



## Telemental Health Services Reimbursement Policy - Medicaid

### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.*

*Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members.*

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates.** *It is expected that all participating providers will only bill services included within their existing contract provisions as it relates to procedure coding. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

*Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.*

*Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.*

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#### Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms or its electronic equivalent (i.e., 837p) and for claims submitted online through provider portals. This policy applies to Medicaid products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

#### Policy Overview

This policy describes reimbursement for telehealth/telemedicine and virtual health services. For the purpose of understanding the terms in this policy, telehealth/telemedicine and virtual health occur when the physician or other qualified health care professional and the patient are not at the same site. Telehealth/telemedicine services only includes live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology. The terms Telemental, Telehealth and Telemedicine are used interchangeably in this policy.

## Reimbursement Guidelines

Optum will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GQ or GT, or G0 (numeric zero, not alpha O) for Telehealth services, as well as services recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95.

Optum behavioral health considers an eligible provider to deliver Telehealth services as:

- Be legally authorized and hold a valid license to provide mental health and/or substance abuse services in the State where the member is receiving services; and
- Perform services within the scope of his/her license as defined by State law.

Optum recognizes federal and state mandates regarding Telemental Health Services

In addition, Optum recognizes certain additional services which can be effectively performed via telehealth/telemedicine. These codes will be considered for reimbursement when reported with modifier GQ or GT:

- Alcohol and/or substance abuse screening and brief intervention services
- Remote real-time interactive video-conferenced critical care evaluation and management (E/M) of the critically ill or critically injured patient

Optum may consider one of the following modifiers to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth. Optum will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately modifiers GT, GQ, G0, or 95.

Optum recognizes the CMS-designated Originating Sites which are considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

Examples of Originating Sites are listed below:

- The office of a physician or practitioner
- A Hospital (inpatient or outpatient)
- A Critical access hospital (CAH)
- A Rural health clinic (RHC)
- A Federally qualified health center (FQHC)
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A Skilled nursing facility (SNF)
- A Community mental health center (CMHC)
- Patient home – for purposes of treatment of a substance use disorder or a co-occurring mental health disorder to an individual with a substance use disorder diagnosis

Optum recognizes the CMS-designated practitioners eligible to be reimbursed for Telehealth services:

Examples of practitioners are listed below:

- Physician
- Nurse practitioner



- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists
- Mental Health Counselors
- Licensed Marriage & Family Therapists

**Telephone Services**

Optum follows CMS guidelines and considers reimbursement for mental health telephone services charges 98966-98968 or 99441-99443.

**Interprofessional Telephone/Internet/Electronic Health Record Consultations**

Optum follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported by consultative physicians with CPT codes 99446-99449 and 99451 eligible for reimbursement according to the CMS PFS.

**Opioid Use Disorder Treatment**

Optum follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders, G2086-G2088, eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

**State Exceptions**

<b>Arizona</b>	AHCCCS has a State specific Telehealth/virtual health code list which allows a FQ, GT or GQ modifier and the POS as the originating site. CPT codes 99441, 99442, 99443, 98966, 98967 and 98968 billed with modifier GT are reimbursable for Behavioral Health Providers.
<b>California</b>	Please see Attachment section for California’s state specific list of telehealth codes that are reimbursable when billed with modifier GQ and/or 95 Per state regulations, CPT 99451 is reimbursable when billed with modifier GQ
<b>Colorado</b>	Per Colorado Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services.
<b>Florida</b>	Per state requirements, Modifier GT must be appended to all Telehealth/virtual health codes. Claim lines with Modifier 95 or GQ will deny. Per state requirements, CPT codes H0001, H0031, H0046, H0047, H1000, H1001, H2000, H2010, H2019 and T1015 when billed with Modifier GT are reimbursable for FLMMA. Per state requirements, COVID vaccines are not payable in POS 02 or 10.



<p><b>Hawaii</b></p>	<p>During the COVID-19 PHE, use the POS that the service would have been rendered with the applicable modifier 95, GQ, GT, when appropriate. Effective date is 3/1/2020 through the end of the COVID-19 PHE. See the Attachment section for Hawaii’s state list.</p>
<p><b>Indiana</b></p>	<p>Indiana Medicaid has three separate state specific lists of codes:</p> <ul style="list-style-type: none"> <li>• One allowed in a Telehealth place of service (02 or 10 with modifier 93)</li> <li>• One allowed in a Telehealth place of service (02 with modifier 95)</li> <li>• One allowed in a Telehealth place of service (02 or 10 with modifier 95)</li> </ul> <p>The state of Indiana defines the following:</p> <ul style="list-style-type: none"> <li>• Modifier GT is considered informational only and not required.</li> <li>• The state considers “Telehealth” as a scheduled remote monitoring of clinical data through technologic equipment in the member’s home.</li> <li>• Any IHCP-covered service – aside from the exclusions listed by the state and speech, occupational, and physical therapies – can be provided through audio-only, given that the service can reasonably be provided through audio only communication.</li> </ul> <p>Exclusions include surgical procedures, radiological services, laboratory services, anesthesia services, audiological services, chiropractor services, care coordination without the member present and durable medical equipment (DME)/home medical equipment (HME) providers.</p>
<p><b>Kansas</b></p>	<p>Per state requirements, Kansas Medicaid:</p> <ul style="list-style-type: none"> <li>• Has two separate state specific lists of codes: One allowed in a Telehealth place of service (02), and one allowed in a Telehealth place of service (10).</li> <li>• HCPCS H0031 denies in Telehealth place of services when billed without modifier HO.</li> <li>• HCPCS H0032 denies in Telehealth place of services when billed without modifier HA.</li> <li>• Modifier GT is considered informational only and not required.</li> </ul>
<p><b>Maryland</b></p>	<ul style="list-style-type: none"> <li>• Per State Regulations, the delivery of Telehealth/virtual health eligible services must be reported with Modifier GT.</li> <li>• Providers are required to bill the same place of service code that would be appropriate for a non-Telehealth claim, based on the location of the provider rendering services.</li> <li>• Telehealth/virtual health eligible services are</li> </ul>



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	<p>reimbursable when delivered in a home setting (POS 12).</p> <ul style="list-style-type: none"> <li>• SBHC (School Based Health Centers) are required to use POS 03 (School) with Modifier GT when reporting the delivery of Telehealth/virtual health eligible services.</li> <li>• Maryland Medicaid does not recognize POS 02 or 10 (Telehealth) nor Telehealth/virtual health Modifiers 95 or GQ and will deny if billed.</li> <li>• CPT code 99600 with modifier GT is only payable in POS 12.</li> </ul>
<b>Massachusetts</b>	Per state requirements, COVID vaccines are not payable in POS 02 or 10.
<b>Michigan</b>	<ul style="list-style-type: none"> <li>• MI Medicaid does not allow modifier GT for Telehealth/virtual health services.</li> <li>• Please see Attachment section for Michigan's state specific list of Telehealth/virtual health codes that are reimbursable when billed with modifier 93 and 95.</li> <li>• Place of service 02 and 10 are no longer allowed for Telehealth virtual communication. Provider should now bill with the POS that they would have used if beneficiary was being seen in person.</li> </ul>
<b>Minnesota</b>	Per Minnesota, all Telehealth/Virtual health services must be billed with a 93 modifier along with POS 02 or 10.
<b>Mississippi</b>	<ul style="list-style-type: none"> <li>• CPT code S9470 billed with the GT modifier is reimbursable for MSCAN.</li> <li>• CPT code S9110 billed with the U9 modifier is reimbursable for MSCAN.</li> <li>• Mississippi Medicaid has a state specific list of codes that are allowed with modifiers: G0, GQ, and GT.</li> <li>• MS Medicaid does not recognize modifier 95 for telehealth.</li> </ul>
<b>Missouri</b>	<ul style="list-style-type: none"> <li>• Missouri Medicaid has a state specific list of codes allowed in place of service 02. Modifiers 95, G0, GQ, and GT are not allowed for billing purposes, except in POS 02 (Telehealth) and 03 (school). See the Attachment section for Missouri's state list.</li> <li>• MO Medicaid does not recognize POS 10</li> </ul>
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>• Nebraska Medicaid has a state specified list of codes allowed in a Telehealth place of service (02) &amp; Place of service (10).</li> <li>• All audio/visual telemedicine services must be billed with modifier 95</li> <li>• All audio-only telemedicine services must be billed with modifier 93</li> </ul>
<b>New York</b>	Per state requirements, New York Medicaid: COVID vaccines are not payable in POS 02 or 10.
<b>North Carolina</b>	According to State Regulations, North Carolina requires modifier GT for certain virtual health services. Please see

	<p>Attachment section for the North Carolina state specific list of Telehealth codes that will allow a GT modifier. The following codes are not covered for Telehealth: G2010, 99451-99452, G2068-G2088, and 99091. NC Medicaid will allow codes 99441-99443, 99474, G0071, and T1015 without a GT modifier. Q3014 submitted with a GT modifier is allowed.</p> <p>State specialty limitations to include provider types listed within this policy as well as the following:</p> <ul style="list-style-type: none"> <li>• Licensed Professional Counselor</li> <li>• Licensed Mental Health Counselor and other Master’s Level licensed types</li> <li>• Licensed Clinical Alcohol and Drug Counselor</li> <li>• Certified Applied Behavioral Analysis practitioner</li> <li>• Licensed Marriage and Family Therapist</li> </ul> <p>Telehealth, virtual communication, and remote patient monitoring claims should be filed with the provider’s usual place of service code(s) and not place of service 02 (Telehealth); if billed, will deny.</p> <ul style="list-style-type: none"> <li>• Exception: Hybrid telehealth with supporting home visits should be filed with place of service 12 (home).</li> </ul>
<p><b>Ohio</b></p>	<p>According to State Regulations, the following are reimbursable:</p> <ul style="list-style-type: none"> <li>• CPT codes H0031, 90863, and S9484 billed with modifier GT for Ohio MME</li> <li>• CPT codes 99202-99215, 99241-99245, 99251-99255, 92002, 92004, 92012, 92014 billed with GQ modifier for Ohio Medicaid and Ohio MME</li> <li>• CPT codes 90804-90858, 90863, 96118, H0001, H0004, H0005, H0006, and H0036 billed with GT modifier for Ohio Medicaid and Ohio MME</li> <li>• CPT codes 90792, 90833, 90836 and 90838 are reimbursable for OH MMP</li> <li>• CPT codes G2012, 99441, 99442, and 99443 are reimbursable for pharmacists to bill as telehealth for OHIO Medicaid and OHIO MMEP</li> <li>• OH Medicaid has a state specific list of codes. See the Attachment section for Ohio’s state list.</li> </ul>
<p><b>Pennsylvania</b></p>	<p>Per Pennsylvania Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services.</p>
<p><b>Rhode Island</b></p>	<p>Per state regulations, RICAID allows code T1017, H0046, T1016, T1024, H2000, T1023, and T1027, reimbursable when billed with modifier GT. Per state requirements, COVID vaccines are not payable in</p>



	POS 02 or 10.
<b>Tennessee</b>	Per TN Legislation, Telehealth is covered when delivered by any medical and behavioral health care professional — with 2 exclusions: <ul style="list-style-type: none"> <li>• Pain Management Clinics</li> <li>• Chronic nonmalignant pain treatment service</li> </ul>
<b>Texas</b>	<ul style="list-style-type: none"> <li>• According to State Regulations, TX MMP allows codes T1015, G2011, G8431, G8510, G9002, H0001, H0004, H0005, H0034, H0038, H0049, H2011, H2017, and T1017.</li> <li>• TX Medicaid does not allow modifier GT for Telehealth/virtual health services. All Telehealth/virtual health services must be billed with modifier 95. Please see Attachment section for the Texas state specific list of Telehealth/virtual health codes. State specialty limitations apply.</li> <li>• Per state requirements, COVID vaccines are not payable in POS 02 or 10.</li> <li>• CPT code G9012 billed with the U2, U5, 95 modifier is reimbursable for comprehensive visit (in person or synchronous audiovisual)</li> </ul>
<b>Virginia</b>	Virginia Medicaid (including CCC Plus) has a State specific telehealth code list which allows a GT modifier. See the Attachment section for Virginia’s state list.
<b>Washington</b>	Per Washington Medicaid State regulations, telehealth policy will not apply as it has no restriction for telehealth services.
<b>Washington DC</b>	Per District regulations, all Telehealth/Virtual health services must be billed with a GT modifier.
<b>Wisconsin</b>	Wisconsin Medicaid has a state specified list of codes allowed in a Telehealth place of service (02, 10) and GT, FQ, and 93 Modifier










Definitions	
<b>Distant Site</b>	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
<b>Originating Site</b>	The location of a patient at the time the service being furnished via a telecommunications system occurs.
<b>Telehealth/Telemedicine</b>	Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
<b>Questions and Answers</b>	









1	<p><b>Q:</b> How does Optum reimburse for phone calls to patients that are not associated with any other service? For example, a provider receives a call from a patient at 2 A.M. The provider is able to handle the situation over the phone without requiring Additional services. On what basis will the visit be denied?</p> <p><b>A:</b> Optum will not reimburse for this service since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient.</p> <p><b>Note:</b> For Telehealth services rendered in response to the COVID-19 public health emergency, providers should visit COVID-19 information page on <a href="#">Optum Provider Express COVID-19 Provider Information</a> for additional resources.</p>
2	<p><b>Q:</b> A provider makes daily telephone calls to check on the status of a patient's condition. These services are in lieu of clinic visits. Will Optum reimburse the physician for these telephone services?</p> <p><b>A:</b> No, Optum will not reimburse telephone services as they are considered included in the overall management of the patient.</p>
3	<p><b>Q:</b> Does Optum reimburse website charges for provider groups if their website provides patient education material?</p> <p><b>A:</b> No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.</p>
4	<p><b>Q:</b> What is the difference between Telehealth services and telephone calls?</p> <p><b>A:</b> Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology. Telephone calls, which are considered audio transmissions, per the CPT definition, are non-face-to-face E/M services provided to a patient using the telephone by a Physician or Other Qualified Health Care Professional, who may report E/M services.</p>
5	<p><b>Q:</b> What are the documentation requirements for Telehealth visits?</p> <p><b>A:</b> A patient visit performed through Telehealth should be documented to the same extent as an in-person visit, reflecting what occurred during the visit. The healthcare professionals should also document that the visit was done through audio-video telecommunications. For additional documentation requirements for Telehealth visits, providers should visit the Optum Provider Express page at the link <a href="#">Behavioral Health Services Documentation</a></p>


**Attachments: To open an attachment, download the policy document, save it as a pdf, open the pdf in acrobat reader software, right-click on the icon to open the attachment. Note: Due to security protocols, attachments cannot be opened directly from the reimbursement policy.**

 <b>Codes Recognized with Modifier GT, GQ or GO</b>	A list of codes recognized when reported with modifier GQ, GT or GO
 <b>Codes Recognized with Modifier 95</b>	A list of codes recognized when reported with modifier 95



 <b>California State Specific Code List</b>	<p>California state specific list of codes recognized when reported with modifier GQ and 95</p>
 <b>Hawaii State Telehealth Code List</b>	<p>Hawaii state specific list of codes and modifiers</p>
 <b>Indiana state specific list of Telehealth codes allowed in POS 02 reported with modifier 93</b>	<p>Indiana state specific list of Telehealth codes allowed in POS 02 reported with modifier 95</p>
 <b>Indiana state specific list of Telehealth codes allowed in POS 02 or 10 reported with modifier 95</b>	<p>Indiana state specific list of Telehealth codes allowed in POS 02 or 10 reported with modifier 95</p>
 <b>Kansas State Telehealth POS 02 Code List</b>	<p>Kansas state specific list of Telehealth codes allowed in POS 02</p>
 <b>Kansas State Telehealth POS 10 Code List</b>	<p>Kansas state specific list of Telehealth codes allowed in POS 10</p>
 <b>Louisiana State Telehealth Code List</b>	<p>Louisiana state specific list of codes recognized when reported with modifier 95</p>
 <b>Michigan State Telehealth Code Modifier 95 List</b>	<p>Michigan state specific list of Telehealth codes allowed with modifier 95</p>
	<p>Michigan state specific list of Telehealth codes allowed with modifier 93</p>

<p><b>Michigan State Telehealth Code Modifier 93 List</b></p>	
<p> <b>Missouri State Telehealth Code List</b></p>	<p>Missouri state specific list of telehealth codes allowed in POS 02</p>
<p> <b>Nebraska State Telehealth Code List</b></p>	<p>Nebraska state Medicaid specific list of Telehealth codes recognized in POS 02 &amp;10</p>
<p> <b>Nebraska State Telehealth Code List</b></p>	<p>Nebraska state Medicaid specific list of Telehealth codes recognized with modifier 95 &amp; 93.</p>
<p> <b>North Carolina State Telehealth Code List</b></p>	<p>North Carolina state specific list of codes allowed with modifier GT</p>
<p> <b>Ohio State Telehealth Code List</b></p>	<p>Ohio state specific list of telehealth codes and recognized modifiers</p>
<p> <b>Texas State Specific Codes Recognized with Modifier 95</b></p>	<p>Texas state's specific list of telehealth codes recognized with modifier 95.</p>
<p> <b>Texas Medicaid Telehealth Code Audio Only List</b></p>	<p>Texas state Medicaid specific list of Telehealth codes (audio-only) recognized with modifier 93.</p>
<p> <b>Virginia State Telehealth Code List</b></p>	<p>Virginia state specific list of codes recognized when reported with modifier GT</p>

 <b>Wisconsin State Specific Telehealth code List</b>	Wisconsin state's specific list of codes
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**Covered Telehealth Services CPT Codes listed below are not intended as exhaustive of all relevant codes**

CPT Codes	Description
90785	Interactive complexity (list separately in addition to the code for primary psychiatric procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service(list separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service)
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit establish
99212	Office/outpatient visit establish
99213	Office/outpatient visit establish
99214	Office/outpatient visit establish
99215	Office/outpatient visit establish
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month

**Resources**

- Individual state Medicaid regulations, manuals & fee schedules
- American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services.
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and



Code Sets.  Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.
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History / Updates	
April 2024	State Exception section: Florida, Kansas, Mississippi and Indiana Updated, and New York added Attachments Section: Hawaii, Kansas, Missouri, Mississippi, Nebraska, Ohio, North Carolina, and Texas State Medicaid Telehealth Code Lists updated Kentucky removed and Minnesota added
January, 2024	Updated Reimbursement Guidelines Section Updated Attachments Section: policy lists updated for Kansas POS 02 and Codes Recognized with Modifier GT, GQ or G0; Archived History Section August 20218 to December, 2020
December, 2023	Attachments Section: Michigan State Telehealth Code Modifier 93 list and Michigan State Telehealth Code Modifier 95 list Attachments Section: Indiana State Medicaid Modifier 93 with POS 02 or 10, Indiana State Medicaid Modifier 95 in POS 02 or 10 were added. Added Texas State Medicaid Telehealth Audio only Code List Updated State Exceptions Section: Indiana and Texas Updated
October, 2023	State Exceptions Section: Florida, Kentucky-Added, Massachusetts-Added, Rhode Island, and Texas Updated
September, 2023	Attachments Section Updates: Michigan State Telehealth Code Modifier 93 list Nebraska State Telehealth Code List POS 02 and 10 Nebraska State Telehealth Code List Modifier 95 Wisconsin State Medicaid Modifier 93 North Carolina State Telehealth Code List Update Louisiana State Telehealth Code List update
July, 2023	State Exception Section: Added Tennessee Updated: Kansas, Rhode Island, Michigan, Nebraska, Maryland updated with POS 10 Attachment Section: Created new policy list for Kansas POS 02 and Kansas POS 10, Updated Hawaii list, added Nebraska Modifier 95 & 93 list, Added Nebraska POS 02 & 10 List, Added Michigan Modifier 95 List, Added Michigan 93 List
February, 2023	State Exceptions Section: Rhode Island added
January, 2023	Anniversary Review State Exceptions Section: Updated Arizona regarding modifiers and POS and added Colorado Updated Indiana removing POS 10 Attachments Section: Updated North Carolina, Ohio, Texas and Wisconsin list and Codes Recognized with Modifier GT, GQ or G0 and Codes recognized with Modifier 95 Lists Updated Q&A 4 & 5
September, 2022	Attachment Section Updates: Texas list, Kansas list, Wisconsin to remove POS restrictions State Exceptions Section Updates: North Carolina regarding POS 02 and POS 12, Updated Kansas with POS 10 Updated Q&A 5 added link to Behavioral Health Documentation Reimbursement Policy for reference
June, 2022	Definitions section update State Exceptions Section: Indiana, Missouri Texas and Wisconsin updated Attachments section: Updated Virginia State Telehealth Codes list, Codes Recognized with Modifier GT, GQ, or G0 list updated,
March, 2022	State Exceptions Updates: Maryland, Michigan, Pennsylvania, Texas. Washington DC added Reimbursement Guidelines Section Update: added reference to POS 10



January, 2022	2022 Annual Review; Overview section updated Removed list of Medicare plans that have <b>Telehealth services as part of their Basic Benefit Plan</b> Modifier 95 code list update
September, 2021	96158 added to Codes Recognized with Modifier GT, GQ, or G0 Louisiana State Exceptions section removed Attachments Section: List updated, and the list definition updated to change modifier GT to 95
August, 2021	State Exceptions section: Ohio updated Attachment Section: North Carolina Code List updated
May, 2021	Anniversary Review Attachment Section: Hawaii, Ohio, Codes Recognized with modifiers GT or GQ List and Codes Recognized with Modifier 95 Lists updated State Exceptions Section: NC updated to remove expired/invalid codes and Indiana verbiage added Hawaii Exception section and Attachment Section updated
March, 2021	State Exceptions: North Carolina added Attachment Section: Hawaii list updated North Carolina list added Updated Louisiana code list
January, 2021	Updated Overview and Reimbursement Guidelines Section Updated attachment Section: 2021 Telehealth Services Basic Benefit Plan, California, Hawaii, Kansas, Louisiana, Missouri, Ohio, Texas, Virginia, and Wisconsin updated, Codes Recognized with modifiers GT, GQ, or G0 and Codes Recognized with Modifier 95 updated to remove 99201 Updated State Exception section updated: Michigan

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