

Telehealth Services

Coverage expanded effective 3/20/2020

This is a temporary fee schedule and is in effect for as long as the U.S. Department of Health and Human Services Secretary's public health emergency remains in effect. Providers may be reimbursed for procedure codes indicated on this fee schedule via a telehealth mode of delivery.

For reimbursement rates and procedure codes your provider type is authorized to bill please see the appropriate [provider fee schedule](#). For services rendered by behavioral health providers, authorized services are published by the [Division of Behavioral Health](#). For information on licensing as a telehealth provider please see the [Division of Corporations, Business and Professional Licensing](#).

Fee Schedules for Telephone and Online Digital Check-Ins Effective 07/01/2020

| Code | Code Description | Physician Rate | Mid-Level Rate |
|-------|-----------------------------------|----------------|----------------|
| 99441 | Telephone Service 5 – 10 min | \$66.09 | \$56.17 |
| 99442 | Telephone Service 11 – 20 min | \$111.82 | \$95.05 |
| 99443 | Telephone Service 21 – 30 min | \$163.76 | \$139.20 |
| 99421 | Online Dig Service 5 – 10 min | \$23.55 | \$20.02 |
| 99422 | Online Dig Service 11 – 20 min | \$46.91 | \$39.87 |
| 99423 | Online Dig Service 21 min or more | \$75.70 | \$64.35 |

The codes listed on this fee schedule are covered for the following enrolled provider types:

- Advanced Practice Registered Nurse
- Audiologist
- Community Health Aides
- Direct-Entry Midwife
- Optometrist
- Physician
- Physician Assistant
- Podiatrist

Federally Qualified Health Centers and Rural Health Clinic may be reimbursed at their encounter rate for services provided by a rendering provider listed as an included provider type.

Assessment and Management Services

Telephone Services

The following codes are covered for psychologists and LCSWs rendering services in a FQHC and Behavioral Health Aides rendering services under the direction of a physician:

| Code | Code Description |
|-------|-------------------------------|
| 98966 | Telephone Service 5 – 10 min |
| 98967 | Telephone Service 11 – 20 min |
| 98968 | Telephone Service 21 – 30 min |

Online Digital Services

The following codes are covered for Behavioral Health Aides rendering services under the direction of a physician:

| Code | Code Description |
|-------|--------------------------------|
| 98970 | Online Dig Service 5 – 10 min |
| 98971 | Online Dig Service 11 – 20 min |
| 98972 | Online Dig Service 21 – 30 min |

The following pages list covered codes for telehealth services.

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| CPT Code/ Modifier | Code Description | Modifier 95 | Modifier GT | Modifier GQ |
|-----------------------|------------------------------|----------------|----------------|----------------|
| 77427 | RADIATION TX MANAGEMENT X5 | X | X | |
| 90785 | PSYTX COMPLEX INTERACTIVE | X | X | |
| 90791 | PSYCH DIAGNOSTIC EVALUATION | X | X | |
| 90792 | PSYCH DIAG EVAL W/MED SRVCS | X | X | |
| 90832 | PSYTX W PT 30 MINUTES | X | X | |
| 90833 | PSYTX W PT W E/M 30 MIN | X | X | |
| 90834 | PSYTX W PT 45 MINUTES | X | X | |
| 90836 | PSYTX W PT W E/M 45 MIN | X | X | |
| 90837 | PSYTX W PT 60 MINUTES | X | X | |
| 90838 | PSYTX W PT W E/M 60 MIN | X | X | |
| 90839 | PSYTX CRISIS INITIAL 60 MIN | X | X | |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN | X | X | |
| 90845 | PSYCHOANALYSIS | X | X | |
| 90847 | FAMILY PSYTX W/PT 50 MIN | X | X | |
| 90853 | GROUP PSYCHOTHERAPY | X | X | |
| 90863 | PHARMACOLOGIC MGMT W/PSYTX | X | X | |
| 90951 | ESRD SERV 4 VISITS P MO <2YR | X | X | |
| 90952 | ESRD SERV 2-3 VSTS P MO <2YR | X | X | |
| 90954 | ESRD SERV 4 VSTS P MO 2-11 | X | X | |
| 90955 | ESRD SRV 2-3 VSTS P MO 2-11 | X | X | |
| 90957 | ESRD SRV 4 VSTS P MO 12-19 | X | X | |
| 90958 | ESRD SRV 2-3 VSTS P MO 12-19 | X | X | |
| 90960 | ESRD SRV 4 VISITS P MO 20+ | X | X | |
| 90961 | ESRD SRV 2-3 VSTS P MO 20+ | X | X | |
| 90963 | ESRD HOME PT SERV P MO <2YRS | X | X | X |
| 90964 | ESRD HOME PT SERV P MO 2-11 | X | X | X |
| 90965 | ESRD HOME PT SERV P MO 12-19 | X | X | X |
| 90966 | ESRD HOME PT SERV P MO 20+ | X | X | X |

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| CPT Code/ Modifier | Code Description | Modifier 95 | Modifier GT | Modifier GQ |
|-----------------------|------------------------------|----------------|----------------|----------------|
| 90967 | ESRD SVC PR DAY PT <2 | X | X | X |
| 90968 | ESRD SVC PR DAY PT 2-11 | X | X | X |
| 90969 | ESRD SVC PR DAY PT 12-19 | X | X | X |
| 90970 | ESRD SVC PR DAY PT 20+ | X | X | X |
| 92227 | REMOTE DX RETINAL IMAGING | X | X | X |
| 92228 | REMOTE RETINAL IMAGING MGMT | X | X | X |
| 92507 | SPEECH/HEARING THERAPY | X | X | |
| 92508 | SPEECH/HEARING THERAPY | X | X | |
| 92521 | EVALUATION OF SPEECH FLUENCY | X | X | |
| 92522 | EVALUATE SPEECH PRODUCTION | X | X | |
| 92523 | SPEECH SOUND LANG COMPREHEN | X | X | |
| 92524 | BEHAVRAL QUALIT ANALYS VOICE | X | X | |
| 92526 | ORAL FUNCTION THERAPY | X | X | |
| 92550 | TYMPANOMETRY & REFLEX THRESH | X | X | X |
| 92551 | PURE TONE HEARING TEST AIR | X | X | X |
| 92552 | PURE TONE AUDIOMETRY AIR | X | X | X |
| 92553 | AUDIOMETRY AIR & BONE | X | X | X |
| 92555 | SPEECH THRESHOLD AUDIOMETRY | X | X | X |
| 92556 | SPEECH AUDIOMETRY COMPLETE | X | X | X |
| 92557 | COMPREHENSIVE HEARING TEST | X | X | X |
| 92560 | BEKESY AUDIOMETRY SCREEN | X | X | X |
| 92561 | BEKESY AUDIOMETRY DIAGNOSIS | X | X | X |
| 92563 | TONE DECAY HEARING TEST | X | X | X |
| 92565 | STENGER TEST PURE TONE | X | X | X |
| 92567 | TYMPANOMETRY | X | X | X |
| 92568 | ACOUSTIC REFLEX TESTING | X | X | X |
| 92584 | ELECTROCOCHLEOGRAPHY | X | X | X |
| 92585 | AUDITOR EVOKE POTENT COMPRE | X | X | X |
| 92586 | AUDITOR EVOKE POTENT LIMIT | X | X | X |
| 92587 | EVOKED AUDITORY TEST LIMITED | X | X | X |

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|-----------------------|------------------------------|----------------|----------------|----------------|
| 92601 | COCHLEAR IMPLT F/UP EXAM <7 | X | X | X |
| 92602 | REPROGRAM COCHLEAR IMPLT <7 | X | X | X |
| 92603 | COCHLEAR IMPLT F/UP EXAM 7/> | X | X | X |
| 92604 | REPROGRAM COCHLEAR IMPLT 7/> | X | X | X |
| 92605 | EX FOR NONSPEECH DEVICE RX | X | X | |
| 92606 | NON-SPEECH DEVICE SERVICE | X | X | |
| 92607 | EX FOR SPEECH DEVICE RX 1HR | X | X | |
| 92608 | EX FOR SPEECH DEVICE RX ADDL | X | X | |
| 92609 | USE OF SPEECH DEVICE SERVICE | X | X | |
| 92618 | EX FOR NONSPEECH DEV RX ADD | X | X | |
| 92625 | TINNITUS ASSESSMENT | X | X | X |
| 92626 | EVAL AUD FUNCJ 1ST HOUR | X | X | X |
| 92627 | EVAL AUD FUNCJ EA ADDL 15 | X | X | X |
| 92630 | AUD REHAB PRE-LING HEAR LOSS | X | X | X |
| 92633 | AUD REHAB POSTING HEAR LOSS | X | X | X |
| 93228 | REMOTE 30 DAY ECG REV/REPORT | X | X | X |
| 93229 | REMOTE 30 DAY ECG TECH SUPP | X | X | X |
| 93268 | ECG RECORD/REVIEW | X | X | X |
| 93270 | REMOTE 30 DAY ECG REV/REPORT | X | X | X |
| 93271 | ECG/MONITORING AND ANALYSIS | X | X | X |
| 93272 | ECG/REVIEW INTERPRET ONLY | X | X | X |
| 94002 | VENT MGMT INPAT INIT DAY | X | X | |
| 94003 | VENT MGMT INPAT SUBQ DAY | X | X | |
| 94004 | VENT MGMT NF PER DAY | X | X | |
| 96105 | ASSESSMENT OF APHASIA | X | X | |
| 96110 | DEVELOPMENTAL SCREEN W/SCORE | X | X | X |
| 96112 | DEVEL TST PHYS/QHP 1ST HR | X | X | X |
| 96113 | DEVEL TST PHYS/QHP EA ADDL | X | X | X |
| 96116 | NUBHVL XM PHYS/QHP 1ST HR | X | X | |
| 96121 | NUBHVL XM PHY/QHP EA ADDL HR | X | X | |

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|-----------------------|------------------------------|----------------|----------------|----------------|
| 96125 | COGNITIVE TEST BY HC PRO | X | X | X |
| 96130 | PSYCL TST EVAL PHYS/QHP 1ST | X | X | |
| 96131 | PSYCL TST EVAL PHYS/QHP EA | X | X | |
| 96132 | NRPSYC TST EVAL PHYS/QHP 1ST | X | X | |
| 96133 | NRPSYC TST EVAL PHYS/QHP EA | X | X | |
| 96136 | PSYCL/NRPSYC TST PHY/QHP 1ST | X | X | |
| 96137 | PSYCL/NRPSYC TST PHY/QHP EA | X | X | |
| 96146 | PSYCL/NRPSYC TST AUTO RESULT | X | X | |
| 96156 | HLTH BHV ASSMT/REASSESSMENT | X | X | |
| 96158 | HLTH BHV IVNTJ INDIV 1ST 30 | X | X | |
| 96159 | HLTH BHV IVNTJ INDIV EA ADDL | X | X | |
| 96164 | HLTH BHV IVNTJ GRP 1ST 30 | X | X | |
| 96165 | HLTH BHV IVNTJ GRP EA ADDL | X | X | |
| 96167 | HLTH BHV IVNTJ FAM 1ST 30 | X | X | |
| 96168 | HLTH BHV IVNTJ FAM EA ADDL | X | X | |
| 97110 | THERAPEUTIC EXERCISES | X | X | |
| 97112 | NEUROMUSCULAR REEDUCATION | X | X | |
| 97116 | GAIT TRAINING THERAPY | X | X | |
| 97129 | THER IVNTJ 1ST 15 MIN | X | X | X |
| 97130 | THER IVNTJ EA ADDL 15 MIN | X | X | X |
| 97150 | GROUP THERAPEUTIC PROCEDURES | X | X | |
| 97151 | BHV ID ASSMT BY PHYS/QHP | | X | |
| 97155 | ADAPT BEHAVIOR TX PHYS/QHP | | X | |
| 97156 | FAM ADAPT BHV TX GDN PHY/QHP | | X | |
| 97161 | PT EVAL LOW COMPLEX 20 MIN | X | X | |
| 97162 | PT EVAL MOD COMPLEX 30 MIN | X | X | |
| 97163 | PT EVAL HIGH COMPLEX 45 MIN | X | X | |
| 97164 | PT RE-EVAL EST PLAN CARE | X | X | |
| 97165 | OT EVAL LOW COMPLEX 30 MIN | X | X | |
| 97166 | OT EVAL MOD COMPLEX 45 MIN | X | X | |

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|-----------------------|------------------------------|----------------|----------------|----------------|
| 97167 | OT EVAL HIGH COMPLEX 60 MIN | X | X | |
| 97168 | OT RE-EVAL EST PLAN CARE | X | X | |
| 97530 | THERAPEUTIC ACTIVITIES | X | X | |
| 97533 | SENSORY INTEGRATION | X | X | |
| 97535 | SELF CARE MNGMT TRAINING | X | X | |
| 97755 | ASSISTIVE TECHNOLOGY ASSESS | X | X | |
| 97760 | ORTHOTIC MGMT&TRAING 1ST ENC | X | X | |
| 97763 | ORTHC/PROSTC MGMT SBSQ ENC | X | X | |
| 97802 | MEDICAL NUTRITION INDIV IN | X | X | X |
| 97803 | MED NUTRITION INDIV SUBSEQ | X | X | X |
| 99201 | OFFICE/OUTPATIENT VISIT NEW | X | X | X |
| 99202 | OFFICE/OUTPATIENT VISIT NEW | X | X | X |
| 99203 | OFFICE/OUTPATIENT VISIT NEW | X | X | X |
| 99204 | OFFICE/OUTPATIENT VISIT NEW | X | X | X |
| 99205 | OFFICE/OUTPATIENT VISIT NEW | X | X | X |
| 99211 | OFFICE/OUTPATIENT VISIT EST | X | X | X |
| 99212 | OFFICE/OUTPATIENT VISIT EST | X | X | X |
| 99213 | OFFICE/OUTPATIENT VISIT EST | X | X | X |
| 99214 | OFFICE/OUTPATIENT VISIT EST | X | X | X |
| 99215 | OFFICE/OUTPATIENT VISIT EST | X | X | X |
| 99217 | OBSERVATION CARE DISCHARGE | X | X | X |
| 99218 | INITIAL OBSERVATION CARE | X | X | X |
| 99219 | INITIAL OBSERVATION CARE | X | X | X |
| 99220 | INITIAL OBSERVATION CARE | X | X | X |
| 99221 | INITIAL HOSPITAL CARE | X | X | X |
| 99222 | INITIAL HOSPITAL CARE | X | X | X |
| 99223 | INITIAL HOSPITAL CARE | X | X | X |
| 99224 | SUBSEQUENT OBSERVATION CARE | X | X | X |
| 99225 | SUBSEQUENT OBSERVATION CARE | X | X | X |
| 99226 | SUBSEQUENT OBSERVATION CARE | X | X | X |

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|-----------------------|----------------------------|----------------|----------------|----------------|
| 99231 | SUBSEQUENT HOSPITAL CARE | X | X | X |
| 99232 | SUBSEQUENT HOSPITAL CARE | X | X | X |
| 99233 | SUBSEQUENT HOSPITAL CARE | X | X | X |
| 99234 | OBSERV/HOSP SAME DATE | X | X | X |
| 99235 | OBSERV/HOSP SAME DATE | X | X | X |
| 99236 | OBSERV/HOSP SAME DATE | X | X | X |
| 99238 | HOSPITAL DISCHARGE DAY | X | X | X |
| 99239 | HOSPITAL DISCHARGE DAY | X | X | X |
| 99241 | OFFICE CONSULTATION | X | X | X |
| 99242 | OFFICE CONSULTATION | X | X | X |
| 99243 | OFFICE CONSULTATION | X | X | X |
| 99244 | OFFICE CONSULTATION | X | X | X |
| 99245 | OFFICE CONSULTATION | X | X | X |
| 99251 | INPATIENT CONSULTATION | X | X | X |
| 99252 | INPATIENT CONSULTATION | X | X | X |
| 99253 | INPATIENT CONSULTATION | X | X | X |
| 99254 | INPATIENT CONSULTATION | X | X | X |
| 99255 | INPATIENT CONSULTATION | X | X | X |
| 99281 | EMERGENCY DEPT VISIT | X | X | |
| 99282 | EMERGENCY DEPT VISIT | X | X | |
| 99283 | EMERGENCY DEPT VISIT | X | X | |
| 99284 | EMERGENCY DEPT VISIT | X | X | |
| 99285 | EMERGENCY DEPT VISIT | X | X | |
| 99291 | CRITICAL CARE FIRST HOUR | X | X | X |
| 99292 | CRITICAL CARE ADDL 30 MIN | X | X | X |
| 99304 | NURSING FACILITY CARE INIT | X | X | X |
| 99305 | NURSING FACILITY CARE INIT | X | X | X |
| 99306 | NURSING FACILITY CARE INIT | X | X | X |
| 99307 | NURSING FAC CARE SUBSEQ | X | X | X |
| 99308 | NURSING FAC CARE SUBSEQ | X | X | X |

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|-----------------------|------------------------------|----------------|----------------|----------------|
| 99309 | NURSING FAC CARE SUBSEQ | X | X | X |
| 99310 | NURSING FAC CARE SUBSEQ | X | X | X |
| 99315 | NURSING FAC DISCHARGE DAY | X | X | X |
| 99316 | NURSING FAC DISCHARGE DAY | X | X | X |
| 99354 | PROLONG E&M/PSYCTX SERV O/P | X | X | X |
| 99355 | PROLONG E&M/PSYCTX SERV O/P | X | X | X |
| 99366 | TEAM CONF W/PAT BY HC PROF | X | X | |
| 99368 | TEAM CONF W/O PAT BY HC PRO | X | X | |
| 99408 | AUDIT/DAST 15-30 MIN | X | X | X |
| 99409 | AUDIT/DAST OVER 30 MIN | X | X | X |
| 99468 | NEONATE CRIT CARE INITIAL | X | X | X |
| 99469 | NEONATE CRIT CARE SUBSQ | X | X | X |
| 99471 | PED CRITICAL CARE INITIAL | X | X | X |
| 99472 | PED CRITICAL CARE SUBSQ | X | X | X |
| 99475 | PED CRIT CARE AGE 2-5 INIT | X | X | X |
| 99476 | PED CRIT CARE AGE 2-5 SUBSQ | X | X | X |
| 99477 | INIT DAY HOSP NEONATE CARE | X | X | X |
| 99478 | IC LBW INF < 1500 GM SUBSQ | X | X | X |
| 99479 | IC LBW INF 1500-2500 G SUBSQ | X | X | X |
| 99480 | IC INF PBW 2501-5000 G SUBSQ | X | X | X |
| 99485 | SUPRV INTERFACILTY TRANSPORT | X | X | X |
| 99486 | SUPRV INTERFAC TRNSPORT ADDL | X | X | X |
| H2011 | CRISIS INTERVEN SVC, 15 MIN | | X | |
| H2015 | COMP COMM SUPP SVC, 15 MIN | | X | |
| V5362 | SPEECH SCREENING | X | X | X |
| V5363 | LANGUAGE SCREENING | X | X | X |
| V5364 | DYSYPHAGIA SCREENING | X | X | X |

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