

January 2009 Telemedicine Allowable Code List (GT Modifier)

Effective Date	End Date	Service Code	Modifier	Description of Service	Provider Type	Allowed by ADHS / DBHS	Allowed by Medicare
10/1/03		90801		Psychiatric Diagnostic Interview Exam	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	YES
10/1/03		90804		Individual Psychotherapy 20-30 min	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	YES
1/1/98		90805		Individual Therapy 20-30 min w/ Med Eval	08, 18, 19, 31, 73	YES	YES
10/1/03		90806		Individual Therapy 45-50 min	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	YES
1/1/98		90807		Individual Therapy 45-50 min w/ Med Eval	08, 18, 19, 31, 73	YES	YES
10/1/03		90808		Individual Therapy 75-80 min	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	YES
1/1/98		90809		Individual Therapy 75-80 min w/ Med Eval	08, 18, 19, 31, 73	YES	YES
10/1/03		90810		Individual Therapy 20-30 min Nonverbal	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	NO
1/1/98		90811		Individual Therapy 20-30 min Nonverbal w/ Med Eval	08, 18, 19, 31, 73	YES	NO
10/1/03		90812		Individual Therapy 45-50 min Nonverbal	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	NO
1/1/98		90813		Individual Therapy 45-50 min Nonverbal w/ Med Eval	08, 18, 19, 31, 73	YES	NO
10/1/03		90814		Individual Therapy 75-80 min Nonverbal	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	NO
1/1/98		90815		Individual Therapy 75-80 min Nonverbal w/ Med Eval	08, 18, 19, 31, 73	YES	NO
10/1/03		90816		Individual Therapy Hosp/Res 20-30 min	08, 11, 18, 19, 31, 73	YES	NO
1/1/98		90817		Individual Therapy Hosp/Res 20-30 w/ Med Eval	08, 18, 19, 31, 73	YES	NO
10/1/03		90818		Individual Therapy Hosp/Res 45-50 min	08, 11, 18, 19, 31, 73	YES	NO
1/1/98		90819		Individual Therapy Hosp/Res 45-50 min w/ Med Eval	08, 18, 19, 31, 73	YES	NO
10/1/03		90821		Individual Therapy Hosp/Res 75-80 min	08, 11, 18, 19, 31, 73	YES	NO
1/1/98		90822		Individual Therapy Hosp/Res 75-80 min w/ Med Eval	08, 18, 19, 31, 73	YES	NO
10/1/92		90845		Medical Psychoanalysis	08, 31, 73	YES	NO
10/1/03		90846		Family Psychotherapy without Patient	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	NO
10/1/03		90847		Family Psychotherapy with Patient	08, 11, 18, 19, 31, 73, 85M, 86M, 87M	YES	NO
12/1/91		90862		Pharmacologic Mgmt.	08, 18, 19, 31, 73	YES	YES
10/1/03		90882		Environmental Intervention	08, 11, 18, 19, 31, 73	YES	NO
10/1/03		90887		Results Explanation/Interpretation	08, 11, 18, 19, 31, 73	YES	NO
1/1/06		96101		Psych Testing, Interpretation, Report 1hr	08, 11, 31, 73	YES	NO
1/1/06		96102		Psych Testing, Admin by Tech 1 hr	08, 11, 31, 73	YES	NO
1/1/06		96103		Psych Testing, Admin by Computer 1hr	08, 11, 31, 73	YES	NO
1/1/06		96116		Neurobehav Status Exam, Interp, Report, Psych or MD	08, 11, 31, 73	YES	NO
1/1/06		96118		Neuropsych Testing, Interpretation, Report 1hr	08, 11, 31, 73	YES	NO
1/1/06		96119		Neuropsych Testing, Admin by Tech 1hr	08, 11, 31, 73	YES	NO
1/1/06		96120		Neuropsych Testing, Admin by Computer	08, 11, 31, 73	YES	NO
1/1/92		99201		New Outpatient Eval	08, 18, 19, 31, 73	YES	YES
1/1/92		99202		New Outpatient Eval - Expanded	08, 18, 19, 31, 73	YES	YES
1/1/92		99203		New Outpatient Eval - Detailed	08, 18, 19, 31, 73	YES	YES
1/1/92		99204		New Outpatient Eval - Comprehensive	08, 18, 19, 31, 73	YES	YES
1/1/92		99205		New Outpatient Eval - High Complexity	08, 18, 19, 31, 73	YES	YES
1/1/92		99211		Existing Outpatient Visit - 5-10 min.	08, 11, 18, 19, 31, 73	YES	YES
1/1/92		99212		Existing Outpatient Visit - Problem-focused	08, 18, 19, 31, 73	YES	YES
1/1/92		99213		Existing Outpatient Visit - Expanded	08, 18, 19, 31, 73	YES	YES
1/1/92		99214		Existing Outpatient Visit - Detailed	08, 18, 19, 31, 73	YES	YES
1/1/92		99215		Existing Outpatient Visit - Comprehensive	08, 18, 19, 31, 73	YES	YES
1/1/92		99241		Office Consultation ~ 15 min	08, 18, 19, 31, 73	YES	YES

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1/1/92		99242		Office Consultation - Expanded	08, 18, 19, 31, 73	YES	YES
1/1/92		99243		Office Consultation - Detailed ~40 min	08, 18, 19, 31, 73	YES	YES
1/1/92		99244		Office Consultation - Comprehensive ~60 min	08, 18, 19, 31, 73	YES	YES
1/1/92		99245		Office Consultation - High Severity ~80 min	08, 18, 19, 31, 73	YES	YES
1/1/92		99251		Initial Inpatient Consultation ~20 min	08, 18, 19, 31, 73	YES	YES
1/1/92		99252		Initial Inpatient Consultation - Expanded	08, 18, 19, 31, 73	YES	YES
1/1/92		99253		Initial Inpatient Consultation - Detailed	08, 18, 19, 31, 73	YES	YES
1/1/92		99254		Initial Inpatient Consultation - Comprehensive	08, 18, 19, 31, 73	YES	YES
1/1/92		99255		Initial Inpatient Consultation - High Complexity	08, 18, 31, 73	YES	YES
1/1/94		99354		Prolonged physician service; first hour	08, 18, 19, 31, 73	YES	NO
1/1/94		99355		Prolonged physician service; each add'l 30 min	08, 18, 19, 31, 73	YES	NO
1/1/94		99358		Prolonged evaluation and mgmt; first hour	08, 18, 19, 31, 73	YES	NO
1/1/94		99359		Prolonged evaluation and mgmt; each add'l 30 min	08, 18, 19, 31, 73	YES	NO
10/1/03		H0002		Behav Health Screening /determine elig for admit	72, 73, 77, 85, 86, 87, A4, A6	YES	NO
10/1/03		H0004		Office Counseling/Therapy - individual	73, 77, 85, 86, 87, A4	YES	NO
10/1/03		H0004	HR	Office Counseling/Therapy - family w/client	73, 77, 85, 86, 87, A4	YES	NO
10/1/03		H0004	HS	Office Counseling/Therapy - family w/o client	73, 77, 85, 86, 87, A4	YES	NO
10/1/03		H0031		Mental Health Assessment by non-physician ~ 30 min	72, 73, 77, 85, 86, 87, A6	YES	NO
10/1/03		H0034		Med Training and Support per 15 min	72, 73, 77, 85, 86, 87, A4, A6	YES	NO
10/1/03		T1016	HO	Office Case Mgmt by Behav Health Pro, ea 15 min	72, 73, 77, 85, 86, 87, A4	YES	NO
10/1/03		T1016	HN	Office Case Mgmt, ea 15 min	72, 73, 77	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)		NO	NO
90853				Group Psychotherapy		NO	NO
90885				Psych Eval of Reports/Data		NO	NO
90889				Report Preparation		NO	NO
90899				Ulisted Psych. Service/Procedure		NO	NO
99221				Initial hospital care, per day - Low severity		NO	NO
99222				Initial hospital care, per day - Moderate severity		NO	NO
99223				Initial hospital care, per day - High severity		NO	NO
99231				Subsequent hospital care, per day - Low complexity		NO	NO
99232				Subsequent hospital care, per day - Moderate complexity		NO	NO
99233				Subsequent hospital care, per day - High complexity		NO	NO
99441				Telephone eval and management service to an established patient, parent or guardian; 5-10 min. of medical discussion	08, 11, 18, 19, 31, 73	NO	NO
99442				[same as above]; 11-20 min of medical discussion	08, 18, 31, 73	NO	NO
99443				[same as above]; 21-30 min of medical discussion	08, 11, 18, 19, 31, 73	NO	NO

COLOR CODE



NOT ALLOWED BY MEDICARE

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