

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202227    MARCH 31, 2022

---

## Coverage and billing information for the April 2022 quarterly HCPCS code update

The Indiana Health Coverage Programs (IHCP) has reviewed the April 2022 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after April 1, 2022, unless otherwise specified. For codes with an earlier effective date, providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for fee-for service (FFS) claim submission, in order to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

The bulletin serves as a notice of the following information:

- Table 1: New Current Procedural Terminology (CPT<sup>®1</sup>) and other procedure codes included in the April 2022 quarterly HCPCS update.
- Table 2: New HCPCS codes for the related to coronavirus disease 2019 (COVID-19). Providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for FFS claim submission, to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.
- Table 3: New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate.
- Table 4: Newly covered procedure codes linked to revenue code 636.
- Table 5: Available prior authorization (PA) criteria for the newly covered procedure codes that require PA.
- Table 6: Procedure codes that were discontinued in the April 2022 quarterly HCPCS update, along with alternate code considerations. Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers), for coverage information. Codes that were discontinued effective April 1, 2022, for which no alternative codes were identified, are not listed but are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at [cms.gov](http://cms.gov).
- Table 7: New procedure code modifier included in the April 2022 quarterly HCPCS update.

<sup>1</sup>CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

The April 2022 quarterly HCPCS and CPT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate IHCP Fee Schedule and updates will be made to the following code table documents on the [Code Sets](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers):

- *Durable and Home Medical Equipment and Supplies Codes*
- *Podiatry Services Codes*
- *Procedure Code Modifiers for Professional Claims*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*
- *Vision Services Codes*

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Questions about FFS reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584, option 7. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled.

#### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

#### COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).

#### TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

#### SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).



*Table 1 – New procedure codes included in the April 2022 quarterly HCPCS update, effective for DOS on or after April 1, 2022, unless otherwise stated*

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	Noncovered	N/A	N/A	N/A
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Noncovered	N/A	N/A	N/A
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [HS] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	Noncovered	N/A	N/A	N/A
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	Noncovered	N/A	N/A	N/A
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	Noncovered	N/A	N/A	N/A
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	Noncovered	N/A	N/A	N/A
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 igg autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	Noncovered	N/A	N/A	N/A
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (Ceacam-5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Noncovered	N/A	N/A	N/A
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Noncovered	N/A	N/A	N/A

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1 – New procedure codes included in the April 2022 quarterly HCPCS update, effective for DOS on or after April 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, class 2A, Class 2B)	Noncovered	N/A	N/A	N/A
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	Noncovered	N/A	N/A	N/A
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	Noncovered	N/A	N/A	N/A
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Noncovered	N/A	N/A	N/A
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Noncovered	N/A	N/A	N/A
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Noncovered	N/A	N/A	N/A
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Noncovered	N/A	N/A	N/A
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	Noncovered	N/A	N/A	N/A
A2011	Supra SDRM, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  See Table 3 See Table 4

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1 – New procedure codes included in the April 2022 quarterly HCPCS update, effective for DOS on or after April 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
A2012	Suprathel, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <u>See Table 3</u> <u>See Table 4</u>
A2013	InnovaMatrix FS per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <u>See Table 3</u> <u>See Table 4</u>
A4100	Skin substitute, FDA cleared as a device, not otherwise specified	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <u>See Table 3</u> <u>See Table 4</u>
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Covered	Yes	No	Allowed for Durable Medical Equipment (DME)/Medical Supply Dealer (provider specialty 250)  <u>See Table 5</u>
A9291	Prescription digital behavioral therapy, FDA cleared, per course of treatment	Noncovered	N/A	N/A	N/A
A9574	Air polymer-type A intrauterine foam, 0.1 ml	Noncovered	N/A	N/A	N/A
C9090	Injection, plasminogen, human-tvmh, 1 mg	Covered	No	Yes	<u>See Table 4</u>
C9091	Injection, sirolimus protein-bound particles, 1 mg	Noncovered	N/A	N/A	N/A
C9092	Injection, triamcinolone acetonide, suprachoroidal (XIPERE), 1 mg	Covered	No	Yes	<u>See Table 4</u>
C9093	Injection, ranibizumab, via sustained release intravitreal implant (SUSVIMO), 0.1 mg	Covered	No	Yes	<u>See Table 4</u>
C9507	Plasma, high titer COVID-19 convalescent, each unit	Covered	No	No	<u>See Table 2</u> <u>See Table 4</u>
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	Noncovered	N/A	N/A	N/A

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1 – New procedure codes included in the April 2022 quarterly HCPCS update, effective for DOS on or after April 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Noncovered	N/A	N/A	N/A
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study	Noncovered	N/A	N/A	N/A
E2102	Adjunctive continuous glucose monitor or receiver	Covered	Yes	No	Allowed for DME/Medical Supply Dealer (provider specialty 250) <a href="#">See Table 5</a>
H2038	Skills training and development, per diem	Noncovered	N/A	N/A	N/A
J0219	Injection, anifrolumab-fnia, 4 mg	Covered	No	Yes	<a href="#">See Table 4</a> <a href="#">See Table 6</a>
J0491	Injection, anifrolumab-fnia, 1 mg	Covered	No	Yes	<a href="#">See Table 4</a> <a href="#">See Table 6</a>
J0879	Injection, difelikefalin, 0.1 microgram, (for ESRD on dialysis)	Noncovered	N/A	N/A	N/A
J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg	Covered	No	Yes	<a href="#">See Table 4</a> <a href="#">See Table 6</a>
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Covered	No	Yes	<a href="#">See Table 4</a>
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Covered	No	Yes	<a href="#">See Table 4</a> <a href="#">See Table 6</a>
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	Noncovered	N/A	N/A	N/A
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Noncovered	N/A	N/A	N/A
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Noncovered	N/A	N/A	N/A

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

*Table 1 – New procedure codes included in the April 2022 quarterly HCPCS update, effective for DOS on or after April 1, 2022, unless otherwise stated*

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
K1031	Non-pneumatic compression controller without calibrated gradient pressure	Covered	No	No	Allowed for DME/Medical Supply Dealer (provider specialty 250)  Allowed for Home Medical Equipment (HME) (provider specialty 251)
K1032	Non-pneumatic sequential compression garment, full leg	Covered	No	No	Allowed for DME/Medical Supply Dealer (provider specialty 250)  Allowed for HME (provider specialty 251)
K1033	Non-pneumatic sequential compression garment, half leg	Covered	No	No	Allowed for DME/Medical Supply Dealer (provider specialty 250)  Allowed for HME (provider specialty 251)
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	Covered	No	Yes	Effective <b>2/11/2022</b>  <u>See Table 2</u> <u>See Table 4</u>
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	Covered	No	Yes	Effective <b>2/11/2022</b>  <u>See Table 2</u> <u>See Table 4</u>
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg	Covered	No	Yes	Effective <b>2/24/2022</b>  Restricted to ages 12 years and older  <u>See Table 2</u> <u>See Table 4</u>
Q0222	Injection, bebtelovimab, 175 mg	Covered	No	Yes	Effective <b>2/11/2022</b>  <u>See Table 2</u> <u>See Table 4</u>

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

*Table 1 – New procedure codes included in the April 2022 quarterly HCPCS update, effective for DOS on or after April 1, 2022, unless otherwise stated*

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
Q4224	Human health factor 10 amniotic patch (HHF10-P), per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <a href="#">See Table 2</a> <a href="#">See Table 3</a> <a href="#">See Table 4</a>
Q4225	Amniobind, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <a href="#">See Table 3</a> <a href="#">See Table 4</a>
Q4256	MLG-complete, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <a href="#">See Table 3</a> <a href="#">See Table 4</a>
Q4257	Relese, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <a href="#">See Table 3</a> <a href="#">See Table 4</a>
Q4258	Enverse, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140)  <a href="#">See Table 3</a> <a href="#">See Table 4</a>
Q5124	Injection, ranibizumab-Nuna, biosimilar, (byooviz), 0.1 mg	Noncovered	N/A	N/A	N/A
T2050	Financial management, self-directed, waiver; per diem	Noncovered	N/A	N/A	N/A
T2051	Supports brokerage, self-directed, waiver; per diem	Noncovered	N/A	N/A	N/A
V2525	Contact lens, hydrophilic, dual focus, per lens	Covered	No	No	Allowed for Optometrist (provider specialty 180)  Allowed for Optician (provider specialty 190)

\* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.



*Table 2 – New procedure codes related to COVID-19*

Procedure code	Description	Effective date
C9507	Plasma, high titer COVID-19 convalescent, each unit	4/1/2022
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	2/11/2022
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	2/11/2022
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg	2/24/2022
Q0222	Injection, bebtelovimab, 175 mg	2/11/2022

*Table 3 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate*

Procedure code	Description
A2011	Supra SDRM, per square centimeter
A2012	Suprathel, per square centimeter
A2013	InnovaMatrix FS, per square centimeter
A4100	Skin substitute, FDA cleared as a device, not otherwise specified
Q4224	Human health factor 10 amniotic patch (HHF10-P), per square centimeter
Q4225	Amniobind, per square centimeter
Q4256	MLG-complete, per square centimeter
Q4257	Relese, per square centimeter
Q4258	Enverse, per square centimeter

*Table 4 – Newly covered procedure codes linked to revenue code 636*

Procedure code	Description
A2011	Supra SDRM, per square centimeter
A2012	Suprathel, per square centimeter
A2013	InnovaMatrix FS, per square centimeter
A4100	Skin substitute, FDA cleared as a device, not otherwise specified
C9090	Injection, plasminogen, human-tvmh, 1 mg
C9092	Injection, triamcinolone acetate, suprachoroidal (XIPERE), 1 mg
C9093	Injection, ranibizumab, via sustained release intravitreal implant (SUSVIMO), 0.1 mg
C9507	COVID-19 convalescent plasma
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
J0491	Injection, anifrolumab-fnia, 1 mg
J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg
J9273	Injection, tisotumab vedotin-TFTV, 1 mg
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency

Table 4 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg
Q0222	Injection, bebtelovimab, 175 mg
Q4224	Human health factor 10 amniotic patch (HHF10-P), per square centimeter
Q4225	Amniobind, per square centimeter
Q4256	MLG-complete, per square centimeter
Q4257	Release, per square centimeter
Q4258	Inverse, per square centimeter

Table 5 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA Criteria
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Refer to the criteria published in the Continuous Glucose Monitors section of the <u>Durable and Home Medical Equipment and Supplies</u> provider reference module.
E2102	Adjunctive continuous glucose monitor or receiver	Refer to the criteria published in the Continuous Glucose Monitors section of the <u>Durable and Home Medical Equipment and Supplies</u> provider reference module.

Table 6 – Alternate procedure codes to be used in place of codes that have been end-dated

Discontinued procedure code	Description	Alternate code considerations
C9084	Injection, loncastuximab tesirine-lpyl, 0.1 mg	J9359
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	J0219
C9086	Injection, anifrolumab-fnia, 1 mg	J0491
C9087	Injection, cyclophosphamide, (AuroMedics), 10 mg	J9071

Table 7 – New procedure code modifier included in the April 2022 quarterly HCPCS update, effective for dates of service on or after April 1, 2022\*

Modifier code	Description	Type
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system: synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.	Informational
*Note: At this time IHCP providers are encouraged to continue using the GT modifier when billing for telehealth services and to follow guidelines outlined in <u>BT2020106</u> . The use of modifier 93 will be expanded upon in future updates to the telehealth code set.		