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MEDICAID INFORMATION RELEASE MA15-11

To: Healthy Connections Primary Care Providers & Physician Specialists
From: Lisa Hettinger, Administrator 
Subject: Updated Telehealth Policy

In our continuing efforts to align with the Idaho Statewide Healthcare Innovation Plan, Medicaid is updating its telehealth policy. We have added certain primary care provider and physician specialists' outpatient services to the list of services allowable for reimbursement when delivered via telehealth. This policy change will facilitate access to these providers and enable development of virtual patient-centered medical homes.

Effective February 1, 2016, the attached list of codes are approved for services delivered via telehealth. When delivering a service, the participant is located at the originating site and the physician/provider is at the distant site. The physician at the distant site bills the appropriate CPT code for the service rendered and uses the GT modifier to indicate the service was delivered via telehealth. Any location is an allowable originating site for telehealth services delivered by the participant's Healthy Connections primary care provider or a board-certified physician specialist. Board-certified specialist services delivered via telehealth are reimbursable when the specialist has obtained a referral from the primary care provider prior to rendering services.

All services must be delivered according to requirements in the [Telehealth Access Act](#) (Chapter 56 [57], Title 54, Idaho Code).

In conjunction with expanding the number of services that can be delivered via telehealth, site fees for use of telehealth equipment are no longer reimbursable as of February 1, 2016.

Updates to the Telehealth Policy and Frequently Asked Questions documents (located on the [Medicaid Provider page](#) of our website) will be posted mid-January.

This information release replaces both previous releases, MA13-01 and MA08-01.

Thank you for participating in the Idaho Medicaid program.

LH/dk

Idaho Medicaid

The procedure codes listed on this page are the only services that can receive Medicaid reimbursement when delivered via telehealth.

Telehealth: codes allowable effective February 1, 2016

Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Eval W/Medical Services
90832	Psychotherapy Patient & / Family 30 Minutes
90833	Psychotherapy Pt & /Family W/E & M Srvc 30 Min
90834	Psychotherapy Patient & / Family 45 Minutes
90836	Psychotherapy Pt & /Family W/E & M Srvc 45 Min
90837	Psychotherapy Patient & / Family 60 Minutes
90838	Psychotherapy Pt & /Family W/E & M Srvc 60 Min
96150	Hlth & Behavior Assmt Ea 15 Min W/Pt 1st Assmt
96151	Hlth & Behavior Assmt Ea 15 Min W/Pt Re-Assmt
96152	Hlth & Behavior Ivntj Ea 15 Min Indiv
96153	Hlth & Behavior Ivntj Ea 15 Min Grp 2/Gt Pts
96154	Hlth & Behavior Ivntj Ea 15 Min Fam W/Pt
99354	Prolng Svc Office O/P Dir Contact 1st Hr
99355	Prolng Svc Office O/P Dir Contact Ea 30 Min
99406	Tobacco Use Cessation Intermediate 3-10 Minutes
99407	Tobacco Use Cessation Intensive Gt10 Minutes
99495	Transitional Care Manage Service 14 Day Discharge
99496	Transitional Care Manage Service 7 Day Discharge
99201	Office Outpatient New 10 Minutes
99202	Office Outpatient New 20 Minutes
99203	Office Outpatient New 30 Minutes
99204	Office Outpatient New 45 Minutes
99205	Office Outpatient New 60 Minutes
99211	Office Outpatient Visit 5 Minutes
99212	Office Outpatient Visit 10 Minutes
99213	Office Outpatient Visit 15 Minutes
99214	Office Outpatient Visit 25 Minutes
99215	Office Outpatient Visit 40 Minutes
H2011	Therapeutic consultation
H2019	Crisis intervention