

**MDHHS**  
**Telemedicine Services Database**  
**January 2019**

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
90785	GT	Psytx Complex Interactive	P	\$8.32	\$7.73	Note: Rate varies by program see specific fee schedule.
90791	GT	Psych Diagnostic Evaluation	P	\$77.06	\$70.13	Note: Rate varies by program see specific fee schedule.
90792	GT	Psych Diag Eval W/Med Srvcs	P	\$86.57	\$79.44	Note: Rate varies by program see specific fee schedule.
90832	GT	Psytx W Pt 30 Minutes	P	\$37.64	\$34.87	Note: Rate varies by program see specific fee schedule.
90833	GT	Psytx W Pt W E/M 30 Min	P	\$39.03	\$36.45	Note: Rate varies by program see specific fee schedule.
90834	GT	Psytx W Pt 45 Minutes	P	\$50.12	\$46.55	Note: Rate varies by program see specific fee schedule.
90836	GT	Psytx W Pt W E/M 45 Min	P	\$49.33	\$46.16	Note: Rate varies by program see specific fee schedule.
90837	GT	Psytx W Pt 60 Minutes	P	\$75.28	\$69.93	Note: Rate varies by program see specific fee schedule.
90838	GT	Psytx W Pt W E/M 60 Min	P	\$65.17	\$61.01	Note: Rate varies by program see specific fee schedule.
90839	GT	Psytx Crisis Initial 60 Min	P	\$78.45	\$73.31	Note: Rate varies by program see specific fee schedule.
90840	GT	Psytx Crisis Ea Addl 30 Min	P	\$37.64	\$34.87	Note: Rate varies by program see specific fee schedule.
90846	GT	Family Psytx W/O Pt 50 Min	P	\$65.88	NA	Waiver covered service only
90847	GT	Family Psytx W/Pt 50 Min	P	\$63.00	\$58.64	Note: Rate varies by program see specific fee schedule.
90951	GT	Esrđ Serv 4 Visits P Mo <2yr	P	\$527.54	\$527.54	
90952	GT	Esrđ Serv 2-3 Vsts P Mo <2yr	P	\$527.54	\$527.54	
90954	GT	Esrđ Serv 4 Vsts P Mo 2-11	P	\$454.84	\$454.84	
90955	GT	Esrđ Srv 2-3 Vsts P Mo 2-11	P	\$256.14	\$256.14	
90957	GT	Esrđ Srv 4 Vsts P Mo 12-19	P	\$360.15	\$360.15	
90958	GT	Esrđ Srv 2-3 Vsts P Mo 12-19		\$244.46	\$244.46	
90960	GT	Esrđ Srv 4 Visits P Mo 20+	P	\$158.88	\$158.88	
90961	GT	Esrđ Srv 2-3 Vsts P Mo 20+		\$133.52	\$133.52	
90963	GT	Esrđ Home Pt Serv P Mo <2yrs		\$305.67	\$305.67	
90964	GT	Esrđ Home Pt Serv P Mo 2-11		\$266.84	\$266.84	
90965	GT	Esrđ Home Pt Serv P Mo 12-19	P	\$254.16	\$254.16	
90966	GT	Esrđ Home Pt Serv P Mo 20+		\$133.12	\$133.12	
90967	GT	Esrđ Svc Pr Day Pt <2		\$10.10	\$10.10	
90968	GT	Esrđ Svc Pr Day Pt 2-11	P	\$8.91	\$8.91	
90969	GT	Esrđ Svc Pr Day Pt 12-19		\$8.52	\$8.52	
90970	GT	Esrđ Svc Pr Day Pt 20+		\$4.36	\$4.36	
92227	GT	Remote Dx Retinal Imaging	A	\$7.92	NA	
92228	GT	Remote Retinal Imaging Mgmt	A	\$19.22	NA	
96116	GT	Nubhvl Xm Phys/Qhp 1st Hr	P	\$53.49	\$47.74	Note: Rate varies by program see specific fee schedule.

CPT codes, descriptions and two-digit modifiers are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

**MDHHS**  
**Telemedicine Services Database**  
**January 2019**

<b>HCPCS Code</b>	<b>Mod</b>	<b>Short Description</b>	<b>HCPCS Action Code</b>	<b>Non-Fac Fee</b>	<b>Fac Fee</b>	<b>Comments</b>
96150	GT	Assess Hlth/Behave Init	P	\$9.66	NA	
96151	GT	Assess Hlth/Behave Subseq	P	\$9.51	NA	
96152	GT	Intervene Hlth/Behave Indiv	P	\$8.77	NA	
96153	GT	Intervene Hlth/Behave Group	P	\$2.08	NA	
96154	GT	Interv Hlth/Behav Fam W/Pt	P	\$8.62	NA	Note: Rate varies by program see specific fee schedule.
96160	GT	Pt-Focused Hlth Risk Assmt	P	\$1.78	NA	
96161	GT	Caregiver Health Risk Assmt	P	\$1.78	NA	
97802	GT	Medical Nutrition Indiv In	P	\$22.61	NA	Waiver covered service only
97803	GT	Med Nutrition Indiv Subseq	P	\$19.59	NA	Waiver covered service only
97804	GT	Medical Nutrition Group	P	\$10.33	NA	Waiver covered service only
99201	GT	Office/Outpatient Visit New	P	\$25.55	\$15.06	Note: Rate varies by program see specific fee schedule.
99202	GT	Office/Outpatient Visit New	P	\$42.59	\$28.33	Note: Rate varies by program see specific fee schedule.
99203	GT	Office/Outpatient Visit New	P	\$60.42	\$42.59	Note: Rate varies by program see specific fee schedule.
99204	GT	Office/Outpatient Visit New	P	\$91.72	\$72.11	Note: Rate varies by program see specific fee schedule.
99205	GT	Office/Outpatient Visit New	P	\$115.29	\$94.10	Note: Rate varies by program see specific fee schedule.
99211	GT	Office/Outpatient Visit Est	P	\$12.68	\$5.15	Note: Rate varies by program see specific fee schedule.
99212	GT	Office/Outpatient Visit Est	P	\$25.16	\$14.26	Note: Rate varies by program see specific fee schedule.
99213	GT	Office/Outpatient Visit Est	P	\$41.40	\$28.53	Note: Rate varies by program see specific fee schedule.
99214	GT	Office/Outpatient Visit Est	P	\$60.62	\$43.98	Note: Rate varies by program see specific fee schedule.
99215	GT	Office/Outpatient Visit Est	P	\$81.22	\$62.01	Note: Rate varies by program see specific fee schedule.
99231	GT	Subsequent Hospital Care		NA	\$21.99	
99232	GT	Subsequent Hospital Care	P	NA	\$40.61	
99233	GT	Subsequent Hospital Care	P	NA	\$58.04	
99241	GT	Office Consultation		\$26.55	\$18.23	
99242	GT	Office Consultation		\$49.92	\$38.23	
99243	GT	Office Consultation		\$68.34	\$53.49	
99244	GT	Office Consultation		\$102.22	\$85.98	
99245	GT	Office Consultation		\$124.60	\$106.38	
99251	GT	Inpatient Consultation		NA	\$27.34	
99252	GT	Inpatient Consultation		NA	\$41.80	
99253	GT	Inpatient Consultation		NA	\$64.38	
99254	GT	Inpatient Consultation		NA	\$93.50	
99255	GT	Inpatient Consultation		NA	\$112.52	
99307	GT	Nursing Fac Care Subseq	P	\$24.56	\$24.56	Note: Rate varies by program see specific fee schedule.
99308	GT	Nursing Fac Care Subseq	P	\$38.43	\$38.43	Note: Rate varies by program see specific fee schedule.
99309	GT	Nursing Fac Care Subseq	P	\$51.11	\$51.11	Note: Rate varies by program see specific fee schedule.

CPT codes, descriptions and two-digit modifiers are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

**MDHHS**  
**Telemedicine Services Database**  
**January 2019**

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
99310	GT	Nursing Fac Care Subseq	P	\$75.67	\$75.67	Note: Rate varies by program see specific fee schedule.
99354	GT	Prolong E&M/Psych Serv O/P	P	\$72.70	\$68.15	
99355	GT	Prolong E&M/Psych Serv O/P	P	\$55.47	\$51.51	
99356	GT	Prolonged Service Inpatient	P	NA	\$51.51	
99357	GT	Prolonged Service Inpatient	P	NA	\$51.70	
99406	GT	Behav Chng Smoking 3-10 Min	P	\$8.32	\$6.93	
99407	GT	Behav Chng Smoking > 10 Min	P	\$15.85	\$14.46	
99408	GT	Audit/Dast 15 - 30 Min	P	\$20.01	\$18.62	Note: Rate varies by program see specific fee schedule.
99409	GT	Audit/Dast Over 30 Min	P	\$38.63	\$37.24	Note: Rate varies by program see specific fee schedule.
99495	GT	Trans Care Mgmt 14 Day Disch	P	\$91.52	\$61.61	
99496	GT	Trans Care Mgmt 7 Day Disch	P	\$129.16	\$89.34	
99497	GT	Advncd Care Plan 30 Min	P	\$47.54	\$44.18	
99498	GT	Advncd Care Plan Addl 30 Min		\$41.80	\$41.60	
G0108	GT	Diab Manage Trn Per Indiv	P	\$30.90	NA	
G0109	GT	Diab Manage Trn Ind/Group	P	\$8.52	NA	
G0406	GT	Inpt/Tele Follow Up 15		NA	\$21.59	Service denied without modifier
G0407	GT	Inpt/Tele Follow Up 25		NA	\$40.41	Service denied without modifier
G0408	GT	Inpt/Tele Follow Up 35	P	NA	\$57.85	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	P	\$61.81	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	P	\$14.46	NA	
G0425	GT	Inpt/ED Teleconsult30	P	NA	\$55.67	Service denied without modifier
G0426	GT	Inpt/ED Teleconsult50		NA	\$75.67	Service denied without modifier
G0427	GT	Inpt/ED Teleconsult70	P	NA	\$112.32	Service denied without modifier
G0459	GT	Telehealth Inpt Pharm Mgmt		NA	\$22.98	Service denied without modifier
G0508	GT	Crit Care Telehea Consult 60		NA	\$112.32	Service denied without modifier
G0509	GT	Crit Care Telehea Consult 50		NA	\$108.56	Service denied without modifier
Q3014	GT	Telehealth Facility Fee	P	\$24.06	\$24.06	Service denied without modifier

CPT codes, descriptions and two-digit modifiers are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.