

MDHHS
Telemedicine Services Database
January 2020

Revenue Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine	\$0.00	\$0.00	
HCPSC Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
90785	GT	Psytx Complex Interactive	\$8.52	\$7.73	Note: Rate varies by program see specific fee schedule.
90791	GT	Psych Diagnostic Evaluation	\$79.83	\$70.13	Note: Rate varies by program see specific fee schedule.
90792	GT	Psych Diag Eval W/Med Srvcs	\$88.35	\$78.45	Note: Rate varies by program see specific fee schedule.
90832	GT	Psytx W Pt 30 Minutes	\$39.03	\$35.06	Note: Rate varies by program see specific fee schedule.
90833	GT	Psytx W Pt W E/M 30 Min	\$40.02	\$36.45	Note: Rate varies by program see specific fee schedule.
90834	GT	Psytx W Pt 45 Minutes	\$51.90	\$46.75	Note: Rate varies by program see specific fee schedule.
90836	GT	Psytx W Pt W E/M 45 Min	\$50.71	\$46.16	Note: Rate varies by program see specific fee schedule.
90837	GT	Psytx W Pt 60 Minutes	\$77.66	\$69.93	Note: Rate varies by program see specific fee schedule.
90838	GT	Psytx W Pt W E/M 60 Min	\$66.56	\$60.62	Note: Rate varies by program see specific fee schedule.
90839	GT	Psytx Crisis Initial 60 Min	\$81.02	\$73.10	Note: Rate varies by program see specific fee schedule.
90840	GT	Psytx Crisis Ea Addl 30 Min	\$38.83	\$35.06	Note: Rate varies by program see specific fee schedule.
90846	GT	Family Psytx W/O Pt 50 Min	\$65.88	NA	Note: Rate varies by program see specific fee schedule.
90847	GT	Family Psytx W/Pt 50 Min	\$58.84	\$58.64	Note: Rate varies by program see specific fee schedule.
90951	GT	Esrd Serv 4 Visits P Mo <2yr	\$526.95	\$526.95	
90952	GT	Esrd Serv 2-3 Vsts P Mo <2yr	\$526.95	\$526.95	
90954	GT	Esrd Serv 4 Vsts P Mo 2-11	\$457.02	\$457.02	
90955	GT	Esrd Srv 2-3 Vsts P Mo 2-11	\$257.53	\$257.53	
90957	GT	Esrd Srv 4 Vsts P Mo 12-19	\$362.52	\$362.52	
90958	GT	Esrd Srv 2-3 Vsts P Mo 12-19	\$246.24	\$246.24	
90960	GT	Esrd Srv 4 Visits P Mo 20+	\$159.87	\$159.87	
90961	GT	Esrd Srv 2-3 Vsts P Mo 20+	\$134.31	\$134.31	
90963	GT	Esrd Home Pt Serv P Mo <2yrs	\$306.26	\$306.26	
90964	GT	Esrd Home Pt Serv P Mo 2-11	\$267.83	\$267.83	
90965	GT	Esrd Home Pt Serv P Mo 12-19	\$255.95	\$255.95	
90966	GT	Esrd Home Pt Serv P Mo 20+	\$134.11	\$134.11	
90967	GT	Esrd Svc Pr Day Pt <2	\$10.10	\$10.10	
90968	GT	Esrd Svc Pr Day Pt 2-11	\$8.91	\$8.91	
90969	GT	Esrd Svc Pr Day Pt 12-19	\$8.52	\$8.52	
90970	GT	Esrd Svc Pr Day Pt 20+	\$4.56	\$4.56	
92227	GT	Remote Dx Retinal Imaging	\$7.53	NA	
92228	GT	Remote Retinal Imaging Mgmt	\$19.02	NA	

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96116	GT	Nubhvl Xm Phys/Qhp 1st Hr	\$54.68	\$47.54	Note: Rate varies by program see specific fee schedule.
96156	GT	Hlth Bhv Assmt/Reassessment	\$54.87	\$49.72	Note: Rate varies by program see specific fee schedule.
96158	GT	Hlth Bhv Ivntj Indiv 1st 30	\$37.44	\$33.88	Note: Rate varies by program see specific fee schedule.
96159	GT	Hlth Bhv Ivntj Indiv Ea Addl	\$13.07	\$11.69	Note: Rate varies by program see specific fee schedule.
96160	GT	Pt-Focused Hlth Risk Assmt	\$1.39	NA	
96161	GT	Caregiver Health Risk Assmt	\$1.39	NA	
96164	GT	Hlth Bhv Ivntj Grp 1st 30	\$4.16	\$3.72	Note: Rate varies by program see specific fee schedule.
96165	GT	Hlth Bhv Ivntj Grp Ea Addl	\$1.93	\$1.63	Note: Rate varies by program see specific fee schedule.
96167	GT	Hlth Bhv Ivntj Fam 1st 30	\$30.17	\$27.19	Note: Rate varies by program see specific fee schedule.
96168	GT	Hlth Bhv Ivntj Fam Ea Addl	\$10.70	\$9.66	Note: Rate varies by program see specific fee schedule.
99201	GT	Office/Outpatient Visit New	\$25.55	\$14.86	Note: Rate varies by program see specific fee schedule.
99202	GT	Office/Outpatient Visit New	\$42.39	\$28.33	Note: Rate varies by program see specific fee schedule.
99203	GT	Office/Outpatient Visit New	\$60.02	\$42.39	Note: Rate varies by program see specific fee schedule.
99204	GT	Office/Outpatient Visit New	\$91.72	\$72.50	Note: Rate varies by program see specific fee schedule.
99205	GT	Office/Outpatient Visit New	\$115.89	\$94.69	Note: Rate varies by program see specific fee schedule.
99211	GT	Office/Outpatient Visit Est	\$12.88	\$5.15	Note: Rate varies by program see specific fee schedule.
99212	GT	Office/Outpatient Visit Est	\$25.36	\$14.46	Note: Rate varies by program see specific fee schedule.
99213	GT	Office/Outpatient Visit Est	\$41.80	\$28.72	Note: Rate varies by program see specific fee schedule.
99214	GT	Office/Outpatient Visit Est	\$60.62	\$44.18	Note: Rate varies by program see specific fee schedule.
99215	GT	Office/Outpatient Visit Est	\$81.42	\$62.40	Note: Rate varies by program see specific fee schedule.
99231	GT	Subsequent Hospital Care	NA	\$21.99	
99232	GT	Subsequent Hospital Care	NA	\$40.41	
99233	GT	Subsequent Hospital Care	NA	\$58.24	
99241	GT	Office Consultation	\$26.74	\$18.42	
99242	GT	Office Consultation	\$50.52	\$38.83	
99243	GT	Office Consultation	\$69.14	\$54.28	
99244	GT	Office Consultation	\$103.61	\$87.36	
99245	GT	Office Consultation	\$126.19	\$107.96	
99251	GT	Inpatient Consultation	NA	\$27.93	
99252	GT	Inpatient Consultation	NA	\$42.20	

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99253	GT	Inpatient Consultation	NA	\$65.17	
99254	GT	Inpatient Consultation	NA	\$94.89	
99255	GT	Inpatient Consultation	NA	\$114.11	
99307	GT	Nursing Fac Care Subseq	\$24.56	\$24.56	Note: Rate varies by program see specific fee schedule.
99308	GT	Nursing Fac Care Subseq	\$38.63	\$38.63	Note: Rate varies by program see specific fee schedule.
99309	GT	Nursing Fac Care Subseq	\$50.91	\$50.91	Note: Rate varies by program see specific fee schedule.
99310	GT	Nursing Fac Care Subseq	\$75.08	\$75.08	Note: Rate varies by program see specific fee schedule.
99354	GT	Prolong E&M/Psych Serv O/P	\$72.50	\$68.15	
99355	GT	Prolong E&M/Psych Serv O/P	\$55.07	\$51.31	
99356	GT	Prolonged Service Inpatient	NA	\$51.70	
99357	GT	Prolonged Service Inpatient	NA	\$52.10	
99406	GT	Behav Chng Smoking 3-10 Min	\$8.52	\$6.93	
99407	GT	Behav Chng Smoking > 10 Min	\$15.85	\$14.46	
99408	GT	Audit/Dast 15-30 Min	\$20.21	\$18.82	Note: Rate varies by program see specific fee schedule.
99409	GT	Audit/Dast Over 30 Min	\$39.22	\$37.84	Note: Rate varies by program see specific fee schedule.
99495	GT	Trans Care Mgmt 14 Day Disch	\$103.01	\$68.94	
99496	GT	Trans Care Mgmt 7 Day Disch	\$136.09	\$90.93	
99497	GT	Advncd Care Plan 30 Min	\$47.74	\$44.18	
99498	GT	Advncd Care Plan Addl 30 Min	\$41.80	\$41.60	
G0108	GT	Diab Manage Trn Per Indiv	\$31.30	NA	
G0109	GT	Diab Manage Trn Ind/Group	\$8.72	NA	
G0406	GT	Inpt/Tele Follow Up 15	NA	\$21.79	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	NA	\$57.85	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	\$62.80	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	\$14.66	NA	
G0425	GT	Inpt/Ed Teleconsult30	NA	\$55.86	Service denied without modifier
G0426	GT	Inpt/Ed Teleconsult50	NA	\$75.87	Service denied without modifier
G0427	GT	Inpt/Ed Teleconsult70	NA	\$112.52	Service denied without modifier
G0459	GT	Telehealth Inpt Pharm Mgmt	NA	\$23.38	Service denied without modifier
G0508	GT	Crit Care Telehea Consult 60	NA	\$117.67	Service denied without modifier
G0509	GT	Crit Care Telehea Consult 50	NA	\$108.56	Service denied without modifier
G2086	GT	Off Base Opioid Tx 70min	\$226.82	\$165.41	
G2087	GT	Off Base Opioid Tx, 60 M	\$202.26	\$161.25	
G2088	GT	Off Base Opioid Tx, Add30	\$38.43	\$19.22	
Q3014	GT	Telehealth Facility Fee	\$24.52	\$24.52	Service denied without modifier

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