Telehealth/Virtual Health Policy, Professional and Facility

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 code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other 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 those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

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

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid.

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, 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. Virtual health encompasses all synchronous, asynchronous and Remote Physiologic Monitoring (RPM) care between health care professionals and patients. This includes Telehealth/Telemedicine, Communication Technology-Based Services (CTBS), Electronic Visit (E-visit), Virtual Check-Ins, interprofessional telephone/internet/electronic health record consultations, etc. Specifically, Telehealth/Telemedicine services only include live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology (synchronous only). The terms Telehealth and Telemedicine are used interchangeably in this policy.

Reimbursement Guidelines

UnitedHealthcare Community Plan 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 related to acute stroke, as well as services recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95.

In addition, UnitedHealthcare Community Plan recognizes certain additional services which can be effectively performed via Telehealth/Telemedicine. These services will be considered for reimbursement when reported with modifier GQ or GT:

- Medical genetics and genetic counseling services (code 96041)
- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum (codes 98960-98962)
- Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)
- Remote real-time interactive video-conferenced critical care evaluation and management (E/M) of the critically ill or critically injured patient, use G0508 or G0509

UnitedHealthcare Community Plan requires one of the Telehealth-associated modifiers (GQ, GT, G0 or 95) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth/virtual visits. UnitedHealthcare Community Plan will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately. Coding relationships for modifier GQ and modifier 95 are administered through the UnitedHealthcare Community Plan Procedure to Modifier Policy.

(See the **Attachments section** below)

UnitedHealthcare Community Plan recognizes the CMS-designated Originating Sites considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

Claims for Originating Site services may be reported using HCPCS code Q3014 (Telehealth originating site facility fee) on either a professional (CMS-1500) or a facility (UB-04) claim when a Telepresenter is present at an originating site location other than the patient's home. Q3014 is not reimbursable when the distant site claim is reported with a POS 10 indicating the patient is located at home and not receiving any Originating Site services from a Telepresenter.

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)

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- A community mental health center (CMHC)
- Mobile Stroke Unit
- Patient home - only for monthly end stage renal, ESRD-related clinical assessments, and 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

UnitedHealthcare Community Plan 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
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

UnitedHealthcare Community Plan recognizes but does not require Place of Service (POS) code 02 or 10 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GQ, GT or 95 are required instead to identify Telehealth services.

UnitedHealthcare Community Plan recognizes federal and state mandates regarding Telehealth/virtual health.

Telehealth Transmission

UnitedHealthcare Community Plan follows CMS guidelines which do not allow reimbursement for Telehealth/virtual health transmission per minute, professional services bill separately reported with Healthcare Common procedure Coding System (HCPCS) code T1014. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in services.

Telephone Services

UnitedHealthcare Community Plan follows CMS guidelines which do not allow reimbursement for telephone services which are non-face-to-face E/M services by a Physician or Other Qualified Health Care Professional reported with CPT codes 98966-98968 or 98008-98016. They are non-reimbursable codes according to the CMS PFS and are considered an integral part of other services provided.

On-Line Digital Evaluation and Management Services

UnitedHealthcare Community Plan aligns with CMS PFS guidelines and considers online digital E/M services (99421-99423 and 98970-98972) eligible for reimbursement. These codes must be reported according to the guidelines as outlined by the AMA in CPT.

Interprofessional Telephone/Internet/Electronic Health Record Consultations

UnitedHealthcare Community Plan follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported by consultative physicians with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS PFS.

Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management

UnitedHealthcare Community Plan follows CMS guidelines and considers digitally stored data services Remote Physiologic Monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473 and 99091 eligible for reimbursement according to the CMS PFS.

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Remote Evaluation of Recorded Video and/or Images
UnitedHealthcare Community Plan follows CMS guidelines and considers 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 reported with HCPCS codes G2010 eligible for reimbursement according to the CMS PFS.
Brief Communication Technology-based Service
UnitedHealthcare Community Plan follows CMS guidelines and considers brief communication technology-based service, e.g., Virtual Check-In, by a Physician or Other Qualified Health Care Professional who can report E/M 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 reported with code 98016 eligible for reimbursement according to the CMS PFS.
Opioid Use Disorder Treatment
UnitedHealthcare Community Plan 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 PFS.

State Exceptions	
Arizona	AHCCCS has a State specific Telehealth code list which allows a FQ, GT, or GQ modifier and the POS as the originating site.
Colorado	• Per Colorado Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services.
Florida	Per state requirements, Florida Medicaid: • Requires modifier GT to be appended to all. • Telehealth/virtual health codes with modifier 95 or GQ will be denied. • HCPCS codes H0001, H0031, H0046, H0047, H1000, H1001, H2000, H2010, H2019 and T1015 when billed with modifier GT are reimbursable for FLMMA. • COVID vaccines are not payable in POS 02 or 10. • 99382GT and 99392GT are not reimbursable for members ages 0-2years • CPT codes 98008-98015 or 98966-98968 are reimbursable when billed with modifier 93, POS 02 or 10, and a mental health diagnosis
Hawaii	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.
Idaho	Per state requirements, Idaho Medicaid: • Providers must bill POS 02 or 10 • Providers must bill modifier FQ or GT • Modifier FR is allowed in conjunction with modifier FQ or GT • FQHC, RHC, or IHS providers should NOT report GT or FQ with T1015

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Indiana	Indiana Medicaid has three separate state specific lists of codes: • One allowed in a Telehealth place of service (02 or 10 with modifier 93) • One allowed in a Telehealth place of service (02 with modifier 95) • One allowed in a Telehealth place of service (02 or 10 with modifier 95) The state of Indiana defines the following: • Modifier GT is considered informational only and not required. • The state considers "Telehealth" as a scheduled remote monitoring of clinical data through technologic equipment in the member's home. • 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. 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.
Kansas	Per state requirements, Kansas Medicaid: • 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). • Modifier GT is considered informational only and not required.
Kentucky	Kentucky Medicaid does not deny Q3014 when the distant site claim is reported with a POS 10
Maryland	Per State Regulations, the delivery of Telehealth/virtual health eligible services must be reported with Modifier GT. • 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. • Telehealth/virtual health eligible services are reimbursable when delivered in a home setting (POS 12). • 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. • Maryland Medicaid does not recognize POS 02 or 10 (Telehealth) nor Telehealth/virtual health Modifiers 95 or GQ and will deny if billed. • CPT code 99600 with modifier GT is only payable in POS 12. • CPT codes 99492, 99493, & 99494 billed with the GT modifier are reimbursable for MDCAID.
Massachusetts	Per state requirements, COVID vaccines are not payable in POS 02 or 10. Per state requirements Behavioral Health codes H0023, H0038, H0040, H2013 and S9485 are allowed in place of service 02,10.
Michigan	• MI Medicaid does not allow modifier GT for Telehealth/virtual health services. • 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. • Provider should now bill with the POS that they would have used if beneficiary was being seen in person.
Minnesota	• Per Minnesota, all Telehealth/Virtual health services must be billed with a 93 modifier along with POS 02 or 10.
Mississippi	• CPT code S9470 billed with the GT modifier is reimbursable for MSCAN. • CPT code S9110 billed with the U9 modifier is reimbursable for MSCAN. • Mississippi Medicaid has a state specific list of codes that are allowed with modifiers: G0, GQ, and GT. • MS Medicaid does not recognize modifier 95 for telehealth. • MS Medicaid does not deny Q3014 when the distant site claim is reported with a POS 10

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Missouri	• 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.
New Jersey	• HCPCS Codes H0006 & 90792 is allowed when billed with POS 02 & 10.
New Mexico	Per state requirements, New Mexico Medicaid: • Requires modifier GT to be used when reporting the delivery of (SBHC) School Based Health Center. • Per New Mexico state guidance, CPT Codes 98966, 98967, and 98968 are allowed to be billed for dates of service 07/01/2024-03/31/2025 Allows the home of an individual when an interactive audio and video telecommunication system that permits real-time visit is used between the eligible provider and the MAP eligible recipient.
New York	Per state requirements, New York Medicaid: • COVID vaccines are not payable in POS 02 or 10. • CPT code 98016 billed with modifiers 93, 95, FQ, GT, and GQ is allowed in place of service 02,10,11 when not billed in conjunction with 98000-98015. • CPT code 99453 and 99454 are allowed with HD modifier.in place of service 02,10,11 • CPT codes 99050 and 99051 are allowed with 95, GT, 93, or FQ. In place of service 02,10,11 • HCPCS code G2211 is allowed billed with modifiers 93,95,GT,GQ,FQ in place of services 02,10,11,22
Nebraska	• Nebraska Medicaid has a state-specified list of codes allowed in a Telehealth place of service (02) & Place of service (10). • All audio/visual telemedicine services must be billed with modifier 95. • All audio-only telemedicine services must be billed with modifier 93. • Nebraska Medicaid does not deny Q3014 when the distant site claim is reported with a POS 10 • Per state requirement modifier GT is not allow.
North Carolina	According to North Carolina State Regulations, Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via two-way real-time interactive audio-visual communication. This modifier should not be used for virtual patient communications (including telephonic evaluation and management services) or remote patient monitoring. The following codes are not covered for Telehealth: G2010, 99451-99452, G2068-G2088, and 99091. NC Medicaid will allow codes 99474, G0071, and T1015 without a GT modifier. Q3014 submitted with a GT modifier is allowed. State specialty limitations to include provider types listed within this policy as well as the following: • Licensed Professional Counselor • Licensed Mental Health Counselor and other Master's Level licensed types • Licensed Clinical Alcohol and Drug Counselor • Certified Applied Behavioral Analysis practitioner • Licensed Marriage and Family Therapist 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. • Exception: Hybrid telehealth with supporting home visits should be filed with place of service 12 (home).

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Ohio	According to State Regulations, the following are reimbursable: • GT modifier plus all codes in the "OH Telehealth Covered Codes" list. • POS 02 and 10 plus all codes in the "OH Telehealth Covered Codes" list. OH Medicaid has a state specific list of codes. See the Attachment section for Ohio's state list.
Pennsylvania	Per Pennsylvania Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services. COVID vaccines are not payable in POS 02 or 10.
Rhode Island	Per state regulations, RICAID allows code T1015, T1017, H0046, T1016, T1024, H2000, T1023, and T1027, reimbursable when billed with modifier GT. Per state requirements, COVID vaccines are not payable in POS 02 or 10.
Tennessee	Per TN Legislation, Telehealth is covered when delivered by any medical and behavioral health care professional — with 2 exclusions: • Pain Management Clinics • Chronic nonmalignant pain treatment service • School-based services need to be billed using POS 03 with appropriate modifier for telehealth. • RHC/FQHC to utilize standard POS 50/72 with appropriate procedure and modifier combination for telehealth and only utilize POS 02/10 if no other option is available. • Audio only services identified by modifier 93 will be reduced by 15% for reimbursement. • Tennessee Medicaid allows procedure codes 98960, 98961, and 98962 when billed with the U8 modifier to be provided in telehealth settings.
Texas	According to State Regulations, TX MMP allows codes: • T1015, G2011, G8431, G8510, G9002, H0001, H0004, H0005, H0034, H0038, H0049, H2011, H2017, and T1017. TX Medicaid does not allow modifier GT for Telehealth/virtual health services. All telehealth/virtual health services must be billed with modifier: • 95 • 93 (audio only) • FQ (audio only). Please see Attachment section for the Texas state specific list of Telehealth/virtual health codes. State specialty limitations apply. • CPT code 99211 with modifier 93 is only billable during public state of emergencies. • Per state requirements, COVID vaccines are not payable in POS 02 or 10. • CPT code G9012 billed with the U2, U5, 95 modifier is reimbursable for comprehensive visit (in person or synchronous audiovisual) ○ CPT code G9012 billed with the TS, 93 modifier is reimbursable for follow-up visit (in person or synchronous audiovisual) • CPT code Q3014 billed with a 95 modifier is reimbursable for RHCs and FQHCs • CPT codes: 99212, 99213, 99214, & 99215 are payable with an FQ modifier for established patient services for mental health or substance use for synchronous telephone (audio-only). • CPT code S9482 is payable with modifiers FQ and 95 • CPT codes 97151, 97155, 97156, 97158 & 99366 are payable with modifier 95
Virginia	• Virginia Medicaid (including CCC Plus) has a State specific Telehealth/virtual health code list which allows a GT modifier. See the Attachment section for Virginia's state list. • Per state guidance, G2211 is excluded from this policy as it is a non-covered code. • Per state guidance, high-risk persons are eligible for Telehealth Services • Per state guidance, H0023 is allowed in POS 11, or any other appropriate POS.

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Washington	• Per Washington Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services.
Washington DC	• Per District regulations, all Telehealth/Virtual health services must be billed with a GT modifier.
Wisconsin	• Wisconsin Medicaid has a state specified list of codes allowed in a Telehealth place of service (02, 10) and GT, FQ, FR, GQ, 93 and 95 Modifier. • Per Wisconsin Medicaid State requirements, 98000-98016 are exempt from the telehealth modifier requirements. • 99202-99205 and 99212-99215 are no longer used with telehealth place of service 02 or 10. Providers should refer to the new E/M telehealth CPT codes 98000–98016.

Definitions	
Communication Technology-Based Services (CTBS)	Services furnished via telecommunications technology and considered under virtual care but not considered Telehealth services.
Distant Site	The location of a physician or other qualified health care professional at the time the service being furnished via a telecommunications system occurs.
Electronic Visit (E-visit)	Communication between a patient and provider through an online patient portal.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.
Physician or Other Qualified Health Care Professional	Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
Remote Physiologic Monitoring	Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data.
Telehealth/Telemedicine	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.
Virtual Check-In	A brief check-in with the provider with an established patient-provider relationship.

Questions and Answers	
1	**Q:** How does UnitedHealthcare Community Plan reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician can handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied? **A:** UnitedHealthcare Community Plan will not reimburse for these services (98008-98016 or 98966-98968), as they are considered included in the overall management of the patient.
2	**Q:** A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will UnitedHealthcare Community Plan reimburse the physician for these telephone services?

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	A: No, UnitedHealthcare Community Plan will not reimburse telephone services (98008-98016 or 98966-98968), as they are considered included in the overall management of the patient.
3	**Q:** What is the difference between Telehealth services and telephone calls? **A:** 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/Mt services.
4	**Q:** If a provider renders the professional component for a diagnostic service, at a Distant Site from the patient, should modifier GT be reported? **A:** No. Modifier GT indicates a face-to-face encounter utilizing interactive audio-visual communication technology. Therefore, it is not appropriate to report modifier GT in this scenario since this does not represent a face-to-face encounter. However, use of modifier 26 would be appropriate to designate that the professional component of the diagnostic service was provided. Please refer to the Professional/Technical Component Policy for more information.
5	Q: What are the documentation requirements for Telehealth visits? A: 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.

Attachments	
Codes Recognized with Modifier GT, GQ or G0	A list of codes that UnitedHealthcare Community Plan codes recognized when reported with modifier GT, GQ or G0
Codes Recognized with Modifier 95	A list of codes that UnitedHealthcare Community Plan codes recognized when reported with modifier 95
HAWAII State Telehealth Code List	Hawaii state specific list of telehealth codes and modifiers.
Indiana State Medicaid Modifier 93_95 with POS 02 or 10	Indiana state specific list of Telehealth codes allowed in POS 02 or 10 reported with modifier 93 or 95
Indiana State Medicaid Modifier 95 in POS 02	Indiana state specific list of Telehealth codes allowed in POS 02 reported with modifier 95
Indiana State Medicaid Modifier 95 in POS 02 or 10	Indiana state specific list of Telehealth codes allowed in POS 02 or 10 reported with modifier 95
KANSAS State Telehealth Code List POS 02	Kansas state specific list of telehealth codes allowed in POS 02
KANSAS State Telehealth Code List POS 10	Kansas state specific list of telehealth codes allowed in POS 10

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MICHIGAN State Telehealth Code Modifier 93 List	Michigan state specific list of Telehealth codes allowed with modifier 93
MICHIGAN State Telehealth Code Modifier 95 List	Michigan state specific list of Telehealth codes allowed with modifier 95
Mississippi State Telehealth Code List	Mississippi state specific list of Telehealth codes allowed with modifier GT, G0, or GQ
MISSOURI State Telehealth Code List	Missouri state specific list of telehealth codes allowed in POS 02
NEBRASKA State Telehealth Code List Modifier 95 & 93	Nebraska state Medicaid specific list of Telehealth codes recognized with modifier 95 & 93.
NEBRASKA State Telehealth Code List POS 02 & 10	Nebraska state Medicaid specific list of Telehealth codes recognized in POS 02 &10.
NORTH CAROLINA State Telehealth Code List	North Carolina state specific list of codes allowed with modifier GT
OHIO State Telehealth Code List	Ohio state specific list of telehealth codes and recognized modifiers
Tennessee-State-Medicaid-Telehealth-Codes	Tennessee state Medicaid specific list of Telehealth codes for POS 02 or 10, and/or modifiers 93, 95, G0, GQ and GT
TEXAS State Medicaid Telehealth Code Audio Only List	Texas state Medicaid specific list of Telehealth codes (audio-only) recognized with modifier 93.
TEXAS State Medicaid Telehealth Code List	Texas state specific list of telehealth codes recognized with modifier 95.
VIRGINIA State Telehealth Code List	Virginia state specific list of codes recognized when reported with modifier GT
WISCONSIN State Telehealth Code List	Wisconsin state specific list of telehealth codes

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.

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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.

History	
9/6/2026	Policy Version Change Attachment Section: OHIO State Telehealth Code List updated
8/23/2026	Policy Version Change State Exceptions: New York updated History Section: Entries prior to 8/23/2024 archived
8/16/2026	Policy Version Change State Exceptions: Virginia updated History Section: Entries prior to 8/16/2024 archived
7/19/2026	Policy Version Change Attachment Section: Codes Recognized with Modifier GT, GQ or G0 list updated Attachment Section: OHIO State Telehealth Code List updated History Section: Entries prior to 7/19/2024 archived
7/12/2026	Policy Version Change State Exceptions: New York updated Attachment Section: Nebraska State Modifier 95 & 93 Telehealth Code List updated Attachment Section: NORTH CAROLINA State Telehealth Code List updated History Section: Entries prior to 7/12/2024 archived
5/25/2026	Policy Version Change State Exceptions: Wisconsin updated
5/17/2026	Policy Version Change Attachment Section: Tennessee State Medicaid Telehealth Code List updated Attachment Section: OHIO State Telehealth Code List updated
5/10/2026	Policy Version Change State Exceptions: Wisconsin updated Attachment Section: WISCONSIN State Telehealth Code List updated
4/12/2026	Policy Version Change State Exceptions: New York updated
3/29/2026	Policy Version Change State Exceptions: Massachusetts updated Attachment Section: Indiana State Medicaid Modifier 95 in POS 02 updated
3/15/2026	Policy Version Change State Exceptions: New York updated Attachment Section: OHIO State Telehealth Code List updated
3/8/2026	Policy Version Change State Exceptions: New Jersey added State Exceptions: Virginia updated Attachment Section: VIRGINIA State Telehealth Code List updated
1/11/2026	Policy Version Change State Exceptions: Rhode Island updated
12/12/2025	Policy Version Change State Exceptions: Tennessee updated Attachment Section: Tennessee State Medicaid Telehealth Code List updated
12/7/2025	Policy Version Change State Exceptions: Massachusetts updated
11/16/2025	Policy Version Change State Exceptions: Florida updated

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	Attachment Section: WISCONSIN State Telehealth Code List updated
11/10/2025	Policy Version Change Attachment Section: TENNESSEE State Medicaid Telehealth Code List added
11/9/2025	Policy Version Change Attachment Section: KANSAS State Telehealth POS 02 Code List updated Attachment Section: KANSAS State Telehealth POS 10 Code List updated Attachment Section: VIRGINIA State Telehealth Code List updated
10/26/2025	Policy Version Change State Exceptions: Virginia updated
10/19/2025	Policy Version Change Attachment Section: TEXAS State Medicaid Telehealth Code List updated Attachment Section: WISCONSIN State Telehealth Code List updated
10/10/2025	Policy Version Change Attachment Section: Indiana State Medicaid Modifier 93 with POS 02 or 10 is updated as Indiana State Medicaid Modifier 93_95 with POS 02 or 10 and also code list updated Attachment Section: Indiana State Medicaid Modifier 95 in POS 02 or 10 updated Attachment Section: WISCONSIN State Telehealth Code List updated
10/5/2025	Policy Version Change Attachment Section: HAWAII State Telehealth Code List updated
9/7/2025	Policy Version Change Attachment Section: California removed, and HAWAII State Telehealth Code List Updated
8/24/2025	Policy Version Change State Exceptions: Texas updated Attachment Section: TEXAS State Medicaid Telehealth Code List updated
8/10/2025	Policy Version Change Attachment Section: KANSAS State Telehealth POS 02 Code List updated Attachment Section: KANSAS State Telehealth POS 10 Code List updated Attachment Section: Nebraska State Modifier 95 & 93 Telehealth Code List updated Attachment Section: Nebraska State POS 02 & 10 Telehealth Code List updated Attachment Section: WISCONSIN State Telehealth Code List updated
8/5/2025	Policy Version Change Attachment Section: Indiana State Medicaid Modifier 93 with POS 02 or 10 updated Attachment Section: Indiana State Medicaid Modifier 95 in POS 02 or 10 updated
7/20/2025	Policy Version Change State Exceptions: Wisconsin updated
7/13/2025	Policy Version Change State Exceptions: California removed Attachment Section: Nebraska State Modifier 95 & 93 Telehealth Code List updated Attachment Section: Nebraska State POS 02 & 10 Telehealth Code List updated Attachment Section: TEXAS State Medicaid Telehealth Code List updated Attachment Section: MICHIGAN State Telehealth Code Modifier 95 List updated
6/29/2025	Policy Version Change Attachment Section: NORTH CAROLINA State Telehealth Code List updated Attachment Section: KANSAS State Telehealth POS 02 Code List updated Attachment Section: KANSAS State Telehealth POS 10 Code List updated
6/15/2025	Policy Version Change Attachment Section: KANSAS State Telehealth POS 02 Code List Attachment Section: KANSAS State Telehealth POS 10 Code List
6/8/2025	Policy Version Change State Exceptions: Idaho and Texas updated Attachment Section: TEXAS State Medicaid Telehealth Code List and WISCONSIN State Telehealth Code List updated

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5/25/2025	Policy Version Change Attachment Section: WISCONSIN State Telehealth Code List updated
5/18/2025	Policy Version Change State Exceptions: Idaho updated
5/11/2025	Policy Version Change State Exceptions: Kansas updated, and Michigan updated Attachment Section: MICHIGAN State Telehealth Code Modifier 93 List Attachment Section: MICHIGAN State Telehealth Code Modifier 95 List Attachment Section: KANSAS State Telehealth POS 02 Code List Attachment Section: KANSAS State Telehealth POS 10 Code List
4/27/2025	Policy Version Change State Exceptions: North Carolina updated Attachment Section: HAWAII State Telehealth Code List updated Attachment Section: NORTH CAROLINA State Telehealth Code List updated
4/20/2025	Policy Version Change Attachment Section: MICHIGAN State Telehealth Code Modifier 93 List updated Attachment Section: MICHIGAN State Telehealth Code Modifier 95 List updated
4/13/2025	Policy Version Change State Exceptions: New York updated Attachment Section: WISCONSIN State Telehealth Code List updated Attachment Section: KANSAS State Telehealth POS 02 Code List updated
3/11/2025	Policy Version Change State Exceptions: New Mexico updated
3/9/2025	Policy Version Change State Exceptions: Texas updated Attachment Section: TEXAS State Medicaid Telehealth Code List updated
3/2/2025	Policy Version Change State Exceptions: Arizona updated
2/23/2025	Policy Version Change Attachment Section: KANSAS State Telehealth POS 02 Code List updated, and KANSAS State Telehealth POS 10 Code List updated and Indiana State Medicaid Modifier 93 with POS 02 or 10 updated & Indiana State Medicaid Modifier 95 in POS 02 or 10 updated
2/13/2025	Policy Version Change Attachment Section: Indiana State Medicaid Modifier 93 with POS 02 or 10 updated & Indiana State Medicaid Modifier 95 in POS 02 or 10 updated
2/7/2025	Policy Version Change State Exceptions: Tennessee updated
1/26/2025	Policy Version Change Attachment Section: KANSAS State Telehealth POS 02 Code List updated
1/19/2025	Policy Version Change: Reimbursement guidelines section codes updated Attachment Section: Codes-Recognized-with-Modifier-GT-GQ-or-G0 and Codes-Recognized-with-Modifier-95
1/1/2025	Policy Version Change: Brief communication technology-based service code updated State Exceptions: Missouri & North Carolina updated
12/8/2024	Policy Version Change Attachment Section: MICHIGAN State Telehealth Code Modifier 93 List & MICHIGAN State Telehealth Code Modifier 95 List updated
11/24/2024	Policy Version Change Attachment Section: TEXAS State Medicaid Telehealth Code Audio Only List updated
10/20/2024	Policy Version Change Attachment Section: KANSAS State Telehealth POS 10 Code List updated

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10/13/2024	Policy Version Change Attachment Section: KANSAS State Telehealth POS 02 Code List updated
10/6/2024	Policy Version Change State Exceptions: Texas & New York updated
10/1/2024	Policy Version Change State Exceptions: Ohio updated & New Jersey removed
9/8/2024	Policy Version Change Attachment Section: Mississippi-State-Telehealth-Code-List policy Lists, Nebraska State Modifier 95 & 93 Telehealth Code List & Nebraska-State-Telehealth-Code-List-POS-02-and-10 Policy Lists updated.
5/1/2024	Policy implemented by UnitedHealthcare Community & State

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