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Prepared for:
Southwest Telehealth Resource Center

Virtual Visit & Reimbursement Guide Arizona

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Partnered with:



Virtual Visit Types

- Telehealth
- Evisit
- Virtual Check Ins
- Telephone

Payor Matrix

Payor Guidelines

- Aetna
- BCBS Of Arizona
- Cigna
- Medica
- Medicare
- Arizona Medicaid
- United Healthcare

Cost Sharing Waivers

Telehealth Guidelines By Facility Type

- Rural Health Clinics/FQHC

HIPAA Compliant Software

References and Resources

Definition: There are three types of telehealth services:

- **Asynchronous Telehealth (Store & Forward)** is the transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting practitioner (usually a specialist) to obtain information, analyze it, and report back to the referring practitioner. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.
- **Synchronous Telehealth** is real-time interactive video teleconferencing that involves communication between the patient and a distant practitioner who is performing the medical service. The practitioner sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.
- **Remote Patient Monitoring** is use of digital technologies to collect health data from individuals in one location and electronically transmit that information to providers in a different location for assessment.

For the purposes of this document, the guidelines below are specific to synchronous telehealth with the originating site being the patient's home, as that will be the most applicable during the COVID-19 pandemic.

CPT/HCPCS Codes:

Telehealth eligible CPT/HCPCS codes vary by payor (refer to payor guidelines section).

Place of Service Codes

POS 02: Telehealth Provided Other than in Patient's Home*

- The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

POS 10: Telehealth Provider in Patient's Home-Effective January 1st, 2022

- The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care)

*Note-Renamed on January 1st, 2022, previously was only called "Telehealth"

During the COVID-19 PHE, many payors are allowing the POS that would have been used if the visit was performed in person to allow for a site of service payment differential

Reporting Criteria:

- Report the appropriate E/M code for the professional service provided.
- Communication must be performed via live two-way interaction with both video and audio.
 - During the COVID-19 pandemic, some payors have waived the video requirement.
- All payors had previously required that communications be performed over a HIPAA compliant platform. However, during the COVID-19 pandemic, several payors, including Medicare, have waived this requirement.
 - Refer to the HIPAA Compliant section for more details.

Documentation Requirements: Telehealth services have the same documentation requirements as a face-to-face encounter. The information of the visit, history, review of systems, consultative notes, or any information used to make a medical decision about the patient should be documented. In addition, the documentation should note that the service was provided through telehealth, both the location of the patient and the provider, and the names and roles of any other persons participating in the telehealth visit. Obtain verbal consent at the start of the visit and ensure consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition: Online Digital Evaluation and Management Services (E-Visits) are an E/M service provided by a Qualified Healthcare Professional or an assessment provided by a Qualified Nonphysician Healthcare Professional to a patient using an audio and visual software-based communication, such as a patient portal.

CPT/HCPCS Codes:

Reportable by a Qualified Healthcare Professionals:

- **99421:** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
- **99422:** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.
- **99423:** Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Reportable by Qualified Nonphysician Healthcare Professionals (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists Registered Dietitian, etc.):

- **G2061/98970:** Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.
- **G2062/98971:** Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.
- **G2063/98972:** Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Reporting Criteria:

- Online visits must be initiated by the patient. However, practitioners can educate beneficiaries on the availability of e-visits prior to patient initiation.
- The patient must be established. However, during the COVID-19 pandemic Medicare and some other payors have waived this requirement.
- E-Visit codes can only be reported once in a 7-day period.
- Cannot report when service originates from a related E/M service performed/reported within the previous 7 days, or for a related problem within a postoperative period.
- E-Visits are reimbursed based on time.
 - The 7-day period begins when the physician personally reviews the patient's inquiry.
 - Time counted is spent in evaluation, professional decision making, assessment and subsequent management.
 - Time is accumulated over the 7 days and includes time spent by the original physician and any other physicians or other qualified health professionals in the same group practice who may contribute to the cumulative service time.
 - Does not include time spent on non-evaluative electronic communications (scheduling, referral notifications, test result notifications, etc.). Clinical staff time is also not included.

Documentation Requirements: These are time-based codes, and documentation must support what the physician did and for how long. Time is documented and calculated over the 7-day duration and must meet the CPTs time requirement. Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition: A brief check in between a practitioner and a patient via telephone or other audiovisual device to decide whether an office visit or other service is needed. A remote evaluation is recorded video and/or images submitted by an established patient.

CPT/HCPCS Codes:

- **G2012:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.
- **G2251:** Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion.
- **G2252:** Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
- **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only.

Reporting Criteria:

- The patient must be established. However, during the COVID-19 pandemic Medicare and some other payors have waived this requirement.
- Communication must be a direct interaction between the patient and the practitioner. Not billable if performed by clinical staff.
- If the virtual check-in originates from a related E/M provided within the previous 7 days, then the service is considered bundled into that previous E/M and would not be separately billable.
- If the virtual check-in leads to an E/M within the next 24 hours or soonest available appointment, then the service is considered bundled into the pre-visit time of the associated E/M and would not be separately billable.

Documentation Requirements:

Documentation should include medical decisions made, names and roles of any persons participating in the evaluation, and the communication method (telephone, video/audio software, etc.). Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record.

Definition: A telephone visit is an evaluation and management service provided by a qualified healthcare professional or an assessment and management service provided by a qualified nonphysician health care professional via audio telecommunication.

CPT/HCPCS Codes:

Reportable by Qualified Healthcare Professionals:

- **99441:** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **99442:** 11-20 minutes of medical discussion.
- **99443:** 21-30 minutes of medical discussion.

Reportable by Qualified Nonphysician Healthcare Professionals (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists Registered Dietitian, etc.):

- **98966:** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **98967:** 11-20 minutes of medical discussion.
- **98969:** 21-30 minutes of medical discussion.

Reporting Criteria:

- Call must be initiated by the patient.
- The patient must be established. However, during the COVID-19 pandemic Medicare and some other payors have waived this requirement.
- Communication must be a direct interaction between the patient and the healthcare professional.
- If the call originates from a related E/M or assessment provided within the previous 7 days, then the service is considered bundled into that previous E/M or assessment and would not be separately billable.
- If the call leads to an E/M or assessment within the next 24 hours or soonest available appointment, then the service is considered bundled into the pre-visit time of the associated E/M or assessment and would not be separately billable.

Documentation Requirements:

Documentation should include medical decisions made, the names and roles of any persons participating in the call, and the length of call. Obtain verbal consent at the start of the visit and ensure the consent is documented. Maintain a permanent record of the telehealth visit in the patient's medical record

PAYOR MATRIX

PAYOR	E-VISIT	TELEHEALTH	VIRTUAL CHECK-IN	TELEPHONE
AETNA	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: Modifier GT, 95, FR, 93 or FQ w/ POS 02. Facility: Modifier GT, 95, FR, 93 or FQ	ALLOWABLE G2010 G2012 G2250-G2252	ALLOWABLE 99441-99443 98966-98968
BCBS of AZ	CONDITIONAL CHECK PROVIDER FEE SCHEDULE	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: POS 02 or 10 & Modifier 95, GT, 93, FQ Facility: Modifier GT, 95, 93 or FQ	CONDITIONAL CHECK PROVIDER FEE SCHEDULE	ALLOWABLE 99441-99443 98966-98968
CIGNA	NOT ALLOWABLE	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: Modifier 95, GT, 93 or FQ & POS 02 Facility: Modifier 95,GT,93 or FQ	ALLOWABLE G2012	ALLOWABLE 99441-99443
MEDICA* *Excludes MHCP Members	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: POS 02 or 10 w/ modifier 95, GT, FQ or 93 Facility: Modifier GT, 95, 93, or FQ	ALLOWABLE G2010 G2012	ALLOWABLE 99441-99443 98966-98968
MEDICARE	ALLOWABLE 99421-99423 G2061-G2063 RHC: G0071	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: Modifier 95 w/ POS used for in-person visit. Facility: PN or PO modifier w/ DR condition code. Method II: Modifier GT. RHC: G2025. Facility PT/OT/ST: Modifier 95	ALLOWABLE G2010 G2012 G2250-G2252 RHC: G0071	ALLOWABLE 99441-99443 98966-98968 Modifier 95 RHC: G2025
MEDICAID	ALLOWABLE 99421-99423 98970 -98972 Modifier: GT	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: POS of originating site and modifier GT or GQ Facility: Modifier GT or GQ Audio Only: FQ Modifier	NOT ALLOWABLE	ALLOWABLE 99441-99443 98966-98968 Modifier: FQ
UHC COMMERCIAL	ALLOWABLE 99421-99423 98970 -98972	ALLOWABLE Allowable Codes: Telehealth Eligible Code Professional: 02 or 10	ALLOWABLE G2010 G2012 G2250-G2252	ALLOWABLE 99441-99443

PAYOR GUIDELINES

AETNA

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972, G2061-G2063
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-Ins:** G2010, G2012, G2250-G2252

Remote Patient Monitoring:

Allowable Codes: 99453, 99454, 99457, 99458

Telehealth:

Allowable Services: See table below

Modifiers/POS:

- **Commercial:**
 - **1500:** POS 02 with modifier GT, 95, or FR
 - If audio only allowable code, POS 02 with modifier FQ or 93
 - **UB:** Modifier GT, 95, or FR
 - If audio only allowable code, modifier FQ or 93

Not Reimbursable:

- Synchronous telemedicine codes rendered via an audio only connection.
- Asynchronous Telemedicine Services (services reported w/ GQ modifier).
- Services that do not include direct patient contact, such as physician standby services.

Patient Location: Patient can be located at any location, including their home

Transmission & Originating Site Fees: T1014 and Q3014 are not eligible for payment, Aetna considers these services as incidental to the charges associated with the E/M.

Video Component: The telehealth video component is required, except on codes indicated below that can be provided over audio only.

AETNA ELIGIBLE TELEHEALTH CODES

Telehealth Allowable Codes

90791	90845	90960	92227	96161	99203	99243	99309	99408	G0396	G0442	G2086	90840	G0439
90792	90846	90961	93228	97802	99204	99244	99310	99409	G0397	G0443	G2087	90958	G0513
90832	90847	90963	93229	97803	99205	99245	99354	99495	G0406	G0444	G2088	90970	99453
90833	90853	90964	93268	97804	99211	99231	99355	99496	G0407	G0446	90955	96160	99454
90834	90863	90965	93270	G0270	99212	99232	99356	99497	G0408	G0447	99252	99202	99457
90836	90951	90966	93271	98960	99213	99233	99357	99498	G0425	G0459	99253	99242	99458
90837	90952	90967	93272	98961	99214	99251	99406	97085	G0426	G0506	99254	99308	99418
90838	90954	90968	96040	98962	99215	99255	99407	G0108	G0427	G0508	G0445	G0437	G0316
90839	90957	90969	96116	99201	99241	99307	G0436	G0109	G0438	G0509	G0514	G0296	G0317
G0318	G3002	G3003	96105	97750	C7900	C7901	C7902						

Temporary Commercial Codes Effective Until Further Notice

G0410	92002	96170	97164	99217	99235	99307	99344	99476	G0408	G2010	90839	96121	96161
G2061	92012	96171	97165	99218	99236	99308	99345	99477	G0425	G2012	90840	96127	96164

G2062	92065	97110	97166	99219	99238	99309	99347	99478	G0426	G2086	90845	96130	96165
G2063	92526	97112	97167	99220	99239	99310	99348	99479	G0427	G2087	90846	96131	96167
H0015	92601	97116	97168	99221	99281	99315	99349	99480	G0442	G2088	90847	96132	96168
H0035	92602	97150	97530	99222	99282	99316	99350	99483	G0443	97085	90853	96133	97535
H2012	92603	97151	97542	99223	99283	99327	99421	G0108	G0444	90791	90863	96136	97802
H2036	92604	97153	S9443	99224	99284	99328	99422	G0109	G0445	90792	92507	96137	97803
S9480	92606	97155	97755	99225	99285	99334	99423	G0270	G0446	90832	92508	96138	97804
77427	92609	97156	97760	99226	99291	99335	99468	G0296	G0447	90833	92521	96139	G0270
90953	94664	97157	97761	99231	99292	99336	99469	G0396	G0459	90834	92522	96156	98966
90956	96110	97161	98970	99232	99304	99337	99471	G0397	G0506	90836	92523	96158	98967
90959	96112	97162	98971	99233	99305	99341	99472	G0406	G0513	90837	92524	96159	98968
90962	96113	97163	98972	99234	99306	99343	99475	G0407	G0514	90838	96116	96160	99451
99354	99355	99356	99357	99406	99407	G0436	G0437	99441	99442	99443	99446	99447	99448
99449	99497	99498	99452	H0038	G0422	G0423	G0424	99342	90875	93750	93798	95970	95791
95972	95983	95984	90849	96125	97129	97130	92228	94625	94626	96105	96125	97129	97130
92556	92557	92563	92565	92567	92568	92570	92587	92607	92608	92609	92610	92625	92626
92627	90901	97763											

Codes in **Blue** Require an Audiovisual Connection
Codes in **Green** Can be Performed Over a Telephone or Audiovisual Connection
Cells Highlighted in Yellow do **NOT** Require Modifier GT,95, or FR

Payor Specific Key Points

E-Visits/Telephone/Virtual Check-In:

Allowable Codes:

- **E-Visits:** Check Provider Fee Schedule
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-In:** Check Provider Fee Schedule

Telehealth:

Allowable Services: BCBS AZ offers coverage of telehealth services in compliance with Arizona's telehealth law (HB 2454). The law expands telehealth coverage for all services that would normally be covered for an in-person visit.

- Before a telehealth visit, the provider must inform the member if there is a charge for the visit, including applicable member cost-share
- During a telehealth visit, providers must access patient records, if available, that are appropriate to assess the patient
- Medical reports resulting from a telehealth consultation are part of the patient's medical record

Audio Only Visits: Providers may submit claims for audio-only visits only if they also make audio-video visits generally available. Audio-only services are covered if the member and provider have an existing relationship and all of the following criteria are met:

- An audio-video visit is not reasonable because of the member's functional status or lack of technology
- The audio-only visit is initiated at the request of the member or authorized by the member before the encounter and the member's initiation or consent (may be given by electronic means) must be documented in the patient's medical record
- If the above two criteria are met, an existing relationship between the member and the provider is not required for audio-only behavioral health or substance use disorder services.
- Medical record includes documentation of the rationale for using audio-only technology for the visit.

Multi-Provider Telehealth Consultations:

- Origination site:
 - Member is in the office of a provider or healthcare facility, or
 - Member is at home (another option is in a room set up at an employer's office for the purpose of telehealth visits)
 - Only facilities licensed to provide outpatient services are eligible to receive payment for
 - the origination site code (Q3014)
- Preferred telehealth connection (unless criteria are met for audio-only connection):
 - Video + audio transmission, and
 - Live, two-way communication
- Remote provider:
 - Distant provider
 - Remote consultation, diagnosis, or treatment

Non-Covered Services:

- Non-emergency and non-urgent telehealth services from an out-of-network provider
- Services delivered through the sole use of an audio-only telephone (except as described in the document), a video-only system, a facsimile machine, instant messages or electronic mail

Modifiers/POS:

- **Professional (1500) Claims:** POS 02 or 10 with modifier 95 or GT
- **Facility (UB) Claims:** Appropriate revenue code for the service rendered with modifier 95 or GT
- **Audio Only:** Modifier 93 (commercial) or FQ (Medicare)

Patient Location: Arizona HB2454 allows telehealth services to be provided and must be covered regardless of where the patient is located.

Provider Type: Licensed, in-network, provider performing within their scope.

- If an emergent or urgent service was provided via telehealth by an out-of-network provider, then the service is eligible for coverage if appropriately and effectively provided through telehealth.
- Out-of-state licensure may be acceptable if the provider is registered with the applicable Arizona regulatory board or licensing agency, the license is substantially similar to an equivalent license issued in Arizona and is not subject to any past or pending disciplinary proceedings (see HB 2454, §36-3606).

Reimbursement: Per Arizona HB2454 a payor must reimburse providers at the same level of payment for equivalent services, whether provided through telehealth or in-person care, unless the telehealth encounter is provided through a platform sponsored by the payor.

- Except for behavioral health visits, these services may be reimbursed at a lower rate than the in-person rate.

Transmission & Originating Site Fees: Originating site fee is allowed if billed by eligible facility and criteria is met for Multi Provider Consultation. Transmission Fees are not allowable.

Video Component: BCBS AZ will cover audio-only visits if the service meets the requirements noted in the above “Allowable Services” section. See below audio only code list:

ELIGIBLE TELEHEALTH CODES												
AUDIO-ONLY CODES												
90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	90846	90847
90853	92507	92508	92521	92522	92523	92524	96116	96121	96127	96130	96131	96132
96133	96136	96137	96138	96139	96156	96158	96159	96160	96161	96164	96165	96167
96168	97129	97130	97535	97802	97803	97804	98966	98967	98968	99288	99354	99355
99356	99357	99441	99442	99443	99497	99498	G0270	G0296	H0001	H0002	H0004	H0025
H0031	H0034	H0038	H2014	H2025	H2027	H2033	S5110	T1002	T1003	T1015	T1016	

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** Not Allowable
- **Telephone:** 99441-99443
- **Virtual Check-Ins:** G2012

Interprofessional Consultations:

Cigna recognizes E-Consult codes, which occurs when a treating health provider seeks guidance from a specialist physician through electronic means (phone, internet, EHR consultation, etc.)

- **Allowable Codes:** 99446-99452
- **Non-Billable:**
 - If the consultation to a transfer of care or other face-to-face service (e.g., a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date of the consultant, these codes should not be billed.
 - If the consultation lasted less than 5 minutes.
 - If the consultation was for the sole purpose to arrange transfer of care or a face-to-face visit.

Remote Patient Monitoring:

Cigna recognizes remote patient monitoring, which is the use of digital technologies to monitor and capture medical data from patients and electronically transmit this information to healthcare providers for assessment:

- Allowable codes: 99091, 99453, 99454, 99457, 99458, 99473, 99474, S9110
- [Dealtied Medical Policy for Conditions Allowed via RPM](#)

Telehealth Medical:

Allowable Services: See below table for allowable medical telehealth codes.

All of the following must also be met:

- Services must be interactive and use both audio and video internet-based technologies, and would be reimbursed if the service was provided face-to-face
- The patient or involved caregiver must be present on the receiving end and the service must occur in real time
- All technology used must be secure and meet or exceed federal and state privacy requirements
- A permanent record of online communications relevant to the ongoing medical care and follow-up is maintained as part of the record as if the service were provided as an in-office visit
- The permanent record must include documentation which identifies the virtual service delivery method. i.e.: audio/video or telephone only
- All services provided are medically appropriate and necessary
- The evaluation and management services (E/M) provided virtually must meet E/M criteria
- The patient's clinical condition is of low to moderate complexity, and while it may be an urgent encounter, it should not be an emergent clinical condition
- Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

Excluded Services:

- The virtual care service occurs on the same day as a face to face visit, when performed by the same provider and for the same condition.
- Transmission of digitalized data is considered integral to the procedure performed and is not separately reimbursable.

- Virtual care services billed within the post-operative period of a previously surgical procedure will be considered part of the global payment for the procedure.
- Services were performed via asynchronous communications systems (e.g., fax).
- Store and forward telecommunication, whether an appropriate virtual care modifier is appended to the procedure code or not.
- Patient communications are incidental to E/M services, counseling, or medical services, including, but not limited to reporting of test results and provision of educational materials.
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.
- No reimbursement will be made for any equipment used for virtual care communications.

Telehealth Behavioral Health:

Allowable Services: See below table for allowable medical telehealth codes.

All of the following must also be met:

- Services must be interactive and use audio and/or video internet-based technologies (synchronous communication), and would be reimbursed as if the service was provided face-to-face
- The patient and/or actively involved caregiver must be present on the receiving end
- All technology used must be secure and meet or exceed federal and state privacy requirements.
- A permanent record of online communications relevant to the ongoing care and follow-up is maintained as part of the medical record as if the service were provided as an in-office visit
- The permanent record must include documentation which identifies the virtual service delivery method. I.E.: audio/video or telephone only
- All services provided are medically appropriate and necessary
- The evaluation and management services (E/M) provided virtually must meet E/M criteria
- While some aspects of care in an acute setting may be rendered virtually, exclusively virtual services should be limited to situations when the clinical condition is low to moderate complexity and not the primary intervention for an emergent clinical condition.
- Virtual care services must be provided by a health care professional who is licensed, registered, or otherwise acting within the scope of his/her licensure.

Excluded Services:

- The virtual care service occurs on the same day as a face to face visit, when performed by the same provider and for the same condition.
- Transmission of digitalized data is considered integral to the procedure performed and is not separately reimbursable.
- Patient communications are incidental to E/M services, counseling, or medical services, including, but not limited to reporting of test results and provision of educational materials
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient.
- No reimbursement will be made for the originating site of service fee or facility fee, unless otherwise mandated by state or federal law
- No reimbursement will be made for any equipment used for virtual care communications.

Modifiers/POS:

- **Professional/1500 Claims:** POS 02 and modifier 95, GT, GQ, 93 or FQ
 - **Do not bill POS 10 until further notice**
- **Facility/UB Claims:** Modifier 95, GT, GQ, 93 or FQ
 - Announced May 11th, 2023: *Virtual care billed by facilities on a UB-04 claim form continues to be reimbursable until further notice, with an expectation that it will move to permanently reimbursable for*

certain services as part of our R31 Virtual Care Reimbursement Policy later this year. Additional information about this update will be communicated soon.

Provider Type: Providers who are licensed, registered, or otherwise acting within the scope of their licensure may provide telehealth services.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your Cigna contract for allowable rates.

Video Component: An audiovisual connection is required except for telephone codes.

Transmission & Originating Site Fees: Cigna will not reimburse an originating site of service fee/facility fee for telehealth visits (HCPCS Q3014). Cigna will also not reimburse transmission fees; transmission of digitalized data is considered integral to the procedure performed and is not separately reimbursable.

CIGNA MEDICAL ELIGIBLE VIRTUAL CODES												
90951	90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92524
92601	92602	92603	92604	96040	96112	96113	96116	96156	96158	96159	96160	96161
96164	96165	96167	96168	97110	97112	97161	97162	97163	97164	97165	97166	97167
97168	97530	97755	97760	97761	97802	97803	97804	92202	92203	99204	99205	99211
99212	99213	99214	99215	99406	99407	99408	99409	99441	99442	99443	99495	99496
99497	99498	G0108	G0151	G0152	G0153	G0155	G0157	G0158	G0270	G0296	G0299	G0300
G0396	G0397	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447	G0493	G0513	G0514
G2012	S9123	S9128	S9129	S9131	S9152	99446	99447	99448	99449	99451	99452	99091
99453	99454	99457	99458	99473	99474	99381	99382	99833	99384	99385	99386	99387
99391	99392	99393	99394	99395	99396	99397						

Non-Reimbursable Codes Regardless of Modifier												
98966	98967	98968	98970	98971	98972	99421	99422	99423	G0406	G0407	G0408	G0425
G0426	G0427	G0459	G0508	G0509	G2025	Q3014	S0320	T1014				

CIGNA BEHAVIORAL HEALTH ELIGIBLE VIRTUAL CODES												
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	0846
90847	90849	90853	90863	90875	90876	90880	96110	96127	916156	96158	96159	96164
96165	96167	96168	96170	96171	97151	97152	97153	97154	97155	97156	97157	97158
99058	99078	99202	99203	99204	99205	99211	99212	99213	99214	99215	99217	99218
99219	99220	99221	99222	99223	99224	99225	99226	99231	99232	99233	99234	99235
99236	99238	99239	99281	99282	99283	99284	99285	99304	99305	99306	99307	99308
99309	99310	99315	99316	99318	99324	99325	99326	99327	99328	99334	99335	99336
99337	99354	99335	99336	99337	93354	99355	99356	99357	99404	99408	99409	99415
99416	99417	99441	99442	99443	99446	99447	99448	99449	99456	994484	99495	99496
0591T	0592T	G0410	H0015	H0035	H0038	H2011	S0201	S9480				

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972, G2061-G2063
- **Telephone:** 98966-98968, 99441-99443
- **Virtual Check-In:** G2010, G2012

E-Visit Exclusions:

- See below “Telehealth Coverage Limitations”

Telehealth:

Medica’s emergency telehealth policy was set to end when the federal PHE ended (May 11th, 2023). However, Medica has not updated its standard telehealth policy yet, and therefore, upon inquiry, a Medica representative stated that the emergency policy will be in effective until further notice.

Allowable Codes: See table below for specific codes.

- **Wellness Visits:** During the COVID-19 PHE Medica will allow preventive visits to be provided via telehealth utilizing CPTs 99381-99387 and 9930799391-99397.
 - Providers may perform all or portions of a preventive visit that can be done appropriately via telehealth.
 - Services that require face-to-face interaction may be provided later, however, providers may only bill one preventive medicine code to cover both portions.

Modifiers/POS:

- **Professional (1500) Claims:** POS 02 or 10 with modifier GT or 95
- **Facility (UB) Claims:** GT or 95
- **Audio Only:** 93 or FQ
- **COVID-19 Related:** For services relating to the order for or administration of a COVID-19 test or for services related to the evaluation for purposes of determining the need for diagnostic testing, append modifier CS.

Provider Type: Audiologist, Certified Genetic Counselor, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapist, Licensed Drug & Alcohol Counselor, Dentist, Nurse Midwife, Nurse Practitioner, Occupational Therapist, Physical Therapist, Physician, Physician Assistant, podiatrist, Registered Dietitian or Nutrition Professional, and Speech Therapist.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your Medica contract for allowable rates.

Store and Forward Telehealth: Medica allows both synchronous (interactive audiovisual communication) and asynchronous (store and forward). Utilize modifier GQ.

Originating Sites:

- Allowable originating sites: Office of physician or practitioner; hospital (inpatient or outpatient); home; critical-access hospital (CAH); rural health clinic (RHC) and federally qualified health center (FQHC); hospital-based or CAH-based renal dialysis center (including satellites); skilled nursing facility (SNF); end-stage renal disease (ESRD) facilities; community mental health center; Residential Substance Abuse Treatment Facility; and other eligible medical facilities.

Transmission & Originating Site Fees: Transmission fees (HCPCS T1014) are not eligible for payment, however Medica will allow an originating site fee (HCPCS Q3014) to be billed by an originating site facility.

Telehealth Coverage Limitations: The following are not covered under telemedicine:

- Provider initiated e-mail, refilling or renewing existing prescriptions, scheduling a diagnostic test or appointment, clarification of simple instructions or issues from a previous visit, reporting test results, reminders of scheduled office visits, requests for a referral, non-clinical communication, educational materials, brief follow-up of a medical procedure without indication of complication or new condition including, but not limited to, routine global surgical follow-up, brief discussion to confirm stability of the patient's without change in current treatment, when information is exchanged and the patient is subsequently asked to come in for an office visit, a service that would similarly not be charged for in a regular office visit, consultative message exchanges with an individual who is seen in the provider's office immediately afterward, communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile, communications between a licensed health care provider and a patient that consists solely of an e-mail or facsimile.

Video Component: See below matrix for codes that can be performed over an audio only connection.

MEDICA ALLOWABLE TELEHEALTH CODES-COVID-19 PHE									
0362T	90961	92567	95984	96139*	97166	99233	99350	G0396*	G2212*
0373T	90962	92568	96105	96156*	97167	99234	99406*	G0397*	G3002
77427	90963	92570	96112	96158*	97168	99235	99407*	G0406*	G3003
90785*	90964	92587	96113	96159*	97530	99236	99441*	G0407*	G9685
90791*	90965	92588	96116*	96160*	97535*	99238	99442*	G0408*	G2212*
90792*	90966	92601	96121*	96161*	97537	99239	99443*	G0420*	
90832*	90967	92602	96125	96164*	97542	99281	99468	G0421*	
90833*	90968	92603	96127*	96165*	97750	99282	99469	G0422	
90834*	90969	92604	96130*	96167*	97755	99283	99471	G0423	
90836*	90970	92607	96131*	96168*	97760	99284	99472	G0425*	
90837*	92002	92608	96132*	97110	97761	99285	99473	G0426*	
90838*	92004	92609	96133*	97112	97763	99291	99475	G0427*	
90839*	92012	92610	96136*	97116	97802*	99292	99476	G0438*	
90840*	92014	92625	96137*	97129	97803*	99304	99477	G0439*	
90845*	92507*	92626	95984	97130	97804*	99305	99478	G0442*	
90846*	92508*	92627	96105	97150	99202	99306	99479	G0443*	
90847*	92521*	93750	96112	97151	99203	99307	99480	G0444*	
90853*	92522*	93797	96113	97152	99204	99308	99483	G0445*	
90901	92523*	93798	96116*	97153	99205	99309	99495	G0446*	
90951	92524*	94002	96121*	97154	99211	99310	99496	G0447*	
90952	92526	94003	96125	97155	99212	99315	99497*	G0459*	
90953	92550	94004	96127*	97156	99213	99316	99498*	G0506*	
90954	92552	94625	96130*	97157	99214	99341	G0108*	G0508	
90955	92553	94626	96131*	97158	99215	99342	G0109*	G0509	
90956	92555	94664	96132*	97161	99221	99344	G0270*	G0513*	
90957	92556	95970	96133*	97162	99222	99345	G0296*	G0514*	
90958	92557	95971	96136*	97163	99223	99347	G0316	G2086*	
90959	92563	95972	96137*	97164	99231	99348	G0317	G2087*	
90960	92565	95983	96138*	97165	99232	99349	G0318	G2088*	
Codes With An * Can Be Performed via an Audio only (Telephone) or Audiovisual Connection									

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, G2061-G2063
- **Telephone:** 99441-99443, 98966-98968
 - Allowed through December 31st, 2024
- **Virtual Check-In:** G2010, G2012, G2250-G2251, G2252

Modifiers:

- **E-Visits & Virtual Check-Ins:** None
- **Telephone:** Modifier 95

Telehealth:

Consolidated Appropriations Act: Extends certain telehealth flexibilities for Medicare patients through December 31st, 2024:

- Originating site restriction waiver
- Expanded list of allowable telehealth practitioners
- Audio only telehealth services
- In person requirement for mental health services via telehealth
- Extension of FQHC/RHC to serve as originating site for non-behavioral/mental telehealth services

Allowable Codes: See table below for codes allowable via telehealth

Modifiers/POS:

- **Professional (1500) Claims:**
 - **Through December 31st, 2023:** POS that would have been used if the visit were provided in person with modifier 95
 - **Modifier:** FR if applicable
- **Mental Health Claims:** POS 02 or 10
 - **Modifier 93** if performed over audio only
 - **RHC/FQHC:** Modifier FQ
- **CAH Method II (UB) Claims:** Modifier GT
- **CAH & PPS PT/OT/Speech UB Claims:** Modifier 95

Patient Location: Through December 31st, 2024, Medicare will pay for office, hospital, and other visits furnished via telehealth across the country, whether urban or rural, and in all settings, including in patients' homes.

- **Mental Health:** CMS permanently added a patient's home as an originating site for patients receiving mental health services via telehealth. "Home" includes temporary lodging. Must meet the following requirements:
 - The provider (or another provider in the same practice and subspecialty) has conducted an in-person (non-telehealth) visit within 6 months
 - After the initial tele-mental health visit, the provider must conduct an in-person visit at least once every 12 months
 - However, this visit is not required if the patient and provider consider the risks of an in-person visit and agree that the risks outweigh the benefits
 - Provider should document decision in the patient's medical record
 - Through December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type: Through December 31st, 2024, physical therapists, occupational therapists, speech language pathologists, and audiologists, to receive payment for Medicare telehealth services.

- **January 1st, 2025:** Allowable provider types will revert back to only physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

Reimbursement: In the 2023 Physician Fee Schedule Final Rule, CMS extended payment parity for telehealth in non-facility settings through the end of 2023

- Absent further rulemaking, beginning Jan. 1, 2024, distant-site practitioners would again be reimbursed based only on facility rates, resulting in reimbursement for some telehealth services reverting to lower pre-PHE levels.

Rural Health Clinics & Federally Qualified Health Centers: See the RHC and FQHC section for specific billing regulations.

Transmission/ Originating Site Fees: Medicare does not reimburse for transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014).

- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home.

Video Component: When providers are providing an E/M service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, providers should utilize the appropriate telephone E/M code (99441-99443), not the in person or telehealth visit code.

- Telephone Codes only available for use through December 31st, 2024
- Audio only mental health telehealth will be permanently reimbursable if:
 - The provider has the technical capability, at the time of the service, to use an interactive telecommunications system
 - The patient is incapable of, or fails to consent to, the use of video technology for the service
 - The beneficiary is located at his or her home
 - The practitioner documents the reason for using audio-only technology uses the appropriate service level modifier

2023 MEDICARE ELEGIBLE TELEHEALTH CODES											
2023 Telehealth Codes											
0362T	0373T	77427	90785	90791	90792	90832	90833	90834	90836	90837	90838
90839	90840	90845	90846	90847	90853	90875	90901	90951	90952	90953	90954
90955	90956	90957	90958	90959	90960	90961	90962	90963	90964	90965	90966
90967	90968	90969	90970	92002	92004	92012	92014	92507	92508	92521	92522
92523	92524	92526	92550	92552	92553	92555	92556	92257	92563	92565	92567
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93750	93797	93798	94002	94003	94004
94005	94625	94626	94664	95970	95971	95972	95983	95984	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99281	99282	99283	99284	99285	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99341	99342	99344	99345	99347	99348	99349	99350
99406	99407	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476

99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0270
G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420	G0421
G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445	G0446
G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211	G2212
G3003	G9685	S9152									
Codes Highlighted in Green-Can Be Performed via an Audio only											

Medicare Telehealth Codes Payment Limitations	
CPT/HCPCS	Medicare Payment Limitation
90875	Non-covered service
94005	Bundled code
96110	Non-covered service
96170	Non-covered service
96171	Non-covered service
98960	Bundled code
98961	Bundled code
98962	Bundled code
S9152	Not valid for Medicare purposes
G0410	Statutory exclusion
G2211	Bundled code

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-Ins:** Not Allowed

Modifier:

- **E-Visits:** GT
- **Telephone:** FQ

Telehealth:

Telehealth Definition: AHCCCS defines telehealth as services delivered via:

- Asynchronous (store and forward)
- Remote Patient Monitoring
- Teledentistry
- Telemedicine (real-time interactive audio and video)

Allowable Services: Allowable telehealth code set in below table

- **Prolonged Services:** Services beyond the typical service of the primary procedure, that require direct patient contact and occur in either the office or another outpatient setting are covered under telehealth, such as G0513 and G0514.

Asynchronous Telehealth: The following services are covered via asynchronous telehealth: behavioral health, cardiology, dermatology, infectious disease, neurology, ophthalmology, pathology, radiology, allergy/immunology.

Modifiers/POS:

- **Professional (1500) claims:**
 - For Reimbursement at the Capped FFS Rate or APM Rate:
 - The Place of Service (POS) must be the originating site. The originating site is the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.
 - **Modifier:** GT or GQ or FQ (if service was furnished using audio-only communication technology)
 - FQ Modifier removed from E/M codes effective 7/1/2023
- **Medicare Dual Claims:** Utilize POS 02
- **Facility (UB) claims:**
 - For Reimbursement at the AIR:
 - Utilize revenue Codes 0510, 0512 and 0516
 - Modifier GT or GQ and FQ if service was furnished using audio-only communication technology

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER ¹ OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODES AVAILABLE
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site ²	Telehealth Code Set
Asynchronous (Store & Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site ²	Telehealth Code Set
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site ²	Telehealth Code Set
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site ²	Teledentistry Code Set
Telephonic	Audio-only	FQ	Originating Site ²	Telehealth Code Set

¹ All other applicable modifiers apply.

² Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.

Reference: <https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>

Patient Location: Defined per code, see allowable code and place of service below

- There are no geographic restrictions for telehealth; services delivered via Telehealth are covered by the Contractor and FFS programs in rural and urban regions.

Reimbursement: Refer to fee schedule for telehealth reimbursement

Transmission & Originating Site Fees: Transmission and originating site HCPCS are not listed in the eligible telehealth code list.

Audio Only Services: Audio-only services are covered if the telehealth encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider.

- The AHCCCS Telehealth code set defines which codes are billable as an audio-only service and the applicable modifier(s) and place of service providers must use when billing for an audio-only service.

MEDICAID ELIGIBLE TELEHEALTH CODES				
Code	GT	GQ	FQ	Places of Service (POS)
77427	GT			05 06 07 08 11 12 19 20 21 22 49 50 71 72 99
88321		GQ		05 06 07 08 11 19 21 22 23 24 81
88323		GQ		05 06 07 08 19 21 22 23 24 81
88325		GQ		05 06 07 08 19 21 22 23 24 81
90791	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90792	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90832	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90833	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90834	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90836	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90837	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90838	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90839	GT		FQ	02 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 54 55 56 61 71 72 99
90840	GT		FQ	02 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 54 55 56 61 71 72 99
90845	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 61 71 72 99
90846	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 49 50 51 52 53 55 56 71 72 99
90847	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90849	GT			02 03 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90853	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90875	GT			02 03 05 06 07 08 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90887	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90889	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90899	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99

90951	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90952	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90953	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90954	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90955	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90956	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90958	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90959	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90960	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90961	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90962	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90963	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90964	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90965	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90966	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90967	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90968	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90969	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90970	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
92002	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92004	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92012	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92014	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92227	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92228	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92507	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 62 71 72 99
92508	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 71 72 99
92521	GT		FQ	02 03 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92522	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 49 50 71 72 99
92523	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 31 32 49 50 71 72 99
92524	GT		FQ	02 03 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92526	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 71 72 99
92550	GT			02 05 06 07 08 09 10 11 12 19 20 21 22 49 50 71 72 99
92551	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 23 24 49 50 71 72 99
92552	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92553	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92555	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
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92565	GT			02 05 06 07 08 10 11 12 19 20 21 22 24 49 50 71 72
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92587	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
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93241		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
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93271	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 81
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95714		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95715	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
95716	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
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96116	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 49 50 51 52 53 54 55 56 61 62 71 72 99
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96127	GT		FQ	02 03 05 06 07 08 10 11 14 15 19 20 21 22 49 50 51 52 53 54 55 71 72 99
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97802	GT	FQ	02 05 07 09 10 11 12 19 20 21 22 49 50 71 72 99
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G0270	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 49 50 61 62 71 72 99
G0296	GT		FQ	02 10 11 12
H0001	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 24 31 32 33 49 50 71 72 99
H0002	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 21 22 23 34 49 50 51 53 54 71 72 99
H0004	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 22 24 31 32 33 49 50 53 54 55 71 72 99
H0015	GT			02 10 11 12 19 22 49 50 53 71 72
H0020	GT			02 05 06 07 08 10 11 12 19 22 23 49 50 53 71 72 99
H0025	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H0031	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 24 31 32 33 34 49 50 51 53 54 71 72 99
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H0036	GT			02 10 12 53 72 99
H0038	GT		FQ	02 03 05 07 09 10 11 12 20 23 49 50 53 54 71 72 99
H2010	GT			02 05 07 10 11 12 20 49 50 53 71 72 99
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H2014	GT		FQ	02 03 05 07 09 10 11 12 13 20 23 49 50 53 54 71 72 99
H2015	GT			02 09 10 11 12 49 50 53 71 72 99
H2017	GT			02 03 05 07 09 10 11 12 20 49 50 53 54 71 72 99
H2025	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H2027	GT		FQ	02 03 05 07 09 10 11 12 49 50 53 54 71 72 99
H2033	GT		FQ	02 03 10 11 12 19 22 49 50 53 71 72 99
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S0315	GT			02 10 11 12 49 50 71 72 99
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T1015	GT		FQ	02 03 10 11 12 15 19 22 49 50 53 71 72
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T2016	GT			02 10 12 99
T2017	GT			02 10 12 99
T2019	GT			02 10 12 99
T2020	GT			02 10 12 99
T2021	GT			02 10 12 53 99

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972
- **Interprofessional Consultation:** 99446-99449, 99451, 99452
- **Telephone:** 99441-99443
- **Virtual Check-In:** G2010, G2012, G2250-G2252

POS/Modifier: POS utilized if visit would have in person and no modifier

Remote Patient Monitoring Codes:

- **Allowable Codes:** 99091, 99453, 99454, 99457-99458, 99473-99474, 98975-98977, 98980-98981,

POS/Modifier: POS utilized if visit would have in person and no modifier

Interprofessional Assessment Codes:

- **Allowable Codes:** 99446-99449, 99451-99452

POS/Modifier: POS utilized if visit would have in person and no modifier

Telehealth:

Allowable Codes: UHC will allow any services on the below lists:

- Services recognized by the Centers for Medicare and Medicaid Services (CMS)
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set
- Additional services identified by UnitedHealthcare that can be effectively performed via Telehealth
 - See Telehealth Allowable Codes table below for UHC specified codes

PT/OT/ST Services: All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable.

Modifiers/POS:

- **Professional (1500) claims:** POS 02 or 10. Modifiers 95, GT, GQ, and G0 are not required to identify telehealth services but are accepted as information if reported on claims.
- **Facility (UB) claims:** Revenue code 780 (allowable during the PHE only)

Provider Type: Physician, nurse practitioner, physician assistant, nurse-midwife, clinical nurse specialist, registered dietitian or nutrition professional, clinical psychologist, clinical social worker, certified registered nurse anesthetists, physical therapists, occupational therapists, and speech therapists.

Reimbursement: Reimbursement will be at the same rate as in-person face-to-face visits, refer to your UHC contract for allowable rates.

Patient Location: UHC will recognize CMS designated originating sites considered eligible for furnishing telehealth services to a patient located in an originating site.

- Examples of CMS originating sites with a telpresenter: the office of a physician or practitioner, hospital, critical access hospital (CAH), rural health clinic (RHC), federally qualified health center (FQHC), hospital

based renal dialysis center, skilled nursing facility (SNF), community mental health center (CMHC), mobile stroke unit, patient home-for monthly end stage renal, ESRD-related clinical assessments, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.

- UHC will also recognize home as an originating site for telehealth services (no telepresenter present)

Transmission & Originating Site Fees: UHC will allow the originating site to submit a claim for services of the telepresenter using HCPCS Q3014. T1014 is not eligible for payment, UHC considers these services as incidental to the charges associated with the E/M.

Video Component: Telehealth services must be performed over an audiovisual connection, unless audio only allowable code is utilized

- UHC will align with the AMA and will consider for reimbursement the services included in Appendix T of the CPT code set, which are appropriate for reporting real-time, interactive audio-only telehealth, when appended with modifier 93, and reported with POS 02 or 10
- All PT/OT/ST Telehealth visits must be performed using live, interactive video conferencing that involves the presence of both parties at the same time and a communication link between them that allows a real-time audio and visual interaction to take place. E-mailing “stored” exercise videos and discussing or reviewing by phone is not reimbursable

UHC ELEGIBLE TELEHEALTH CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845
90846	90847	90853	90863	90951	90952	90953	90954	90955	90956	90957	90958
90959	90960	90961	90962	90964	90965	90966	90967	90968	90969	90970	92227
92228	92507	92521	92522	92523	92524	93228	93229	93268	93270	93271	93272
93797	93798	94625	94626	96040	96116	96121	96130	96131	96132	96133	96136
96137	96138	96139	96156	96158	96159	96160	96161	96164	96165	96167	96168
97110	97112	97116	97161	97162	97163	97164	97165	97166	97167	97168	97530
97535	97750	97755	97760	97761	97802	97803	97804	98960	98961	98962	99202
99203	99204	99205	99211	99212	99213	99214	99215	99217	99224	99225	99226
99231	99232	99233	99238	99239	99281	99282	99283	99284	99285	99291	99292
99307	99308	99309	99310	99315	99316	99334	99335	99336	99337	99347	99348
99349	99350	99354	99355	99356	99357	99395	99396	99397	99406	99407	99408
99409	99469	99472	99476	99478	99479	99480	99483	99495	99496	99497	99498
G0108	G0109	G0270	G0296	G0396	G0397	G0406	G0407	G0408	G0420	G0421	G0422
G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447
G0459	G0506	G508	G0509	G0513	G0514	G2086	G2087	G2088	G2211	G2212	G9481
G9482	G9483	G9484	G9485	G9486	G9487	G9488	G9489	G9978	G9979	G9980	G9981
G9982	G9983	G9984	G9985	G9986							
PT/OT/ST											
92507	92521	92522	92523	92524	97110	97112	97116	97161	97162	97163	97164
97165	97166	97167	97168	97535	97750	97755	97760	97761			
AUDIO ONLY CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845
90846	90847	92507	92508	92521	92522	92523	92524	96040	96110	96116	96121
96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171	97802
97803	97804	99406	99407	99408	99409	99497	99498				

The Families First Coronavirus Response Act, section 6001 (a)(2) required payors to waive cost sharing for office visits (including in-person visits and telehealth visits), urgent care center visits, and emergency room visits that resulted in an order for or administration of a COVID-19 test, or an evaluation to determine if a COVID-19 test was required. With the end of the federal COVID-19 PHE on May 11th, 2023, the Families First Coronavirus Response Act also expired, resulting in the expiration of the required cost share waiver.

RURAL HEALTH CLINICS (RHC) FEDERALLY QUALIFIED HEALTH CLINICS (FQHC)

MEDICARE

Payor Specific Key Points:

As part of the CARES Act, Congress has authorized RHCs and FQHCs to be a “distant site” for telehealth visits, therefore allowing RHC and FQHCs practitioners to provide telehealth services.

- RHCs & FQHCs will continue to be allowed to act as a distant site until December 31st, 2024, under the Consolidated Appropriations Act.

Telehealth:

Consolidated Appropriations Act: Extends certain telehealth flexibilities for Medicare patients until December 31st, 2024, including:

- Originating site restriction waiver
- Expanded list of allowable telehealth practitioners
- Audio only telehealth services
- In person requirement for mental health services via telehealth
- Extension of FQHC/RHC to serve as originating site

Cost Report:

- **RHC:** Costs for furnishing distant site telehealth services will not be used to determine the RHC AIR rate but must be reported on the appropriate cost report form. RHCs must report both originating and distant site telehealth costs on Form CMS-222-17 on line 79 of the Worksheet A, in the section titled “Cost Other Than RHC Services.”
- **FQHC:** Costs for furnishing distant site telehealth services will not be used to determine the FQHC PPS rate but must be reported on the appropriate cost report form. FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled “Other FQHC Services”.

Allowable Codes: See table below for codes allowable via telehealth.

Billing:

- **HCPCS:** G2025
- **Professional (1500) Claims:**
 - **Through December 31st, 2023:** POS that would have been used if the visit were provided in person with modifier 95
 - **Modifier:** FR if applicable
- **Mental Health Claims:** POS 02 or 10 and modifier FQ if performed via audio only

Mental Health Services:

- CMS will permanently allow mental health telehealth services performed by an RHC/FQHC
- The service must be either audio visual OR
- Audio-only if the following are present:
 - The patient is incapable of, or fails to consent to, the use of video technology for the service
 - The provider has conducted an in-person visit within the last 6 months of the initial tele-mental service
 - The services are medical necessary
 - After the initial telehealth visit, the provider conducts an in-person visit at least once every 12 months of each tele-mental visit.
 - However, if the patient and provider consider the risks of an in person service and agree that these risks outweigh the benefits, then the annual visit may be skipped.

- Providers must document the decision
- Until December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type: Through December 31st, 2024, physical therapists, occupational therapists, speech language pathologists, and audiologists, to receive payment for Medicare telehealth services.

- **January 1st, 2025:** Allowable provider types will revert back to only physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

Reimbursement: The RHC/FQHC telehealth payment rate is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS. For 2023 the rate is \$95.88.

Transmission/ Originating Site Fees: Medicare does not reimburse transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014).

- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home.

Video Component: When providers are providing an E/M service that would otherwise be reported as an in-person or telehealth visit, using audio-only technology, providers should utilize the appropriate telephone E/M code (99441-99443), not the in person or telehealth visit code.

- Audio only mental health telehealth will be permanently reimbursable if:
 - The provider has the technical capability, at the time of the service, to use an interactive telecommunications system
 - The patient is incapable of, or fails to consent to, the use of video technology for the service
 - The beneficiary is located at his or her home
 - The practitioner documents the reason for using audio-only technology uses the appropriate service level modifier

Telephone Services: Until December 31st, 2024, RHC/FQHCs can perform audio only telephone E/M services utilizing CPT codes 99441, 99442, and 99443.

- RHCs can furnish and bill for these services using HCPCS code G2025.
- At least 5 minutes of telephone E/M by physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian.
- Cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

Virtual Check-Ins & E-Visits: Until December 31st, 2024, RHC/FQHCs can perform E-Visits (CPT codes 99421-99423), which are online digital E/M services that utilize a secure patient portal. Medicare will also allow RHC/FQHCs to perform Virtual Check Ins (HCPCS G2012 and G2010).

- RHCs should bill HCPCS G0071 if E-Visit or Virtual Check-In services are performed.
- **Reimbursement:** is set at the average of the national non-facility PFS payment rates for the 5 E-visits and Virtual Check-In codes. For 2023 the rate is set at \$ \$23.14
- **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between RHC or FQHC practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC.

2023 MEDICARE ELEGIBLE TELEHEALTH CODES

2023 Telehealth Codes

0362T	0373T	77427	90785	90791	90792	90832	90833	90834	90836	90837	90838
90839	90840	90845	90846	90847	90853	90875	90901	90951	90952	90953	90954
90955	90956	90957	90958	90959	90960	90961	90962	90963	90964	90965	90966
90967	90968	90969	90970	92002	92004	92012	92014	92507	92508	92521	92522
92523	92524	92526	92550	92552	92553	92555	92556	92257	92563	92565	92567
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93750	93797	93798	94002	94003	94004
94005	94625	94626	94664	95970	95971	95972	95983	95984	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99281	99282	99283	99284	99285	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99341	99342	99344	99345	99347	99348	99349	99350
99406	99407	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0270
G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420	G0421
G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445	G0446
G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211	G2212
G3003	G9685	S9152									

Codes Highlighted in **Green**-Can Be Performed via an Audio only

Medicare Telehealth Codes Payment Limitations	
CPT/HCPCS	Medicare Payment Limitation
90875	Non-covered service
94005	Bundled code
96110	Non-covered service
96170	Non-covered service
96171	Non-covered service
98960	Bundled code
98961	Bundled code
98962	Bundled code
S9152	Not valid for Medicare purposes
G0410	Statutory exclusion
G2211	Bundled code

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits:** 99421-99423, 98970-98972
- **Telephone:** 99441-99443, 98966-98968
- **Virtual Check-Ins:** Not Allowed

Modifier:

- **E-Visits:** GT
- **Telephone:** FQ

Telehealth:

Telehealth Definition: AHCCCS defines telehealth as services delivered via:

- Asynchronous (store and forward)
- Remote Patient Monitoring
- Teledentistry
- Telemedicine (real-time interactive audio and video)

Allowable Services: Allowable telehealth code set in below table

- **Prolonged Services:** Services beyond the typical service of the primary procedure, that require direct patient contact and occur in either the office or another outpatient setting are covered under telehealth, such as G0513 and G0514.

Asynchronous Telehealth: The following services are covered via asynchronous telehealth: behavioral health, cardiology, dermatology, infectious disease, neurology, ophthalmology, pathology, radiology, allergy/immunology.

Modifiers/POS:

- **Professional (1500) claims:**
 - For Reimbursement at the Capped FFS Rate or APM Rate:
 - The Place of Service (POS) must be the originating site. The originating site is the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.
 - **Modifier:** GT or GQ or FQ (if service was furnished using audio-only communication technology)
 - FQ Modifier removed from E/M codes effective 7/1/2023
- **Medicare Dual Claims:** Utilize POS 02
- **Facility (UB) claims:**
 - For Reimbursement at the AIR:
 - Utilize revenue Codes 0510, 0512 and 0516
 - Modifier GT or GQ and FQ if service was furnished using audio-only communication technology

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER ¹ OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODES AVAILABLE
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site ²	Telehealth Code Set
Asynchronous (Store & Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site ²	Telehealth Code Set
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site ²	Telehealth Code Set
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site ²	Teledentistry Code Set
Telephonic	Audio-only	FQ	Originating Site ²	Telehealth Code Set

¹ All other applicable modifiers apply.

² Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.

Reference: <https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>

Patient Location: Defined per code, see allowable code and place of service below

- There are no geographic restrictions for telehealth; services delivered via Telehealth are covered by the Contractor and FFS programs in rural and urban regions.

Reimbursement: Refer to fee schedule for telehealth reimbursement

Transmission & Originating Site Fees: Transmission and originating site HCPCS are not listed in the eligible telehealth code list.

Audio Only Services: Audio-only services are covered if the telehealth encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider.

- The AHCCCS Telehealth code set defines which codes are billable as an audio-only service and the applicable modifier(s) and place of service providers must use when billing for an audio-only service.

MEDICAID ELIGIBLE TELEHEALTH CODES				
Code	GT	GQ	FQ	Places of Service (POS)
77427	GT			05 06 07 08 11 12 19 20 21 22 49 50 71 72 99
88321		GQ		05 06 07 08 11 19 21 22 23 24 81
88323		GQ		05 06 07 08 19 21 22 23 24 81
88325		GQ		05 06 07 08 19 21 22 23 24 81
90791	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90792	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 20 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90832	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 14 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90833	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90834	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90836	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90837	GT		FQ	02 03 05 06 07 08 09 10 11 12 13 19 21 22 24 31 32 33 49 50 51 52 53 54 55 56 61 71 72 99
90838	GT		FQ	02 03 05 06 07 08 10 11 12 13 19 21 22 31 32 49 50 51 52 53 54 55 56 61 71 72 99
90839	GT		FQ	02 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 54 55 56 61 71 72 99
90840	GT		FQ	02 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 54 55 56 61 71 72 99
90845	GT		FQ	02 05 06 07 08 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 61 71 72 99
90846	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 49 50 51 52 53 55 56 71 72 99
90847	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90849	GT			02 03 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90853	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90875	GT			02 03 05 06 07 08 10 11 12 19 20 21 22 23 49 50 51 52 53 54 55 56 71 72 99
90887	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90889	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99
90899	GT			02 03 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 51 52 53 54 55 56 71 72 99

90951	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90952	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90953	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90954	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90955	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90956	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90958	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90959	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90960	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90961	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90962	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90963	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90964	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90965	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90966	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90967	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90968	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90969	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
90970	GT			02 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 65 71 72 99
92002	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92004	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92012	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92014	GT			02 05 06 07 08 09 10 11 12 13 19 21 22 23 31 32 33 49 50 71 72
92227	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92228	GT	GQ		02 05 06 07 08 10 11 19 22 49 50 71 72 99
92507	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 62 71 72 99
92508	GT		FQ	02 03 05 06 07 08 10 11 12 19 21 22 31 32 33 49 50 71 72 99
92521	GT		FQ	02 03 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92522	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 49 50 71 72 99
92523	GT		FQ	02 03 05 06 07 08 09 10 11 12 19 22 31 32 49 50 71 72 99
92524	GT		FQ	02 03 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92526	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 31 32 33 49 50 71 72 99
92550	GT			02 05 06 07 08 09 10 11 12 19 20 21 22 49 50 71 72 99
92551	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 23 24 49 50 71 72 99
92552	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92553	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92555	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92556	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92557	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92563	GT			02 03 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72 99
92565	GT			02 05 06 07 08 10 11 12 19 20 21 22 24 49 50 71 72
92567	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 24 49 50 71 72 99
92568	GT			02 03 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72 99
92570	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72 99
92584	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92587	GT			02 03 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92588				02 05 06 07 08 10 11 19 20 22 49 50 71 72 99
92590	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92591	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92592	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92593	GT			02 05 06 07 08 10 11 12 19 21 22 24 49 50 71 72
92601	GT			02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92602	GT			02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92603	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92604	GT			02 05 06 07 08 09 10 11 12 19 21 22 49 50 71 72 99
92605	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92606	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92607	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92608	GT			02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92609	GT			02 03 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
92618	GT			02 05 06 07 08 10 11 12 19 22 49 50 71 72 99
92625	GT			02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
92626	GT			02 03 10 11 12 19 20 21 22 49 50 71 72 99
92627	GT			02 03 10 11 12 99
92630	GT			02 03 10 12 99
92633	GT			02 03 10 12 99
93228		GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93229		GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93241		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93242		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93243		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93244		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93245		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72

93246		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93247		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93248		GQ		02 05 06 07 08 10 11 19 21 22 49 50 71 72
93264		GQ		02 05 06 07 08 10 11 12 19 20 21 22 49 50 71 72 99
93268	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 51 71 72 81
93270	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 51 71 72 81
93271	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 81
93272	GT	GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72
93298		GQ		02 05 06 07 08 10 11 12 19 21 22 49 50 71 72 99
93750	GT			02 05 06 07 08 10 11 19 21 22 49 50 71 72
93797	GT			02 05 06 07 08 10 11 19 22 49 50 71 72
93798	GT			02 05 06 07 08 10 11 19 22 49 50 71 72
94002	GT			02 06 08 10 12 21 22 99
94003	GT			02 06 08 10 12 21 22 99
94004	GT			02 10 12 31 32 99
94005	GT			02 05 07 10 11 12 99
94664	GT			02 05 06 07 08 10 11 12 19 20 21 22 23 31 32 33 49 50 71 72
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T2019	GT			02 10 12 99
T2020	GT			02 10 12 99
T2021	GT			02 10 12 53 99

On April 11, 2023, OCR announced that the HIPAA compliant software enforcement discretion will expire at 11:59 p.m. on May 11, 2023, due the expiration of the COVID-19 PHE. OCR will continue to support the use of telehealth after the PHE by providing a 90-calendar day transition period for covered health care providers to make any changes to their operations that are needed to provide telehealth in a private and secure manner in compliance with the HIPAA Rules. During this transition period, OCR will continue to exercise its enforcement discretion and will not impose penalties on covered health care providers for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth. The transition period will be in effect beginning on May 12, 2023, and will expire at 11:59 p.m. on August 9, 2023.

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