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Prepared for:
Great Plains Telehealth Resource & Assistance Center

Telehealth Billing and Reimbursement Guide – South Dakota

Brought to you by:

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TELEHEALTH

Definition:
There are two types of telehealth services:

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

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

Place of Service Codes
POS 02: Telehealth Provided Other than in Patient's Home

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

POS 10: Telehealth Provided in Patient's Home

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

Modifiers
Synchronous Telehealth Modifiers:

- **95**: synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system
- **GT**: Via interactive audio and video telecommunication systems
- **G0**: Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke
- **FQ**: The service was furnished using audio-only communication technology.
- **93**: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system

Asynchronous Telehealth Modifier:

- **GQ**: Via an asynchronous telecommunications system

Reporting Criteria:

- Report the appropriate E/M code for the professional service provided.
- Communication must be performed via live two-way interaction with both video and audio.
- HIPAA compliant platform

Documentation Requirements:

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

Definition:

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

CPT/HCPCS Codes:

Reportable by Qualified Healthcare Professionals:

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

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

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

Reporting Criteria:

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

Documentation Requirements:

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

Definition:

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

CPT/HCPCS Codes:

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

Reporting Criteria:

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

Documentation Requirements:

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

Definition:

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

CPT/HCPCS Codes:

Reportable by Qualified Healthcare Professionals:

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

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

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

Reporting Criteria:

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

Documentation Requirements:

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

PAYOR MATRIX

PAYOR	E-VISIT	TELEHEALTH	VIRTUAL CHECK-IN	TELEPHONE
AETNA	CONDITIONAL Check Contracted Fee Schedule	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 Modifier: GT, 95, FR, 93 or FQ	CONDITIONAL Check Contracted Fee Schedule	CONDITIONAL Check Contracted Fee Schedule
CIGNA	NOT ALLOWABLE	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 Modifier: 95, GT, 93, FQ	ALLOWABLE G2012	ALLOWABLE 99441-99443
MEDICA	ALLOWABLE 99421-99423 98970 -98972 G2061-G2063	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: GT, 95, 93, or FQ	ALLOWABLE G2010 G2012	ALLOWABLE 99441-99443 98966-98968
MEDICARE	ALLOWABLE 99421-99423 G2061-G2063 RHC: G0071	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: Hospital Based Provider-95 Audio Only-93 Method II: Modifier GT RHC: G2025	ALLOWABLE G2010 G2012 G2250-G2252 RHC: G0071	ALLOWABLE 99441-99443 98966-98968 Modifier 95 RHC: G2025
SD MEDICAID	NOT ALLOWABLE	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02, 10, or 77 Modifier: GT Audio Only: POS 77 w/ GT or 93	NOT ALLOWABLE	ALLOWABLE 98966-98968
SANFORD HEALTH	ALLOWABLE 99421-99423	ALLOWABLE Allowable Codes: Code on Provider's Fee Schedule POS: 02 or 10 Modifier: 93, 95, FR, GT	CONDITIONAL Check Fee Schedule	NOT ALLOWABLE
WELLMARK BCBS	CONDITIONAL Check Contracted Fee Schedule	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: Refer to Wellmark Manual	CONDITIONAL Check Contracted Fee Schedule	CONDITIONAL Check Contracted Fee Schedule
UHC COMMERCIAL	ALLOWABLE 99421-99423 98970 -98972	ALLOWABLE Allowable Codes: Telehealth Eligible Code POS: 02 or 10 Modifier: 95 or GT	ALLOWABLE G2010 G2012 G2250-G2252	ALLOWABLE 99441-99443

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Check Contracted Fee Schedule
- **Telephone**: Check Contracted Fee Schedule
- **Virtual Check-Ins**: Check Contracted Fee Schedule

Remote Patient Monitoring:

Allowable Codes:

- CPTs 98975, 98976, 98977, 98978, 98980, 98981, 99453, 99454, 99457, 99458

Telehealth:

Allowable Services:
See table below for allowable code set

Audio Only Services:
Designated codes, highlighted in blue in the below "Telehealth Allowable Codes" matrix, can be performed via an audio only connection

Modifiers/POS:

- **POS:** N/A
- **Modifier**
  - **Audio Visual:** GT, 95, FR
  - **Audio Only:** 93, FQ
  - **Asynchronous:** GQ

Direct Patient Contact:
Unless listed as a covered service, medical services that do not include direct in-person patient contact are not payable

Not Reimbursable:

- Care Plan Oversight
- Concierge Medicine (boutique medicine)
- Missed appointments

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

Reference:

- Telemedicine and Direct Patient Contact Payment Policy available on Availity

AETNA ELIGIBLE TELEHEALTH CODES													
Telehealth Allowable Codes													
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	90846	90847
90849	90853	90863	90951	90952	90954	90955	90957	90958	90960	90961	90963	90964	90965
90966	90967	90968	90969	90970	92227	92228	92507	92508	92521	92522	92523	92524	92526
92601	92602	92603	92604	93228	93229	93268	93270	93271	93272	94664	96040	96105	96110
96112	96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138	96139
96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171	97110	97112	97116
97129	97130	97151	97153	97155	97156	97157	97161	97162	97163	97164	97165	97166	97167
97168	97530	97535	97750	97755	97760	97761	97802	97803	97804	98960	98961	98962	99202
99203	99204	99205	99211	99212	99213	99214	99215	99231	99232	99233	99252	99253	99254
99255	99307	99308	99309	99310	99406	99407	99408	99409	99417	99418	99446	99447	99448
99449	99451	99452	99483	99495	99496	99497	99498	C7900	C7901	C7902	G0108	G0109	G0270
G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0425	G0426	G0427	G0438
G0439	G0442	G0443	G0444	G0445	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087
G2088	G2212	G3002	G3003	H0015	H0035	H0038	H2012	H2036	S9443	S9480			
Cells Highlighted in Yellow do **NOT** Require a Modifier Codes in Blue are Allowable via an audio only connection													

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

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

Remote Patient Monitoring:

Allowable Codes:

- 99091, 99453, 99454, 99457, 99458, 99473, 99474, G0322

Indications:

Remote Patient Monitoring is only covered for the following indications, no other indications are covered

- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus
- Heart Failure

All of the following must be met:

- Medical device that is FDA approved, cleared or has received emergency use authorization (EUA) designation
- Prescribed and administered by a board-eligible or board-certified medical provider or subspecialist (e.g., cardiologist, pulmonologist, endocrinologist), nurse practitioner (NP) or physician assistant (PA)
- Physiologic data must be electronically collected and automatically uploaded for analysis and interpretation
- Must be intended for the purpose of displaying or analyzing the physiological parameter(s) measured
- Used for remote communication, counseling and monitoring of acute or chronic health conditions

Not Covered:

Remote Therapeutic Monitoring (RTM), CPT codes 98975, 98976, 98977, 98978, 98980, 98981, are not covered, regardless of indication

Telehealth

Allowable Services:

See below table for allowable medical telehealth codes.

All of the following must be met:

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

Excluded Services:

- The virtual care service occurs on the same day as a face to face visit, when performed by the same provider and for the same condition
- Virtual care services billed within the post-operative period of a previously completed surgical procedure will be considered part of the global payment for the procedure
- Services were performed via asynchronous communications systems (e.g., fax)
- Store and forward telecommunication, whether an appropriate virtual care modifier is appended to the procedure code or not

- Patient communications are incidental to E/M services, counseling, or medical services, including, but not limited to reporting of test results and provision of educational materials
- Administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, requests for medication refills or referrals, ordering of diagnostic studies, and medical history intake completed by the patient
- No reimbursement will be made for any equipment used for virtual care communications

Store and Forward Telehealth:
Asynchronous communications occur when medical information is stored and forwarded to be reviewed later by a physician or other health care provider at a distant site. The medical information is reviewed without the patient being present. Asynchronous communications are also referred to as store-and-forward or non-interactive communications. Cigna does not reimburse asynchronous communications.

Modifiers/POS:
- **POS** 02
  - Do not bill POS 10 until further notice
- **Modifier** 93, 95, FQ, GQ, or GT

Audio Only Services:
Services rendered via audio only will be reimbursed when the appropriate telephone only code is billed

Transmission & Originating Site Fees:
Cigna will not reimburse transmission fees or an originating site of service fee or facility fee for telehealth visits (HCPCS G2025, Q3014, T1014)

References:
- Reimbursement Policy- Virtual Care and Remote Patient Monitoring

CIGNA MEDICAL ELIGIBLE VIRTUAL CODES												
90951	90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92507	92508	92521	92522	92523	92524
92601	92602	92603	92604	96040	96112	96113	96116	96156	96158	96159	96160	96161
96164	96165	96167	96168	97110	97112	97161	97162	97163	97164	97165	97166	97167
97168	97530	97755	97760	97761	97802	97803	97804	92202	92203	99204	99205	99211
99212	99213	99214	99215	99381	99382	99383	99384	99385	99386	99387	99391	99392
99393	99394	99395	99396	99397	99401	99402	99403	99404	99406	99407	99408	99409
99411	99412	99441	99442	99443	99446	99447	99448	99449	99451	99452	99495	99496
99497	99498	G0108	G0151	G0152	G0153	G0155	G0157	G0158	G0270	G0296	G0299	G0300
G0396	G0397	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447	G0493	G0513	G0514
G2012	S9123	S9129	S9129	S9131	S9152							

NON-REIMBURSABLE CODES REGARDLESS OF MODIFIER												
98966	98967	98968	98970	98971	98972	99421	99422	99423	G0406	G0407	G0408	G0425
G0426	G0427	G0459	G0508	G0509	G2025	Q3014	S0320	T1014				

CIGNA BEHAVIORHAL HEALTH ELIGIBLE VIRTUAL CODES												
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845	90846
90847	90849	90853	90863	90875	90876	90880	96110	96127	96156	96158	96159	96164
96165	96167	96168	96170	96171	97151	97152	97153	97154	97155	97156	97157	97158

99058	99078	99202	99203	99204	99205	99211	99212	99213	99214	99215	99217	99218
99219	99220	99221	99222	99223	99224	99225	99226	99231	99232	99233	99234	99235
99236	99238	99239	99281	99282	99283	99284	99285	99304	99305	99306	99307	99308
99309	99310	99315	99316	99318	99324	99325	99326	99327	99328	99334	99335	99336
99337	99354	99355	99356	99357	99404	99409	99415	99416	99417	99441	99442	99443
99446	99447	99448	99449	99456	99484	99495	99496	0591T	0592T	G0410	H0015	H0035
H0038	H2011	S0201	S9480									

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: 98970-98972, 99421-99423
- **Telephone**: 98966-98968, 99441-99443
- **Virtual Check-In:** G0071, G2010, G2012

Telehealth:

Synchronous Telehealth Allowable Codes:
See table below for specific codes.

- **Wellness Visits:** Medica will temporarily allow preventive care services, CPT 99381-99387 and 99391-99397, to be provided via telehealth. Providers may perform all, or portions of, a preventive medicine visit that can be done so appropriately via telehealth services. Services that require face-to-face interaction may be provided later, however, providers may only bill one preventive medicine code to cover both the portion done via telehealth and any necessary face-to-face interaction associated with the preventive care service.
- **Behavioral Health:** Allowable services:
  - Services recognized by the Centers for Medicare and Medicaid Services (CMS)
  - Services recognized by the American Medical Association (AMA) included in Appendix P of CPT code set
  - Additional services identified by Optum behavioral health that can be effectively performed via Telehealth

Store and Forward Telehealth:
Medica will allow asynchronous (store and forward) telehealth

- Utilize modifier GQ
- Medical information may include: video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text

Modifiers/POS:

- **POS** 02 or 10 OR POS code used for an in-person visit
- **Modifier** 93, 95, CG, FQ, G0, GQ, GT

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

Originating Sites:
The following are examples of originating sites: Community mental health center, Critical-access hospital (CAH), End stage renal disease (ESRD) facilities, Home, Hospital (inpatient or outpatient), Hospital or CAH-based renal dialysis center (including satellites), Office of physician or practitioner, Other eligible medical facilities, Other locations as required by applicable state law, Residential substance abuse treatment facility, Rural health clinic (RHC) and federally qualified health center (FQHC), Skilled nursing facility (SNF)

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

Coverage Limitations: The following services are not covered under telehealth: Provider initiated e-mails; refilling or renewing existing prescriptions; scheduling a diagnostic test or appointment; clarification of simple instructions or issues from a previous visit; reporting test results; reminders of scheduled office visits; requests for a referral; non-clinical communication, providing educational materials, brief follow-up of a medical procedure to confirm stability of the member's condition without indication of complication or new condition including, but not limited to, routine global surgical follow-up; brief discussion to confirm stability of the member's chronic condition without change in current treatment; when information is exchanged and the member is subsequently asked to come in for an office visit; a service that would

similarly not be charged for in a regular office visit; consultative message exchanges with an individual who is seen in the provider's office immediately afterward; communication between two licensed health care providers that consists solely of a telephone conversation, email or facsimile; communications between a licensed health care provider and a member that consists solely of an e-mail or facsimile.

Audio Only Services:

Designated codes, highlighted in yellow in the below "Telehealth Allowable Codes" matrix, can be performed via an audio only connection

References:

- Reimbursement Policy: Telehealth excluding Minnesota Health Care Program (MHCP) Members
- Reimbursement Policy: Telephone and Virtual Care Services

MEDICA ALLOWABLE TELEHEALTH CODES											
0362T	0373T	0591T	0592T	0593T	77427	87633	90785	90791	90792	90832	90833
90834	90836	90837	90838	90839	90840	90845	90846	90847	90853	90863	90875
90901	90951	90952	90953	90954	90955	90956	90957	90958	90959	90960	90961
90962	90963	90964	90965	90966	90967	90968	90969	90970	92002	92004	92012
92014	92227	92228	92507	92508	92521	92522	92523	92524	92526	92550	92552
92553	92555	92556	92557	92563	92565	92567	92568	92570	92587	92588	92601
92602	92603	92604	92607	92608	92609	92610	92625	92626	92627	93228	93229
93268	93270	93271	93272	93298	93750	93797	93798	94002	94003	94004	94005
94625	94626	94664	95970	95971	95972	95983	95984	96040	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99242	99243	99244	99245	99252	99253	99254	99255	99281	99282	99283	99284
99285	99291	99292	99304	99305	99306	99307	99308	99309	99310	99315	99316
99341	99342	99344	99345	99347	99348	99349	99350	99406	99407	99408	99409
99417	99418	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136
G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420
G0421	G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685	Q3014							
All codes in the table can be provided using interactive audio and video. Codes in Yellow meet the interaction requirement when provided via audio only											

MEDICA BEHAVIORAL HEALTH TELEHEALTH CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90480	90845
90846	90847	90853	99202	99203	99204	99205	99211	99212	99213	99214	99215

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

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

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

Reimbursement:
Audio-only codes 99441-99443 will be paid at parity with 99212-99214 through December 31st, 2024

- Document why patient could not be seen for an audiovisual visit or attend an in-person encounter

Telehealth:

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

- Originating site restriction waiver
- Allows additional telehealth practitioners to include OTs, PTs, SLPs, mental health counselors, and marriage and family therapists
- Audio only telehealth services
- In person requirement for mental health services via telehealth waived
- Extension of FQHC/RHC to serve as originating site for non-behavioral/mental telehealth services

Allowable Codes:
See table below for codes allowable via telehealth

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

- Telephone Codes only available for use through December 31st, 2024
- For behavioral or mental telehealth, 2-way, interactive, audio-only technology can be utilized

Consent:
Providers may get patient consent at the same time they initially provide the services. Direct supervision isn't required to get consent. In general, auxiliary personnel under general supervision of the billing practitioner can get patient consent for these services.

***Hospital Based Providers*:**
Hospitals and other providers of PT, OT, SLP, diabetes self-management training (DSMT) and medical nutrition therapy (MNT) services can continue to bill for telehealth services when provided remotely in the same way they've been during the PHE and the remainder of CY 2023, except that:

- For outpatient hospitals, patients' homes no longer need to be registered as provider-based entities to allow for hospitals to bill for these services
- The 95 modifier is required on claims from all providers, except for Critical Access Hospitals (CAHs) electing Method II (which utilize a GT modifier)

Modifiers/POS:

- **POS:**
  - 02 or 10
- **Modifier:**
  - Use modifier 95 when the clinician is in the hospital and the patient is in the home, as well as for outpatient therapy services provided via telehealth by qualified PTs, OTs, or SLPs through December 31, 2024
- **Mental Health Claims:** POS 02 or 10
  - **Modifier** 93 if performed over audio only
  - **RHC/FQHC**: Modifier FQ
- **CAH Method II (UB) Claims:** Modifier GT

Patient Location:

Through December 31st, 2024, there is not an originating site or geographic restriction

Mental Health Place of Service:

CMS permanently added a patient's home as an originating site for patients receiving mental health services via telehealth. "Home" includes temporary lodging. Must meet the following requirements:

- The provider (or another provider in the same practice and subspecialty) has conducted an in-person (non-telehealth) visit within 6 months
- After the initial tele-mental health visit, the provider must conduct an in-person visit at least once every 12 months
  - However, this visit is not required if the patient and provider consider the risks of an in-person visit and agree that the risks outweigh the benefits
  - Provider should document decision in the patient's medical record
- Through December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type:

Physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

- Through December 31st, 2024, OTs, PTs, SLPs, mental health counselors, and marriage and family therapists may also provide and bill telehealth services

Reimbursement:

Through December 31st, 2024, when telehealth services are provided to people in their homes (POS 10), the service will be reimbursed at the non-facility rate. However, if the telehealth service is provided when the patient is not in their home, and POS 02 is utilized, then the service will be reimbursed at the facility rate.

Rural Health Clinics & Federally Qualified Health Centers:

See the RHC and FQHC section for specific billing regulations

Supervision:

Through December 31st, 2024, CMS will continue to define direct supervision to permit the presence and immediate availability of the supervising practitioner through real time audio and video interactive telecommunications

Teaching Physicians:

Through December 31st, 2024 teaching physicians can use telehealth when the resident provides services in all residency training locations

Transmission/ Originating Site Fees:

Medicare does not reimburse for transmission fees. If applicable, Medicare will reimburse an originating site fee (HCPCS Q3014)

Reference:

- MLN Matters-Telehealth Services
- SE22001 Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers
- Consolidated Appropriations Act, 2024

MEDICARE ELEGIBLE TELEHEALTH CODES											
2024 Telehealth Codes											
0362T	0373T	0591T	0592T	0593T	77427	90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90845	90846	90847	90853	90875	90901	90951
90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92002	92004	92012	92014	92507
92508	92521	92522	92523	92524	92526	92550	92552	92553	92555	92556	92557
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93750	93797	93798	94002	94003	94004
94005	94625	94626	94664	95970	95971	95972	95983	95984	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99281	99282	99283	99284	99285	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99341	99342	99344	99345	99347	99348	99349	99350
99406	99407	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136
G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420
G0421	G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685								
Codes Highlighted in Blue Can Be Performed via Audio only											

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Not Allowable
- **Telephone**: 98966-98968
  - Providers should select the appropriate code based on the time associated with the service
  - Providers should NOT bill for telephone E/M services using CPT 99441-99443
- **Virtual Check-In**: Not Allowable

Remote Patient Monitoring: Remote patient monitoring of physiologic functions is allowed when medically necessary for recipients with acute or chronic conditions when ordered and billed by providers who are eligible to bill Medicaid for E/M services. The following criteria must be met:

- The recipient must be diagnosed with at least one of the following conditions:
  - Asthma
  - Congestive Heart Failure
  - Cardiac monitoring
  - Hypertension or Hypotension
  - Chronic Obstructive Pulmonary Disease
  - Diabetes
  - Gestational Diabetes
  - COVID-19 post infection monitoring
- The recipient must be cognitively capable of operating the remote monitoring equipment or must be assisted by a caregiver capable of operating the equipment
- The recipient's condition must be unmanaged or require frequent and on-going monitoring during a period where:
  - The recipient is newly diagnosed with the condition in the last 6 months and is learning to manage the condition;
  - The recipient has a chronic condition that has become difficult to manage in the last 6 months; or
  - The recipient has had 2 or more episodes that required either emergency department care, hospitalization, or emergency intervention in the last 6 months.
- The medical device supplied to a patient as part of RPM services must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid, and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.
- Only a physician, physician assistant, nurse practitioner, or certified nurse midwife are allowed to order RPM and bill for the services.
- RPM is only allowed for established patients who are under the active care of a provider.
- The provider must document the medical necessity of the service
- The provider must obtain consent from the recipient to furnish RPM services
- The physician must prescribe a care plan that denotes the need for remote monitoring and the impact on treatment and management of the patient. The care plan must also address actions taken by the provider and/or care team to improve or address the patient's ability to self-manage the condition including patient education.

Allowable Codes:

- CPTs 95250, 95251, 99091, 99453, 99454, 99457, 99458, 99473, 99474

Telehealth:

Allowable Services:

See allowable code matrix below for telehealth services allowed. Services provided via telehealth are subject to the same requirements and limitations as in-person services.

- **Applied Behavioral Analysis (ABA) Services**: ABA services may be provided via telehealth. The provider must have a face-to-face visit within the first 30 days and every 90 days thereafter
    - Services must be provided by means of "real-time" interactive telecommunications system.
- **Audiology Services**: Limited fitting and programming audiology services may be provided via telehealth. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter
    - CPT 92601-92604, 92592-92593, 92620, 92621, 92626, and 92627 may be performed via telehealth when the patient is in any setting, including the patient's home.
    - CPT 92585-92588, 92550, and 92567 may be performed via telehealth when the patient is in a clinic or other setting with a qualified health professional.
- **Therapy Services**: Physical therapy, occupational therapy, and speech language therapy services may be provided via telehealth. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.
    - Telehealth service for electric stimulation attended, code 97032, is limited to one unit.

Audio Only Services:

Telehealth must be provided via an audiovisual connection, except for the following circumstances:

- Audio-only evaluation and management services are covered for established patients if the recipient does not have access to face-to-face audio/visual telemedicine technology.
    - The provider must document in the medical record that the use of real time video/audio technology was not possible or was unsuccessful.
    - The service must be initiated by the patient. The service should include patient history and/or assessment, and some degree of decision making. Telephonic evaluation and management services are only allowed to be provided by a physician, podiatrist, nurse practitioner, physician assistant, or optometrist.
    - The service must be 5 minutes or longer.
    - Services may be provided via telephone or via another device or service that allows real-time audio communication.
- SUD, CMHC, and IMHP services listed below are also eligible for audio only connection
    - The provider must document in the medical record that the use of real time video/audio technology was not possible or was unsuccessful.

Documentation:

- **Originating Site:** Originating sites that are eligible for reimbursement must document the physical location of the member and provider at the time the services were provided. The site also must document if a nurse or other healthcare professional was present providing other services (vitals, etc.).
- **Distant Site:** Distant sites must document the physical location of the member and provider at the time the services were provided.

Modifiers/POS:

- **POS** 02, 10 or 77
- **Modifier** GT
- **Audio Only:**
    - **CMHC and SUD Agencies**: Bill modifier GT in addition to the POS code 77
    - **All Other Providers Allowed to Bill Audio Only Services**: Bill modifier 93 in addition to the POS code 77

Note: The GT modifier must be in the first modifier position. Failure to comply with this requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid

Provider Type:

The following providers can provide services via telemedicine at a distant site: Audiologists, Certified Social Worker – PIP, Certified Social Worker PIP Candidate, Clinical Nurse Specialists, Community Health Worker (CHW), Community Mental Health Centers, Dentists, Diabetes Education Program, Dieticians, Federally Qualified Health Center (FQHC) Indian Health Services (IHS) Clinics, Licensed Marriage and Family Therapist, Licensed Professional Counselor – MH, Licensed Professional Counselor – working toward MH designation, Nurse Practitioners, Nutritionists, Occupational Therapists, Physical Therapists, Physicians, Physician Assistants, Podiatrists, Psychologist, Rural Health Clinic (RHC), Speech Language Pathologists, Substance Use Disorder Agencies, Tribal 638 facilities

Patient Location:

Patient may be located within their home or other allowable originating site

Reimbursement:

Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. The maximum allowable amount for services provided via telehealth is the same as services provided in-person.

Transmission & Originating Site Fees:

An originating site eligible for reimbursement must bill for the service using the HCPCS code Q3014 for CMS 1500 Claims or Revenue code 780 for UB-04 Claims. The maximum rate for the originating site facility fee is listed on the physician fee schedule. Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner; Outpatient Hospital; Critical Access Hospital; Rural Health Clinic (RHC); Federally Qualified Health Center (FQHC); Indian Health Service Clinic; Community Mental Health Center (CMHC); Substance Use Disorder Agency; Nursing Facilities; and Schools.
- Sites not listed may also serve as an originating site but are not eligible for a facility fee reimbursement.

Distant Site:

Distant site locations must be in the United States. Services should be provided at a location consistent with any applicable laws or regulations regarding where services may be provided. The distant site and the originating site cannot be the same clinic/facility location. Unless prohibited by law or regulation the distant site location may be a provider's home. South Dakota Medicaid does not require the distant site location be listed on their provider enrollment record. All services provided via telemedicine at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine.

Reference:

- South Dakota Medicaid Billing and Policy Manual-Telemedicine Services
- South Dakota Medicaid Provider Fee Schedule

ALLOWABLE TELEHEALTH CODES								
TELEHEALTH CODES								
77427	90791	90792	90832	90833	90834	90836	90837	90838
90839	90840	90845	90846	90847	90849	90863	90899	90951
90952	90953	90954	90955	90956	90957	90958	90959	90960
90961	90962	90963	90964	90965	90966	90967	90968	90969
90970	92002	92004	92012	92014	92507	92508	92521	92522
92523	92524	92526	92550	92551	92552	92553	92555	92556
92557	92563	92565	92567	92568	92570	92585	92586	92587
92588	92592	92593	92601	92602	92603	92604	92607	92608
92609	92610	92620	92621	92625	92626	92627	93750	93797
93798	94002	94003	94005	94664	95970	95971	95972	95983
95984	96105	96112	96113	96116	96121	96125	96130	96131
96132	96133	96136	96137	97032	97110	97112	97116	97139
97150	97151	97152	97153	97154	97155	97156	97157	97158
97161	97162	97163	97164	97165	97166	97167	97168	97530
97535	97750	97755	97760	97799	97802	97803	97804	98960
98961	98962	98966	98967	98968	99201	99202	99203	99204
99205	99211	99212	99213	99214	99215	99221	99222	99223
99231	99232	99233	99234	99235	99236	99238	99239	99241
99242	99243	99244	99245	99251	99252	99253	99254	99255
99281	99282	99283	99284	99285	99291	99292	99304	99305
99306	99307	99308	99309	99310	99315	99316	99341	99342
99344	99345	99347	99348	99349	99350	99354	99355	99356
99357	99407	99412	99468	99469	99471	99472	99475	99476
99477	99478	99479	99480	99497	99498	G0108	G0109	G0312
G0313	G0314	G0315	G0316	G0317	G0318	G0445	H0001	H0004
H0005	H0039	H0050	H2011	H2012	H2016	H2021	S9455	S9460
T1006	T1007	T1012						
SUD AUDIO ONLY COVERED CODES								
99412	H0001	H0004	H0005	H0015	H0050	H2011	T1006	T1007
T1012								
CMHC AUDIO ONLY COVERED CODES								
90791	90832	90846	90847	90853	90863	99412	99442	H0039
H2012	H2016	H2021						
IMHP AUDIO ONLY COVERED CODES								
90791	90832	90834	90837	90839	90840	90847	90849	90853
96116	96130	96131	H0046					

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes

- **E-Visits**: 99421-99423
- **Telephone**: Not allowed
- **Virtual Check-In**: Check Contracted Fee Schedule

E-Visit Requirements

Evaluation, management, and consultation services using asynchronous technologies (any type of online patient-provider consultation where electronic information is exchanged involving the transmission via secure servers) may be covered when **ALL** of the following criteria are met:

- Services shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession, as evidenced by the credentialing and licensing requirements of Sanford Health Plan
- The extent of services provided via telemedicine modality includes at least a problem focused history and straight forward medical decision making
- Services should not be billed more than once within 7 days for the same episode of care or be related to an evaluation and management service performed within 7day
- E-visits billed within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not paid separately

Telemonitoring:

Telemonitoring is covered for patients who have a history of cardiac conditions including heart failure (HF) and hypertension, COPD, uncontrolled diabetes, and mental health and/or substance use disorders (MH/SUD):

- Recent hospitalized or hospitalization(s) with a primary diagnosis of HF/COPD/CV conditions/Diabetes/MH/SUD
- A history of failing to adhere to their treatment plan and are at risk for an acute episode
- ED visits in the recent past for treatment of cardiac conditions including heart failure and hypertension, COPD, uncontrolled diabetes, mental health and/or substance use disorders
- The above conditions along with renal failure as defined as GFR<30, hepatic failure or coronary disease that puts the patient at risk for myocardial function compromise
- Major system co-morbid conditions that complicate their chronic disease status (i.e. heart failure, renal failure, diabetes and respiratory illness)

Telehealth:

Allowable Services:

Telehealth E/M services provided over an audio/visual connection are covered when all the following are met:

- Services are medically appropriate and necessary
- Patient is present at time of consultation
- The consultation takes place via interactive audio and/or video
- Permanent record of the telemedicine communications relevant to the ongoing medical care of the patient is maintained as part of the medical record
- Services delivered through a telemedicine modality shall be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located
- Appropriate informed consent is obtained

Controlled substances may be prescribed through a telehealth encounter but are subject to certain limitations:

- Once a provider-patient relationship is established a provider may prescribed controlled substances so long as the basis of the prescription is not based solely in response to an internet questionnaire or consult, including a telephone conversation.
- The medical examination of the patient must be under the control of the consulting provider

- A permanent record of online communications relevant to the ongoing medical care of the patient should be maintained as part of the patient medical record

- **Examples of Telehealth Services**: Office or outpatient visits, consultations (office, Internet-based, outpatient, emergency room), follow-up inpatient consultations, subsequent hospital care services, subsequent nursing facility services, pharmacologic management, treatment services for mental health and/or substance use disorders, neurobehavioral status exam, end stage renal disease (ESRD) related services, individual and group medical nutrition therapy, individual and group health and behavior assessment and intervention, individual and group kidney disease education (KDE) services, individual and group diabetes self-management training, smoking cessation services, high-intensity behavioral counseling to prevent sexually transmitted infections, annual face-to-face intensive behavioral therapy for cardiovascular disease or face-to-face behavioral counseling for obesity

Audio Only Services:
An audiovisual component is required

Modifiers/POS:
- **POS** 02 or 10
- **Modifier** GT, FR, GQ, 93 or 95

Non-Covered
- Services for excluded benefits or diagnoses excluded from policy
- Services not medically necessary
- Services that cannot be performed adequately via telehealth for the medical condition
- Telecommunication devices or systems, including installation or maintenance
- Provider initiated e-mail
- Appointment Scheduling
- A service that would similarly not be charged for in a regular office visit
- Reminders for scheduled office visits
- Referral Requests
- Consultative message exchanges with an individual who is seen in the provider's office on the same day as a telehealth visit for the same condition
- Clarification of simple instructions
- Naturopaths/homeopaths
- Services furnished using audio-only communication technology
- Dental Care
- Acupuncture
- Chiropractic care
- Telephone
- Remote in-Home Visits
- Transmission Fees
- Supplies

Provider-Patient Relationship
As a prerequisite to providing telehealth services to a patient, a provider-patient relationship must be established. A provider-patient relationship encompasses several parameters:
- Verify and authenticate the location and identity of the patient
- Disclosing and validating provider's identity and applicable credentials
- Obtaining consent for treatment
- Establishing a diagnosis through review of patient history, mental status, and appropriate diagnostic/laboratory testing
- Discussing the diagnosis and its evidentiary basis to the patient, including the risks and benefits of different treatment options
- Ensure appropriate follow-up care for the patient

- Providing a visit summary to the patient

However, a provider-patient relationship need not be established when the patient is seeking urgent or emergent care, care is given through cross-coverage, or when the patient's primary care physician agrees to monitor the patient's care and emergency treatment

Originating Site: The office of a physician or practitioner, hospitals (inpatient or outpatient), critical access hospitals (CAHs), rural health clinics (RHCs), federally qualified health centers (FQHCs), hospital- or CAH-based renal dialysis centers (including satellites), skilled nursing facilities (SNFs), ambulatory surgical centers (ASCs), laboratories, and community mental health centers (CMHCs). Additionally, Sanford Health Plan allows Video Visits via internet initiated by patient or group homes

- Sanford Health defines a "Video Visit" as: video interactions between a patient and provider, where the patient is at home or work on a web camera speaking with a provider. Access points may include mobile smart phones, tablets, or computers.
- The originating site of the patient is determinative of whether the provider may continue care. If the originating site is a state where the provider is licensed, the call may continue. However, should it become known that the originating site is somewhere other than where the provider is licensed, the telehealth/telemedicine call must be terminated.

Reimbursement

Per MN Statue 62A.673, a health carrier must reimburse the health care provider for services delivered through telehealth on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered by the health care provider through in-person contact.

- A health carrier must not deny or limit reimbursement based solely on a health care provider delivering the service or consultation through telehealth instead of through in-person contact
- A health carrier must not deny or limit reimbursement based solely on the technology and equipment used by the health care provider to deliver the health care service or consultation through telehealth, provided the technology and equipment used by the provider meets the requirements of this section and is appropriate for the particular service

Transmission & Originating Site Fees:

An originating site fee is elgible for reimbursement if allowable originating healthcare site. Transmission fees are not allowable

Reference:

- Sanford Policy Health Plan Telehealth Benefit Reimbursement

Payor Specific Key Points:

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: 98970-98972, 99421-99423
- **Telephone**: 99441-99443
- **Virtual Check-In**: G2010, G2012, G2250-G2252

POS/Modifier:

POS utilized if visit would have in person and no modifier

Remote Patient Monitoring Codes:

Allowable Codes:

- 98975-98978, 98980-98981, 99091, 99457-99458, 99473-99474

POS/Modifier:

POS utilized if visit would have in person and no modifier

Interprofessional Assessment Codes:

Allowable Codes:

- 99446-99449, 99451-99454

POS/Modifier:

POS utilized if visit would have in person and no modifier

Telehealth:

Allowable Codes:

UHC will allow any services on the below lists:

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

Modifiers/POS:

- **POS** 02 or 10
- **Modifiers** 95, GT, GQ, and G0 are not required to identify telehealth services but are accepted as informational if reported on claims

Provider Type:

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

Patient Location:

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

- Examples of CMS originating sites with a telepresenter: the office of a physician or practitioner, hospital, critical access hospital (CAH), rural health clinic (RHC), federally qualified health center (FQHC), hospital based renal dialysis center, skilled nursing facility (SNF), community mental health center (CMHC), mobile stroke unit, patient home-for monthly end stage renal, ESRD-related clinical assessments, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.
- UHC will also recognize home as an originating site for telehealth services (no telepresenter present)

Transmission & Originating Site Fees:

UHC will allow the originating site using HCPS Q3014, but will not allow transmission fees (T1014) to be reimbursed

- For POS where code Q3014 is required, report the valid POS code reflecting the location of the patient

Audio Only Services:

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

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

Reference:

- Reimbursement Policy-Telehealth/Virtual Health Policy, Professional

UHC ELEGIBLE TELEHEALTH CODES											
0362T	0373T	77427	90785	90791	90792	90832	90833	90834	90836	90837	90838
90839	90840	90845	90846	90847	90853	90863	90875	90901	90951	90952	90953
90954	90955	90956	90957	90958	90959	90960	90961	90962	90963	90964	90965
90966	90967	90968	90969	90970	92002	92004	92012	92014	92227	92228	92507
92508	92521	92522	92523	92524	92526	92550	92552	92553	92555	92556	92557
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93228	93229	93268	93270	93271	93272
93750	93797	93798	94002	94003	94004	94005	94625	94626	94664	95970	95971
95972	95983	95984	96040	96105	96110	96112	96113	96116	96121	96125	96127
96130	96131	96132	96133	96136	96137	96138	96139	96156	96158	96159	96160
96161	96164	96165	96167	96168	96170	96171	97110	97112	97116	97129	97130
97150	97151	97152	97153	97154	97155	97156	97157	97158	97161	97162	97163
97164	97165	97166	97167	97168	97530	97535	97537	97542	97750	97755	97760
97761	97763	97802	97803	97804	98960	98961	98962	98966	98967	98968	99202
99203	99204	99205	99211	99212	99213	99214	99215	99221	99222	99223	99231
99232	99233	99234	99235	99236	99238	99239	99281	99282	99283	99384	99285
99291	99292	99304	99305	99306	99307	99308	99309	99310	99315	99316	99341
99342	99344	99345	99347	99348	99349	99350	99406	99407	99408	99409	99417
99418	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476	99477
99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136	G0270
G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420	G0421
G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445	G0446
G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211	G2212
G3002	G3003	G9481	G9482	G9483	G9484	G9485	G9486	G9487	G9488	G9489	G9685
G9978	G9979	G9980	G9981	G9982	G9983	G9984	G9985	G9986			

PT/OT/ST											
92507	92521	92522	92523	92524	97110	97112	97116	97161	97162	97163	97164
97165	97166	97167	97168	97535	97750	97755	97760	97761			

AUDIO ONLY CODES											
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839	90840	90845
90846	90847	92507	92508	92521	92522	92523	92524	96040	96110	96116	96121
96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171	97802
97803	97804	99406	99407	99408	99409	99497	99498				

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Check Fee Schedule
- **Telephone**: Check Fee Schedule
- **Virtual Check-In:** Check Fee Schedule

Telehealth

Requirements:

Health insurers cannot exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient

Health care services delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including rules adopted by the appropriate professional licensing board having oversight of the health care professional providing the health care services.

A health insurance policy, contract, or plan providing for third-party payment may not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth as long as the services are appropriate to be provided through telehealth.

Allowable Codes:

See table below for allowable code set

Modifiers/POS

- **POS** 02 or 10
- **Modifier** Refer to Wellmark Policy .

Reference:

- South Dakota Legislature 58-17-168
- South Dakota Legislature 58-17-169

ALLOWABLE TELEHEALTH CODES									
90785	90791	90792	90832	90833	90834	90836	90837	90838	90839
90840	90845	90846	90847	90849	90853	90863	90882	90885	90887
90889	90899	92507	92508	92521	92522	92523	92524	92526	92609
94664	96105	96110	96112	96113	96116	96121	96125	96127	96130
96131	96132	96133	96136	96137	96138	96139	96146	96156	96158
96159	96160	96161	96164	96165	96167	96168	96170	96171	97110
97112	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168
97530	97535	97542	97750	97755	97802	97803	97804	99202	99203
99204	99205	99211	99212	99213	99214	99215	99324	99325	99326
99327	99328	99334	99335	99336	99337	99341	99342	99343	99344
99345	99347	99348	99349	99350	99354	99355	99356	99357	99406
99407	99417	99473	0362T	0373T	G0108	G0109	G0270	G0296	G0396

G0397	G0409	G0410	G0411	G0420	G0421	G0438	G0439	G0442	G0443
G0444	G0445	G0446	G0447	G0513	G0514	G2011	G2211	G2212	S9152

-
- **<u>Note:</u> Wellmark's telehealth policy is not publicly available, and therefore the information provided above only contains state relevant laws and the Wellmark allowable telehealth list. Refer to the Wellmark Provider Manual via the provider portal to review additional information provided within the policy.**

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

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

Virtual Check Ins/E-Visits/Telephone:

Virtual Check-Ins & E-Visits:

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

- RHCs should bill HCPCS G0071 if E-Visit or Virtual Check-In services are performed.
- **Reimbursement:** is set at the average of the national non-facility PFS payment rates for the 5 E-visits and Virtual Check-In codes. For 2024 the rate is set at $ $12.93
- **G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between RHC or FQHC practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC

Telephone Services:

Until December 31st, 2024, RHC/FQHCs can perform audio only telephone services utilizing CPT codes 99441-99443

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

RHC General Care Management:

General Care Management (HCPCS G0511) Services:

- Remote Physiologic Monitoring
- Remote Therapeutic Monitoring
- Community Health Integration
- Principal Illness Navigation
- Chronic Care Management
- Behavioral Health Integration

Reimbursement:

- Methodology to calculate the payment rate for the general care management HCPCS code G0511 takes account how frequently the various services are utilized along with payment averages
- 2024 Rate: $72.98

Telehealth:

Consolidated Appropriations Act:

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

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

Allowable Codes:
RHCs/FQHCs can perform any service listed in the below telehealth allowable code set matrix, but must bill G2025

Billing:

- **HCPCS** G2025
- **POS** 02 or 10
- **Modifier:** 95 (Optional)
- **Mental Health Claims**: POS 02 or 10 and modifier FQ if performed via audio only

Mental Health Services:

- CMS will permanently allow mental health telehealth services performed by an RHC/FQHC
- The service must be either audio visual OR
- Audio-only if the following are present:
    - The patient is incapable of, or fails to consent to, the use of video technology for the service
    - The provider has conducted an in-person visit within the last 6 months of the initial tele-mental service
    - The services are medical necessary
    - After the initial telehealth visit, the provider conducts an in-person visit at least once every 12 months of each tele-mental visit.
        - However, if the patient and provider consider the risks of an in person service and agree that these risks outweigh the benefits, then the annual visit may be skipped.
        - Providers must document the decision
    - Until December 31st, 2024, the initial 6 month visit and the in person visit every 12 month requirement is waived

Provider Type:
Physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals

- Through December 31st, 2024, OTs, PTs, SLPs, mental health counselors, and marriage and family therapists may also provide and bill telehealth services

Reimbursement:
The RHC/FQHC telehealth payment rate is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS. For 2024 the rate is $95.37

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

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

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

Reference:
MLN Matters-Telehealth Services
SE22001 Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers
SE 20016 New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers
Consolidated Appropriations Act, 2024

MEDICARE ELEGIBLE TELEHEALTH CODES											
2024 Telehealth Codes											
0362T	0373T	0591T	0592T	0593T	77427	90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90845	90846	90847	90853	90875	90901	90951
90952	90953	90954	90955	90956	90957	90958	90959	90960	90961	90962	90963
90964	90965	90966	90967	90968	90969	90970	92002	92004	92012	92014	92507
92508	92521	92522	92523	92524	92526	92550	92552	92553	92555	92556	92557
92563	92565	92567	92568	92570	92587	92588	92601	92602	92603	92604	92607
92608	92609	92610	92625	92626	92627	93750	93797	93798	94002	94003	94004
94005	94625	94626	94664	95970	95971	95972	95983	95984	96105	96110	96112
96113	96116	96121	96125	96127	96130	96131	96132	96133	96136	96137	96138
96139	96156	96158	96159	96160	96161	96164	96165	96167	96168	96170	96171
97110	97112	97116	97129	97130	97150	97151	97152	97153	97154	97155	97156
97157	97158	97161	97162	97163	97164	97165	97166	97167	97168	97530	97535
97537	97542	97750	97755	97760	97761	97763	97802	97803	97804	98960	98961
98962	98966	98967	98968	99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99281	99282	99283	99284	99285	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99341	99342	99344	99345	99347	99348	99349	99350
99406	99407	99441	99442	99443	99468	99469	99471	99472	99473	99475	99476
99477	99478	99479	99480	99483	99495	99496	99497	99498	G0108	G0109	G0136
G0270	G0296	G0316	G0317	G0318	G0396	G0397	G0406	G0407	G0408	G0410	G0420
G0421	G0422	G0423	G0425	G0426	G0427	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G0459	G0506	G0508	G0509	G0513	G0514	G2086	G2087	G2088	G2211
G2212	G3002	G3003	G9685								
Codes Highlighted in Blue Can Be Performed via Audio only											

MEDICAID

Payor Specific Key Points

E-Visits/Telephone/Virtual Check Ins:

Allowable Codes:

- **E-Visits**: Not Allowable
- **Telephone**: 98966-98968
    - Providers should select the appropriate code based on the time associated with the service
    - Providers should NOT bill for telephone E/M services using CPT 99441-99443
    - FQHC/RHC may bill for audio-only E/M services using 98966-98968 and be reimbursed at the fee schedule rate. These services must be submitted using the FQHC/RHCs non-PPS billing NPI
- **Virtual Check-In**: Not Allowable

Remote Patient Monitoring: Remote patient monitoring of physiologic functions is allowed when medically necessary for recipients with acute or chronic conditions when ordered and billed by providers who are eligible to bill Medicaid for E/M services. The following criteria must be met:

- The recipient must be diagnosed with at least one of the following conditions:
  - Asthma
  - Congestive Heart Failure
  - Cardiac monitoring
  - Hypertension or Hypotension
  - Chronic Obstructive Pulmonary Disease
  - Diabetes
  - Gestational Diabetes
  - COVID-19 post infection monitoring
- The recipient must be cognitively capable of operating the remote monitoring equipment or must be assisted by a caregiver capable of operating the equipment
- The recipient's condition must be unmanaged or require frequent and on-going monitoring during a period where:
  - The recipient is newly diagnosed with the condition in the last 6 months and is learning to manage the condition;
  - The recipient has a chronic condition that has become difficult to manage in the last 6 months; or
  - The recipient has had 2 or more episodes that required either emergency department care, hospitalization, or emergency intervention in the last 6 months.
- The medical device supplied to a patient as part of RPM services must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid, and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.
- Only a physician, physician assistant, nurse practitioner, or certified nurse midwife are allowed to order RPM and bill for the services.
- RPM is only allowed for established patients who are under the active care of a provider.
- The provider must document the medical necessity of the service
- The provider must obtain consent from the recipient to furnish RPM services
- The physician must prescribe a care plan that denotes the need for remote monitoring and the impact on treatment and management of the patient. The care plan must also address actions taken by the provider and/or care team to improve or address the patient's ability to self-manage the condition including patient education

Allowable Codes:

- CPTs 95250, 95251, 99091, 99453, 99454, 99457, 99458, 99473, 99474

FQHC/RHC:

FQHC/RHC providers may bill for these services on a fee for service basis using their non-PPS NPI if the service is ordered by one of the allowable practitioner types

Telehealth:

Allowable Services:

See allowable code matrix below for telehealth services allowed. Services provided via telehealth are subject to the same requirements and limitations as in-person services.

- **Applied Behavioral Analysis (ABA) Services**: ABA services may be provided via telehealth. The provider must have a face-to-face visit within the first 30 days and every 90 days thereafter
  - Services must be provided by means of "real-time" interactive telecommunications system.
- **Audiology Services**: Limited fitting and programming audiology services may be provided via telehealth. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter
  - CPT 92601-92604, 92592-92593, 92620, 92621, 92626, and 92627 may be performed via telehealth when the patient is in any setting, including the patient's home.

    - CPT 92585-92588, 92550, and 92567 may be performed via telehealth when the patient is in a clinic or other setting with a qualified health professional.
- **Therapy Services**: Physical therapy, occupational therapy, and speech language therapy services may be provided via telehealth. The service must be provided by means of "real-time" interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.
    - Telehealth service for electric stimulation attended, code 97032, is limited to one unit.

Audio Only Services:

Telehealth must be provided via an audiovisual connection, except for the following circumstances:

- Audio-only evaluation and management services are covered for established patients if the recipient does not have access to face-to-face audio/visual telemedicine technology.
    - The provider must document in the medical record that the use of real time video/audio technology was not possible or was unsuccessful.
    - The service must be initiated by the patient. The service should include patient history and/or assessment, and some degree of decision making. Telephonic evaluation and management services are only allowed to be provided by a physician, podiatrist, nurse practitioner, physician assistant, or optometrist.
    - The service must be 5 minutes or longer.
    - Services may be provided via telephone or via another device or service that allows real-time audio communication.
- SUD, CMHC, and IMHP services listed below are also eligible for audio only connection
    - The provider must document in the medical record that the use of real time video/audio technology was not possible or was unsuccessful

FQHCs/RHCs and IHS/Tribal 638 Providers SUD agency services may also be provided via audio-only if the provider is an accredited and enrolled agency. Audio-only behavioral health services are reimbursed at the encounter rate.

Documentation:

- **Originating Site:** Originating sites that are eligible for reimbursement must document the physical location of the member and provider at the time the services were provided. The site also must document if a nurse or other healthcare professional was present providing other services (vitals, etc.).
- **Distant Site:** Distant sites must document the physical location of the member and provider at the time the services were provided.

Modifiers/POS:

- **POS** 02, 10 or 77
- **Modifier** GT
- **Audio Only:**
    - **CMHC and SUD Agencies**: Bill modifier GT in addition to the POS code 77
    - **All Other Providers Allowed to Bill Audio Only Services**: Bill modifier 93 in addition to the POS code 77

Note: The GT modifier must be in the first modifier position. Failure to comply with this requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid

Provider Type:

The following providers can provide services via telemedicine at a distant site: Audiologists, Certified Social Worker – PIP, Certified Social Worker PIP Candidate, Clinical Nurse Specialists, Community Health Worker (CHW), Community Mental Health Centers, Dentists, Diabetes Education Program, Dieticians, Federally Qualified Health Center (FQHC) Indian Health Services (IHS) Clinics, Licensed Marriage and Family Therapist, Licensed Professional Counselor – MH, Licensed Professional Counselor – working toward MH designation, Nurse Practitioners, Nutritionists, Occupational Therapists, Physical Therapists, Physicians, Physician Assistants, Podiatrists, Psychologist, Rural Health Clinic (RHC), Speech Language Pathologists, Substance Use Disorder Agencies, Tribal 638 facilities

Patient Location:
Patient may be located within their home or other allowable originating site

Reimbursement:
Providers are reimbursed the lesser of their usual and customary charge or the encounter rate. The maximum allowable amount for services provided via telehealth is the same as services provided in-person.

Transmission & Originating Site Fees:
An originating site eligible for reimbursement must bill for the service using the HCPCS code Q3014 for CMS 1500 Claims or Revenue code 780 for UB-04 Claims. The maximum rate for the originating site facility fee is listed on the physician fee schedule. Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner; Outpatient Hospital; Critical Access Hospital; Rural Health Clinic (RHC); Federally Qualified Health Center (FQHC); Indian Health Service Clinic; Community Mental Health Center (CMHC); Substance Use Disorder Agency; Nursing Facilities; and Schools.
- Sites not listed may also serve as an originating site but are not eligible for a facility fee reimbursement.

Distant Site:
Distant site locations must be in the United States. Services should be provided at a location consistent with any applicable laws or regulations regarding where services may be provided. The distant site and the originating site cannot be the same clinic/facility location. Unless prohibited by law or regulation the distant site location may be a provider's home. South Dakota Medicaid does not require the distant site location be listed on their provider enrollment record. All services provided via telemedicine at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine.

Reference:

- South Dakota Medicaid Billing and Policy Manual-Telemedicine Services
- South Dakota Medicaid Provider Fee Schedule

ALLOWABLE TELEHEALTH CODES								
TELEHEALTH CODES								
77427	90791	90792	90832	90833	90834	90836	90837	90838
90839	90840	90845	90846	90847	90849	90863	90899	90951
90952	90953	90954	90955	90956	90957	90958	90959	90960
90961	90962	90963	90964	90965	90966	90967	90968	90969
90970	92002	92004	92012	92014	92507	92508	92521	92522
92523	92524	92526	92550	92551	92552	92553	92555	92556
92557	92563	92565	92567	92568	92570	92585	92586	92587
92588	92592	92593	92601	92602	92603	92604	92607	92608
92609	92610	92620	92621	92625	92626	92627	93750	93797
93798	94002	94003	94005	94664	95970	95971	95972	95983
95984	96105	96112	96113	96116	96121	96125	96130	96131
96132	96133	96136	96137	97032	97110	97112	97116	97139
97150	97151	97152	97153	97154	97155	97156	97157	97158
97161	97162	97163	97164	97165	97166	97167	97168	97530
97535	97750	97755	97760	97799	97802	97803	97804	98960
98961	98962	98966	98967	98968	99201	99202	99203	99204
99205	99211	99212	99213	99214	99215	99221	99222	99223
99231	99232	99233	99234	99235	99236	99238	99239	99241
99242	99243	99244	99245	99251	99252	99253	99254	99255
99281	99282	99283	99284	99285	99291	99292	99304	99305
99306	99307	99308	99309	99310	99315	99316	99341	99342
99344	99345	99347	99348	99349	99350	99354	99355	99356
99357	99407	99412	99468	99469	99471	99472	99475	99476
99477	99478	99479	99480	99497	99498	G0108	G0109	G0312
G0313	G0314	G0315	G0316	G0317	G0318	G0445	H0001	H0004
H0005	H0039	H0050	H2011	H2012	H2016	H2021	S9455	S9460
T1006	T1007	T1012						
SUD AUDIO ONLY COVERED CODES								
99412	H0001	H0004	H0005	H0015	H0050	H2011	T1006	T1007
T1012								
CMHC AUDIO ONLY COVERED CODES								
90791	90832	90846	90847	90853	90863	99412	99442	H0039
H2012	H2016	H2021						
IMHP AUDIO ONLY COVERED CODES								
90791	90832	90834	90837	90839	90840	90847	90849	90853
96116	96130	96131	H0046					

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