

MDHHS
Telemedicine Services Database
January 2021

Revised: 10/20/2023

Revenue Code	Short Description	Non-Fac Fee	Comments
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.			
HCPCS Code	Short Description	Rate (Non-Fac Fee)	Comments
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	
90953	Esrd Serv 1 Visit P Mo <2yrs	\$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	
90956	Esrd Srv 1 Visit P Mo 2-11	\$201.47	
90957	Esrd Srv 4 Vsts P Mo 12-19	\$447.90	
90958	Esrd Srv 2-3 Vsts P Mo 12-19	\$291.60	
90959	Esrd Serv 1 Vst P Mo 12-19	\$188.20	
90960	Esrd Srv 4 Visits P Mo 20+	\$205.83	
90961	Esrd Srv 2-3 Vsts P Mo 20+	\$170.37	
90962	Esrd Serv 1 Visit P Mo 20+	\$116.68	
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	

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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.
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	

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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.
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/PsycTx Serv O/P	\$73.30	
99355	Prolong E&M/PsycTx Serv O/P	\$54.68	
99356	Prolonged Service Inpatient	\$51.70	
99357	Prolog 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	

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