

January 2012 Telemedicine Allowable Code List (GT Modifier)

Eff. Date	End Date	Service Code	Modifier	Description of Service	Provider Type												Allowed by ADHS / DBHS	Allowed by Medicare	
					08	11	18	19	31	72	73	77	85	86	87	A4			A6
1/1/10*		99233		Subsequent hospital care, per day - High complexity	x		x	x	x		x							YES	YES
1/1/92		99241		Office Consultation ~ 15 min	x		x	x	x		x							YES	YES
1/1/92		99242		Office Consultation - Expanded	x		x	x	x		x							YES	YES
1/1/92		99243		Office Consultation - Detailed ~40 min	x		x	x	x		x							YES	YES
1/1/92		99244		Office Consultation - Comprehensive ~60 min	x		x	x	x		x							YES	YES
1/1/92		99245		Office Consultation - High Severity ~80 min	x		x	x	x		x							YES	YES
1/1/92		99251		Initial Inpatient Consultation ~20 min	x		x	x	x		x							YES	YES
1/1/92		99252		Initial Inpatient Consultation - Expanded	x		x	x	x		x							YES	YES
1/1/92		99253		Initial Inpatient Consultation - Detailed	x		x	x	x		x							YES	YES
1/1/92		99254		Initial Inpatient Consultation - Comprehensive	x		x	x	x		x							YES	YES
1/1/92		99255		Initial Inpatient Consultation - High Complexity	x		x		x		x							YES	YES
1/1/92		99281		Emergency Dept Visit - minor prob.	x		x	x	x		x							NO	NO
1/1/92		99282		Emergency Dept Visit - low/moderate prob.	x		x	x	x		x							NO	NO
1/1/92		99283		Emergency Dept Visit - moderate severity	x		x	x	x		x							NO	NO
1/1/92		99284		Emergency Dept Visit - high severity (45 min)	x		x	x	x		x							NO	NO
1/1/92		99285		Emergency Dept Visit - high complexity	x		x	x	x		x							NO	NO
1/1/11		99307		Subsequent Nursing Facility Care, straightforward	x		x	x	x		x							NO	YES
1/1/11		99308		Subsequent Nursing Facility Care, low complexity	x		x	x	x		x							NO	YES
1/1/11		99309		Subsequent Nursing Facility Care, med complexity	x		x	x	x		x							NO	YES
1/1/11		99310		Subsequent Nursing Facility Care, high complexity	x		x	x	x		x							NO	YES
1/1/92		99341		Home Visit, new patient - Low Severity ~30 min	x		x	x	x		x							NO	NO
1/1/92		99342		Home Visit, new patient - Moderate Severity ~30 min	x		x	x	x		x							NO	NO
1/1/92		99343		Home Visit, new patient - High Severity ~45 min	x		x	x	x		x							NO	NO
1/1/92		99344		Home Visit, new patient - Moderate Complexity	x		x	x	x		x							NO	NO
1/1/92		99345		Home Visit, new patient - High Complexity	x		x	x	x		x							NO	NO
1/1/92		99347		Home Visit, est. patient - Straitforward Decision Making	x		x	x	x		x							NO	NO
1/1/92		99348		Home Visit, est. patient - Low Complexity DM	x		x	x	x		x							NO	NO
1/1/92		99349		Home Visit, est. patient - Moderate Complexity DM	x		x	x	x		x							NO	NO
1/1/92		99350		Home Visit, est. patient - Mod/High Complexity DM	x		x	x	x		x							NO	NO
1/1/94		99354		Prolonged physician service; first hour	x		x	x	x		x							YES	NO
1/1/94		99355		Prolonged physician service; each add'l 30 min	x		x	x	x		x							YES	NO
1/1/94		99356		Prolonged physician service - inpatient; first hour	x		x	x	x		x							NO	NO
1/1/94		99357		Prolonged physician service - inpatient; each add'l 30	x		x	x	x		x							NO	NO
1/1/94		99358		Prolonged evaluation and mgmt; first hour	x		x	x	x		x							YES	NO
1/1/94		99359		Prolonged evaluation and mgmt; each add'l 30 min	x		x	x	x		x							YES	NO
10/1/03		H0002		Behav Health Screening /determine elig for admit							x	x	x	x	x	x	x	YES	NO
10/1/03		H0004		Office Counseling/Therapy - individual							x	x	x	x	x	x		YES	NO
10/1/03		H0004	HR	Office Counseling/Therapy - family w/client							x	x	x	x	x	x		YES	NO
10/1/03		H0004	HS	Office Counseling/Therapy - family w/o client							x	x	x	x	x	x		YES	NO
10/1/03		H0031		Mental Health Assessment by non-physician ~ 30 min							x	x	x	x	x		x	YES	NO
10/1/03		H0034		Med Training and Support per 15 min							x	x	x	x	x	x	x	YES	NO
10/1/03		T1016	HO	Office Case Mgmt by Behav Health Pro, ea 15 min							x	x	x	x	x	x		YES	NO
10/1/03		T1016	HN	Office Case Mgmt, ea 15 min							x	x	x					YES	NO

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NEVER ALLOWED AS "TELEMEDICINE" -- DO NOT ADD "GT" MODIFIER TO THESE CODES

90849		Multiple family group psychotherapy (per family)	x	x	x	x	x		x			M	M	M			NO	NO
90853		Group Psychotherapy	x	x	x	x	x		x			M	M	M			NO	NO
90885		Psych Eval of Reports/Data															NO	NO
90889		Report Preparation	x	x	x	x	x		x								NO	NO
90899		Ulisted Psych. Service/Procedure	x	x	x	x	x		x								NO	NO
99221		Initial hospital care, per day - Low severity	x		x	x	x		x								NO	NO
99222		Initial hospital care, per day - Moderate severity	x		x	x	x		x								NO	NO
99223		Initial hospital care, per day - High severity	x		x	x	x		x								NO	NO
99233		Subsequent hospital care, per day - High complexity	x		x	x	x		x								NO	NO
99441		Telephone eval and management service to an established patient, parent or guardian; 5-10 min. of medical discussion	x	*	x	x	x		x								NO	NO
99442		[same as above]; 11-20 min of medical discussion	x	*	x	x	x		x								NO	NO
99443		[same as above]; 21-30 min of medical discussion	x	*	x	x	x		x								NO	NO

COLOR CODE

	NOT ALLOWED BY MEDICARE
	NOT ALLOWED BY MEDICARE NOR ADHS/DBHS
	Retired Code
	NEW ADDITIONS

Code	Provider Type
08	Physician
11	Psychologist
18	Physician Assistant
19	Nurse Practitioner
31	DO-Physician Osteopath
72	TRBHA/RBHA
73	Out of State 1 Time Provider
85	Licensed Clinical Social Worker
86	Licensed Marriage/Family Therapist
87	Licensed Professional Counselor
A4	Licensed Independent Substance Abuse Counselor (LISAC)
A6	Rural Substance Abuse Transitional Center

NOTE: M = Procedure may only be billed by these provider types if Medicare has paid the claim