Telehealth and Virtual Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See IHCP Bulletins and IHCP Fee Schedules for updates to coding, coverage and benefit information.*

For information about using these code tables, see the Telehealth and Virtual Services provider reference module.

Indiana Health Coverage Programs (IHCP) reimbursement for services delivered remotely is limited to the codes listed in this document. Tables 1–3 comprise the "telehealth code set," and Table 4 lists the nonhealthcare services allowable for virtual delivery.

See the *Telehealth and Virtual Services* provider reference module for additional restrictions and requirements related to telehealth and nonhealthcare virtual services, including special instructions for federally qualified health centers (FQHCs) and rural health clinics (RHCs).

Table 1 – Medical Service Procedure Codes Covered for Telehealth

Reviewed/Updated: February 29, 2024

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
59425	Antepartum care only; 4-6 visits	Yes
59426	Antepartum care only; 7 or more visits	Yes
59430	Postpartum care only (separate procedure)	Yes
90785	Interactive complexity (List separately in addition to the code for primary procedure)	Yes

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
90791	Psychiatric diagnostic evaluation	No
90792	Psychiatric diagnostic evaluation with medical services	No
90832	Psychotherapy with patient, 30 minutes	Yes
90833	Psychotherapy with patient with E/M, 30 minutes	Yes
90834	Psychotherapy with patient, 45 minutes	Yes
90836	Psychotherapy with patient with E/M, 45 minutes	Yes
90837	Psychotherapy with patient, 60 minutes	Yes
90838	Psychotherapy with patient with E/M, 60 minutes	Yes
90839	Psychotherapy for crisis, first 60 minutes	Yes
90840	Psychotherapy for crisis	Yes
90845	Psychoanalysis	Yes
90846	Family psychotherapy without patient, 50 minutes	Yes
90847	Family psychotherapy including patient, 50 minutes	Yes
90849	Multiple-family group psychotherapy	No
90853	Group psychotherapy (other than of a multiple-family group)	Yes
90951	Dialysis services (4 or more physician visits per month), patient younger than 2 years of age	No
90952	Dialysis services (2-3 physician visits per month), patient younger than 2 years of age	No
90954	Dialysis services (4 or more physician visits per month), patient 2-11 years of age	No
90955	Dialysis services (2-3 physician visits per month), patient 2-11 years of age	No
90957	Dialysis services (4 or more physician visits per month), patient 12-19 years of age	No
90958	Dialysis services (2-3 physician visits per month), patient 12-19 years of age	No
90960	Dialysis services (4 or more physician visits per month), patient 20 years of age and older	No
90961	Dialysis services (2-3 physician visits per month), patient 20 years of age and older	No
90963	Home dialysis services per month, patient younger than 2 years of age	No
90964	Home dialysis services per month, patient 2-11 years of age	No
90965	Home dialysis services per month, patient 12-19 years of age	No
90966	Home dialysis services per month, patient 20 years of age or older	No
90967	Dialysis services, per day (less than full month service), patient younger than 2 years of age	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
90968	Dialysis services, per day (less than full month service), patient 2-11 years of age	No
90969	Dialysis services, per day (less than full month service), patient 12-19 years of age	No
90970	Dialysis services, per day (less than full month service), patient 20 years of age or older	No
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	No
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	No
92012	Eye exam, established patient	No
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	No
92227	Diagnostic imaging of retina	No
92228	Diagnostic imaging of retina management	No
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	No
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	No
92521	Evaluation of speech fluency (e.g. stuttering, cluttering)	No
92522	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)	No
92523	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)	No
92524	Behavioral and qualitative analysis of voice resonance	No
92526	Treatment of swallowing dysfunction and/or oral function for feeding	No
92550	Tympanometry and reflex threshold measurements	No
92551	Screening test, pure tone, air only	No
92552	Pure tone audiometry (threshold); air only	No
92553	Pure tone audiometry (threshold); air and bone	No
92555	Speech audiometry threshold;	No
92556	Speech audiometry threshold; with speech recognition	No
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
92560	Bekesy audiometry; screening	No
92561	Diagnostic hearing loss test	No
92563	Tone decay test	No
92565	Stenger test, pure tone	No
92567	Tympanometry (impedance testing)	No
92568	Acoustic reflex testing, threshold	No
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	No
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	No
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	No
92590	Hearing aid examination and selection; monaural	No
92591	Hearing aid examination and selection; binaural	No
92592	Hearing aid check; monaural	No
92593	Hearing aid check; binaural	No
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	No
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	No
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	No
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	No
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	No
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	No
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	No
92609	Therapeutic services for the use of speech-generating device, including programming and modification	No
92610	Evaluation of oral and pharyngeal swallowing function	No
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	No
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	No
92630	Auditory rehabilitation; prelingual hearing loss	No
92633	Auditory rehabilitation; postlingual hearing loss	No
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	No
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	No
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	No
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	No
96040	Medical genetic patient or family counseling services each 30 minutes	Yes
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	No
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Yes
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Yes
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes
96116	Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	No
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No
96156	Health behavior assessment, or re-assessment	Yes
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	Yes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes	Yes
96160	Administration and interpretation of patient-focused health risk assessment	Yes
96161	Administration and interpretation of caregiver-focused health risk assessment	Yes
96164	Health behavior intervention, group, face-to-face; initial 30 minutes	Yes
96165	Health behavior intervention, group, face-to-face; each additional 15 minutes	Yes
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	Yes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes	Yes
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Yes
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes	Yes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	No
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	No
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	No
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	No
97150	Therapeutic procedure(s), group (2 or more individuals)	No
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes	No
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes	No
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	No
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	No
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	No
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	No
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family	No
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	No
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	No
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/ adaptive equipment) direct one-on-one contact, each 15 minutes	Yes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	No
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	No
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	No
97802	Medical nutrition therapy, assessment and intervention, each 15 minutes	Yes
97803	Medical nutrition therapy re-assessment and intervention, each 15 minutes	Yes
97804	Medical nutrition therapy performed in a group setting, each 30 minutes	Yes
98960	Education and training for patient self-management, each 30 minutes	Yes

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
98961	Education and training for patient self-management, 2-4 patients, each 30 minutes	Yes
98962	Education and training for patient self-management, 5-8 patients, each 30 minutes	Yes
99202	New patient office or other outpatient visit with straightforward medical decision making, if using time, 15 minutes or more	Yes
99203	New patient office or other outpatient visit with low level of medical decision making, if using time, 30 minutes or more	Yes
99204	New patient office or other outpatient visit with moderate level of medical decision making, if using time, 45 minutes or more	No
99205	New patient office or other outpatient visit with a high level of medical decision making, if using time, 60 minutes or more	No
99211	Office or other outpatient visit for the evaluation and management of established patient that may not require the presence of healthcare professional.	No
99212	Established patient office or other outpatient visit with straightforward medical decision making, if using time, 10 minutes or more	Yes
99213	Established patient office or other outpatient visit with low level of decision making, if using time, 20 minutes or more	Yes
99214	Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more	No
99215	Established patient office or other outpatient visit with high level of medical decision making, if using time, 40 minutes or more	No
99221	Initial hospital care with straightforward or low level of medical decision making, per day, if using time, at least 40 minutes	No
99222	Initial hospital inpatient or observation care with moderate level of medical decision making, if using time, 55 minutes or more	No
99223	Initial hospital inpatient or observation care with high level of medical decision making, if using time, 75 minutes or more	No
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	No
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes	No
99233	Subsequent hospital inpatient or observation care with high level of medical decision making, if using time, 50 minutes or more	No
99234	Hospital inpatient or observation care with admission and discharge on the same date with straightforward or low level of medical decision making, if using time, 45 or more	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
99235	Hospital inpatient or observation care with admission and discharge on the same date with moderate level of medical decision making, if using time, 70 minutes or more	No
99236	Hospital inpatient or observation care with admission and discharge on the same date with high level of medical decision making, if using time, 85 minutes or more	No
99238	Hospital inpatient or observation discharge day management; 30 minutes or less	No
99239	Hospital inpatient or observation discharge day management; more than 30 minutes	No
99281	Emergency department visit for problem that may not require health care professional	No
99282	Emergency department visit with straightforward medical decision making	No
99283	Emergency department visit with low level of medical decision making	No
99284	Emergency department visit with moderate level of medical decision making	No
99285	Emergency department visit with high level of medical decision making	No
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	No
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	No
99304	Initial nursing facility care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	No
99305	Initial nursing facility care with moderate level of medical decision making, per day, if using time, at least 35 minutes	No
99306	Initial nursing facility care with high level of medical decision making, per day, if using time, 50 minutes or more	No
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes	No
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, 20 minutes or more	No
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes	No
99310	Subsequent nursing facility visit care with high level of medical decision making, per day, if using time, at least 45 minutes	No
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes	No
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes	No

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Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
99344	Residence visit for new patient with moderate level of medical decision making, per day, if using time, at least 60 minutes	No
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes	No
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes	No
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes	No
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes	No
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes	No
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	No
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	No
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	No
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	No
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	No
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	No

Table 1 – Medical Service Procedure Codes Covered for Telehealth

Reviewed/Updated: February 29, 2024

*When the services in this table are delivered as telehealth, **place of service (POS) code 02 or 10** is required on the claim. Additionally, **modifier 95** (or **modifier 93**, if indicated as allowable) must be included with the code, **unless** the service is delivered through a Home- and Community-Based Services (HCBS) or Money Follows the Person (MFP) program, including Adult Mental Health and Habilitation, Behavioral and Primary Healthcare Coordination, Child Mental Health Wraparound, or any HCBS waiver or MFP plan.*

Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	No
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	No
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	No
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	No
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	No
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Yes
99406	Smoking and tobacco use intensive counseling, 4-10 minutes	Yes
99407	Smoking and tobacco use intensive counseling, more than 10 minutes	Yes
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes	Yes
99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes	Yes
99417	Prolonged outpatient service, each 15 minutes of total time beyond required time of primary service	No
99418	Prolonged inpatient or observation service, each 15 minutes of total time beyond required time of primary service	No
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	Yes

Table 1 – Medical Service Procedure Codes Covered for Telehealth

Reviewed/Updated: February 29, 2024

*When the services in this table are delivered as telehealth, **place of service (POS) code 02 or 10** is required on the claim. Additionally, **modifier 95** (or **modifier 93**, if indicated as allowable) must be included with the code, **unless** the service is delivered through a Home- and Community-Based Services (HCBS) or Money Follows the Person (MFP) program, including Adult Mental Health and Habilitation, Behavioral and Primary Healthcare Coordination, Child Mental Health Wraparound, or any HCBS waiver or MFP plan.*

Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	Yes
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	Yes
G0108 U6	Diabetes outpatient self-management training services, individual, per 15 minutes	Yes
G0109 U6	Diabetes outpatient self-management training services, group session (2 or more), per 15 minutes	Yes
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes	Yes
G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Yes
G0444	Annual depression screening, 5 to 15 minutes	Yes
H0004*	Behavioral health counseling and therapy, per 15 minutes	No
H0005*	Alcohol and/or drug services; group counseling by a clinician	No
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	No
H0031	Mental health assessment, by nonphysician	No
H0034*	Medication training and support, per 15 minutes	No

Table 1 – Medical Service Procedure Codes Covered for Telehealth

Reviewed/Updated: February 29, 2024

*When the services in this table are delivered as telehealth, **place of service (POS) code 02 or 10** is required on the claim. Additionally, **modifier 95** (or **modifier 93**, if indicated as allowable) must be included with the code, **unless** the service is delivered through a Home- and Community-Based Services (HCBS) or Money Follows the Person (MFP) program, including Adult Mental Health and Habilitation, Behavioral and Primary Healthcare Coordination, Child Mental Health Wraparound, or any HCBS waiver or MFP plan.*

Procedure Code	Description	Allowable as Audio-Only (Modifier 93)
H0038	Self-help/peer services, per 15 minutes	Yes
H2011	Crisis intervention service, per 15 minutes	Yes
H2014*	Skills training and development, per 15 minutes	No
H2035*	Alcohol and/or other drug treatment program, per hour	No
Q3014**	Telehealth originating site facility fee	No
S9480	Intensive outpatient psychiatric services, per diem	No

* *Codes marked with a single asterisk (*) are billable only for certain IHCP members/programs. If a member does not have eligibility to receive these services in person through the IHCP, then they are not eligible to receive these services via telehealth.*

** *Code Q3014, signifying the telehealth originating site facility fee, can only use POS code 02 and modifier 95. Q3014 is not eligible for reimbursement when billed with POS code 10 or modifier 93.*

Table 1 Revision History

February 29, 2024, update:

Added (effective January 1, 2024): C7903, G0017, G0018, G0136, G0137

Updated descriptions (effective January 1, 2024): 99202–99205, 99211–99215, 99222, 99223, 99231, 99233–99239, 99306, 99308

February 28, 2023, update:

Added (effective January 1, 2023): 99417, 99418

Removed (effective January 1, 2023): 99217–99220, 99224–99226, 99324–99328, 99334–99335, 99343, 99354–99357

Revised descriptions (effective January 1, 2023): 99221–99223, 99231–99236, 99281–99285, 99304–99310, 99341, 99342, 99344, 99345, 99347–99350, G0444

December 9, 2022, update:

Changed "allowable for audio-only (modifier 93)" to *Yes* (effective December 9, 2022) for the following codes: 99202, 99203, 99212, 99213

November 1, 2022, update:

Added U6 modifier to G0108 and G0109, and updated descriptions accordingly (correction)

Table 2 – Remote Patient Monitoring Procedure Codes Covered for Telehealth

Reviewed/Updated: November 1, 2023

The remote patient monitoring (RPM) telehealth services in this table must be billed with ***POS code 02 or 10*** *and* ***modifier 95****. Check the IHCP Professional Fee Schedule to determine if prior authorization (PA) is required for the procedure code, and see the Telehealth and Virtual Services module for PA documentation requirements and medical criteria.*

Note: IHCP providers enrolled as home health agencies should continue to submit RPM telehealth services on an institutional claim, using revenue code 780 along with use procedure code 99600 and modifiers U1 or U1 TD.

Procedure Code	Description
93228	Heart rhythm tracing, computer analysis, and interpretation of patient-triggered events greater than 24-hour EKG up to 30 days
93229	Heart rhythm tracing, computer analysis, physician prescribed transmission of patient-triggered events greater than 24-hour EKG up to 30 days
93268	Heart rhythm symptom-related tracing and interpretation of 24-hour EKG monitoring up to 30 days
93270	Heart rhythm symptom-related tracing of 24-hour EKG monitoring up to 30 days
93271	Heart rhythm symptom-related transmission and analysis of 24-hour EKG monitoring up to 30 days
93272	Heart rhythm symptom-related interpretation of 24-hour EKG monitoring up to 30 days
93298	Remote evaluations of heart rhythm monitor system implanted under skin with qualified health care professional analysis, review, and report, up to 30 days
98975	Set-up and patient education for remote monitoring of therapy
98976	Device supply with scheduled recording and transmission for remote monitoring of respiratory system, per 30 days
98977	Device supply with scheduled recording and transmission for remote monitoring of musculoskeletal system, per 30 days
98980	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month
98981	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)

Table 2 – Remote Patient Monitoring Procedure Codes Covered for Telehealth

Reviewed/Updated: November 1, 2023

*The remote patient monitoring (RPM) telehealth services in this table must be billed with **POS code 02 or 10** and **modifier 95**. Check the IHCP Professional Fee Schedule to determine if prior authorization (PA) is required for the procedure code, and see the Telehealth and Virtual Services module for PA documentation requirements and medical criteria.*

Note: IHCP providers enrolled as home health agencies should continue to submit RPM telehealth services on an institutional claim, using revenue code 780 along with use procedure code 99600 and modifiers U1 or U1 TD.

Procedure Code	Description
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Table 3 – Dental Service Procedure Codes Covered for Telehealth

Reviewed/Updated: November 1, 2023

*When the services in this table are delivered as telehealth, claims require **POS code 02 or 10**. Modifiers 93 and 95 are **not** required and should not be used on these claims. These services **cannot** be delivered via audio-only telehealth.*

Procedure Code	Description
D0140	Limited oral evaluation - problem focused
D1320	Tobacco counseling for the control and prevention of oral disease

Table 4 – Nonhealthcare Services Covered for Virtual Delivery

Reviewed/Updated: November 1, 2023

*When the services in this table are delivered virtually, claims require **POS code 02 or 10**. Modifiers 93 and 95 are **not** required and should not be used on these claims. All services in this category **can** be provided via audio-only telehealth.*

Procedure code	Description
A9279*	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)

Table 4 – Nonhealthcare Services Covered for Virtual Delivery

Reviewed/Updated: November 1, 2023

*When the services in this table are delivered virtually, claims require **POS code 02 or 10**. Modifiers 93 and 95 are **not** required and should not be used on these claims. All services in this category **can** be provided via audio-only telehealth.*

Procedure code	Description
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
T1016*	Case management, each 15 minutes
T2022*	Case management, per month

* *Codes marked with an asterisk (*) are billable only for certain members/programs under the IHCP. If a member does not have eligibility to receive these services in person through the IHCP, then they are not eligible to receive these services via telehealth.*

Table 4 Revision History
November 2, 2023, update: Added (effective July 1, 2023): G2067–G2074, G2076–G2080 Removed (effective July 1, 2023): H0020