ea Addl	\$14.46	Note: Rate varies by program see specific fee schedule.
99202	Office/Outpatient Visit New	\$42.00	Note: Rate varies by program see specific fee schedule.
99203	Office/Outpatient Visit New	\$64.58	Note: Rate varies by program see specific fee schedule.
99204	Office/Outpatient Visit New	\$96.47	Note: Rate varies by program see specific fee schedule.
99205	Office/Outpatient Visit New	\$127.38	Note: Rate varies by program see specific fee schedule.
99211	Office/Outpatient Visit Est	\$13.07	Note: Rate varies by program see specific fee schedule.
99212	Office/Outpatient Visit Est	\$32.29	Note: Rate varies by program see specific fee schedule.
99213	Office/Outpatient Visit Est	\$52.50	Note: Rate varies by program see specific fee schedule.
99214	Office/Outpatient Visit Est	\$74.49	Note: Rate varies by program see specific fee schedule.
99215	Office/Outpatient Visit Est	\$104.00	Note: Rate varies by program see specific fee schedule.
99231	Subsequent Hospital Care	\$21.99	
99232	Subsequent Hospital Care	\$40.41	
99233	Subsequent Hospital Care	\$58.24	
99241	Office Consultation	\$26.74	
99242	Office Consultation	\$50.52	
99243	Office Consultation	\$69.14	
99244	Office Consultation	\$103.61	
99245	Office Consultation	\$126.19	
99251	Inpatient Consultation	\$27.93	
99252	Inpatient Consultation	\$42.20	
99253	Inpatient Consultation	\$65.17	
99254	Inpatient Consultation	\$94.89	
99255	Inpatient Consultation	\$114.11	
99307	Nursing Fac Care Subseq	\$24.96	Note: Rate varies by program see specific fee schedule.

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99308	Nursing Fac Care Subseq	\$39.22	Note: Rate varies by program see specific fee schedule.
99309	Nursing Fac Care Subseq	\$51.70	Note: Rate varies by program see specific fee schedule.
99310	Nursing Fac Care Subseq	\$76.66	Note: Rate varies by program see specific fee schedule.
99334	Domicil/r-home visit est pat	\$34.07	
99335	Domicil/r-home visit est pat	\$54.28	
99347	Home visit est patient	\$31.10	
99348	Home visit est patient	\$47.54	
99354	Prolong E&M/Psycctx Serv O/P	\$73.30	
99355	Prolong E&M/Psycctx Serv O/P	\$54.68	
99356	Prolonged Service Inpatient	\$51.70	
99357	Prolng svc i/p/obs ea addl	\$52.10	
99406	Behav Chng Smoking 3-10 Min	\$8.91	
99407	Behav Chng Smoking > 10 Min	\$16.44	
99408	Audit/Dast 15-30 Min	\$20.60	Note: Rate varies by program see specific fee schedule.
99409	Audit/Dast Over 30 Min	\$39.62	Note: Rate varies by program see specific fee schedule.
99483	Assmt & care pln pt cog imp	\$160.46	
99495	Trans Care Mgmt 14 Day Disch	\$118.07	
99496	Trans Care Mgmt 7 Day Disch	\$159.87	
99497	Advncd Care Plan 30 Min	\$48.73	
99498	Advncd Care Plan Addl 30 Min	\$42.20	
G0108	Diab Manage Trn Per Indiv	\$31.89	
G0109	Diab Manage Trn Ind/Group	\$8.91	
G0406	Inpt/Tele Follow Up 15	\$21.79	
G0407	Inpt/Tele Follow Up 25	\$40.81	
G0408	Inpt/Tele Follow Up 35	\$58.64	
G0420	Ed Svc Ckd Ind Per Session	\$64.78	
G0421	Ed Svc Ckd Grp Per Session	\$15.45	
G0425	Inpt/Ed Teleconsult30	\$57.45	
G0426	Inpt/Ed Teleconsult50	\$77.26	
G0427	Inpt/Ed Teleconsult70	\$113.71	
G0459	Telehealth Inpt Pharm Mgmt	\$24.17	
G0508	Crit Care Telehea Consult 60	\$119.45	
G0509	Crit Care Telehea Consult 50	\$108.16	
G2086	Off Base Opioid Tx 70min	\$163.04	
G2087	Off Base Opioid Tx, 60 M	\$159.27	
G2088	Off Base Opioid Tx, Add30	\$37.84	
G2212	Prolong outpt/office vis	\$19.02	
Q3014	Telehealth Facility Fee	\$24.86	

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