Optum

Reimbursement Policy
Policy Number 2018RP503A

Telemental Health Services Reimbursement Policy - Medicaid

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

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

***Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates**. It is expected that all participating providers will only bill services included within their existing contract provisions as it relates to procedure coding. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.

**CPT® is a registered trademark of the American Medical Association*

Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms or its electronic equivalent (i.e., 837p) and for claims submitted online through provider portals. This policy applies to Medicaid products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy Overview

This policy describes reimbursement for telehealth/telemedicine and virtual health services. For the purpose of understanding the terms in this policy, telehealth/telemedicine and virtual health occur when the physician or other qualified health care professional and the patient are not at the same site. Telehealth/telemedicine services only includes live interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology. The terms Telemental,Telehealth and Telemedicine are used interchangeably in this policy.

United Behavioral Health operating under the brand Optum
U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Reimbursement Guidelines

Optum will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GQ or GT, or G0 (numeric zero, not alpha O) for Telehealth services , as well as services recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95.

Optum behavioral health considers an eligible provider to deliver Telehealth services as:

- Be legally authorized and hold a valid license to provide mental health and/or substance abuse services in the State where the member is receiving services; and
- Perform services within the scope of his/her license as defined by State law.

Optum recognizes federal and state mandates regarding Telemental Health Services

In addition, Optum recognizes certain additional services which can be effectively performed via telehealth/telemedicine. These codes will be considered for reimbursement when reported with modifier GQ or GT:

- Alcohol and/or substance abuse screening and brief intervention services
- Remote real-time interactive video-conferenced critical care evaluation and management (E/M) of the critically ill or critically injured patient

Optum may consider one of the following modifiers to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth. Optum will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately modifiers GT, GQ, G0, or 95.

Optum recognizes the CMS-designated Originating Sites which are considered eligible for furnishing Telehealth services to a patient located in an Originating Site.

Examples of Originating Sites are listed below:

- The office of a physician or practitioner
- A Hospital (inpatient or outpatient)
- A Critical access hospital (CAH)
- A Rural health clinic (RHC)
- A Federally qualified health center (FQHC)
- A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
- A Skilled nursing facility (SNF)
- A Community mental health center (CMHC)
- Patient home – for purposes of treatment of a substance use disorder or a co-occurring mental health disorder to an individual with a substance use disorder diagnosis

Optum recognizes the CMS-designated practitioners eligible to be reimbursed for Telehealth services:

Examples of practitioners are listed below:

- Physician
- Nurse practitioner
- Physician assistant

- Nurse-midwife
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists
- Mental Health Counselors
- Licensed Marriage & Family Therapists

Telephone Services
Optum follows CMS guidelines and considers reimbursement for mental health telephone services charges 98966-98968 or 99441-99443.
Interprofessional Telephone/Internet/Electronic Health Record Consultations
Optum follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported by consultative physicians with CPT codes 99446-99449 and 99451 eligible for reimbursement according to the CMS PFS.
Opioid Use Disorder Treatment
Optum follows CMS guidelines effective for services rendered on or after January 1, 2020, and considers office-based treatment for opioid use disorders, G2086-G2088, eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

State Exceptions	
Arizona	AHCCCS has a State specific Telehealth code list which allows a FQ, GT, or GQ modifier and the POS as the originating site.
Colorado	Per Colorado Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services.
Florida	Per state requirements, Florida Medicaid: • Requires modifier GT be appended to all. • Telehealth/virtual health codes with modifier 95 or GQ will deny. • HCPCS codes H0001, H0031, H0046, H0047, H1000, H1001, H2000, H2010, H2019 and T1015 when billed with modifier GT are reimbursable for FLMMA. • COVID vaccines are not payable in POS 02 or 10. • 99382GT and 99392GT are not reimbursable for members ages 0-2years
Hawaii	During the COVID-19 PHE, use the POS that the service would have been rendered with the applicable modifier 95, GQ, GT, when appropriate. Effective date is 3/1/2020 through the end of the COVID-19 PHE. See the Attachment section for Hawaii's state list.

Idaho	Per state requirements, Idaho Medicaid: • Providers must bill POS 02 or 10 • Providers must bill modifier FQ or GT • Modifier FR is allowed in conjunction with modifier FQ or GT FQHC, RHC, or HIS providers should NOT report GT or FQ with T1015
Indiana	Indiana Medicaid has three separate state specific lists of codes: • One allowed in a Telehealth place of service (02 or 10 with modifier 93) • One allowed in a Telehealth place of service (02 with modifier 95) • One allowed in a Telehealth place of service (02 or 10 with modifier 95) The state of Indiana defines the following: • Modifier GT is considered informational only and not required. • The state considers "Telehealth" as a scheduled remote monitoring of clinical data through technologic equipment in the member's home. • Any IHCP-covered service – aside from the exclusions listed by the state and speech, occupational, and physical therapies – can be provided through audio-only, given that the service can reasonably be provided through audio only communication. Exclusions include surgical procedures, radiological services, laboratory services, anesthesia services, audiological services, chiropractor services, care coordination without the member present and durable medical equipment (DME)/home medical equipment (HME) providers.
Kansas	Per state requirements, Kansas Medicaid: • Has two separate state specific lists of codes: One allowed in a Telehealth place of service (02), and one allowed in a Telehealth place of service (10). Modifier GT is considered informational only and not required.
Kentucky	• Kentucky Medicaid does not deny Q3014 when the distant site claim is reported with a POS 10
Maryland	• Per State Regulations, the delivery of Telehealth/virtual health eligible services must be reported with Modifier GT. • Providers are required to bill the same place of service

	code that would be appropriate for a non-Telehealth claim, based on the location of the provider rendering services. • Telehealth/virtual health eligible services are reimbursable when delivered in a home setting (POS 12). • SBHC (School Based Health Centers) are required to use POS 03 (School) with Modifier GT when reporting the delivery of Telehealth/virtual health eligible services. • Maryland Medicaid does not recognize POS 02 or 10 (Telehealth) nor Telehealth/virtual health Modifiers 95 or GQ and will deny if billed. • CPT code 99600 with modifier GT is only payable in POS 12. • CPT codes 99492, 99493, & 99494 billed with the GT modifier are reimbursable for MDCAID.
Massachusetts	Per state requirements, COVID vaccines are not payable in POS 02 or 10.
Michigan	• MI Medicaid does not allow modifier GT for Telehealth/virtual health services. • Please see Attachment section for Michigan's state specific list of Telehealth/virtual health codes that are reimbursable when billed with modifier 93 and 95. Provider should now bill with the POS that they would have used if beneficiary was being seen in person.
Minnesota	Per Minnesota, all Telehealth/Virtual health services must be billed with a 93 modifier along with POS 02 or 10.
Mississippi	• CPT code S9470 billed with the GT modifier is reimbursable for MSCAN. • CPT code S9110 billed with the U9 modifier is reimbursable for MSCAN. • Mississippi Medicaid has a state specific list of codes that are allowed with modifiers: G0, GQ, and GT. • MS Medicaid does not recognize modifier 95 for telehealth. • MS Medicaid does not deny Q3014 when the distant site claim is reported with a POS 10
Missouri	• Missouri Medicaid has a state specific list of codes allowed in place of service 02. Modifiers 95, G0, GQ, and GT are not allowed for billing purposes, except in POS 02 (Telehealth) and 03 (school). See the Attachment section for Missouri's state list.
New Mexico	Per state requirements, New Mexico Medicaid: • Requires modifier GT to be used when reporting the delivery of (SBHC) School Based Health Center.

	• Per New Mexico state guidance, CPT Codes 98966, 98967, and 98968 are allowed to be billed for dates of service 07/01/2024-03/31/2025 Allows the home of an individual when an interactive audio and video telecommunication system that permits real-time visit is used between the eligible provider and the MAP eligible recipient.
New York	Per state requirements, New York Medicaid: • COVID vaccines are not payable in POS 02 or 10. CPT codes 99441,99442,99443 billed with 93 and or FQ modifier is allowed with place of service 02,10,11. • CPT code 98016 billed with modifiers 93, 95, FQ, GT, and GQ is allowed in place of service 02,10,11 when not billed in conjunction with 98000-98015.
Nebraska	• Nebraska Medicaid has a state specified list of codes allowed in a Telehealth place of service (02) & Place of service (10). • All audio/visual telemedicine services must be billed with modifier 95. • All audio-only telemedicine services must be billed with modifier 93. • Nebraska Medicaid does not deny Q3014 when the distant site claim is reported with a POS 10 • Per state requirement modifier GT is not allow.
North Carolina	According to North Carolina State Regulations, Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via two-way real-time interactive audio-visual communication. This modifier should not be used for virtual patient communications (including telephonic evaluation and management services) or remote patient monitoring. The following codes are not covered for Telehealth: G2010, 99451-99452, G2068-G2088, and 99091. NC Medicaid will allow codes, 99474, G0071, and T1015 without a GT modifier. Q3014 submitted with a GT modifier is allowed. State specialty limitations to include provider types listed within this policy as well as the following: • Licensed Professional Counselor • Licensed Mental Health Counselor and other Master's Level licensed types • Licensed Clinical Alcohol and Drug Counselor • Certified Applied Behavioral Analysis practitioner • Licensed Marriage and Family Therapist Telehealth, virtual communication, and remote patient monitoring claims should be filed with the provider's usual

	place of service code(s) and not place of service 02 (Telehealth); if billed, will deny. • Exception: Hybrid telehealth with supporting home visits should be filed with place of service 12 (home).
Ohio	According to State Regulations, the following are reimbursable: • GT modifier plus all codes in the "OH Telehealth Covered Codes" list. • POS 02 and 10 plus all codes in the "OH Telehealth Covered Codes" list. OH Medicaid has a state specific list of codes. See the Attachment section for Ohio's state list.
Pennsylvania	Per Pennsylvania Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health services. COVID vaccines are not payable in POS 02 or 10.
Rhode Island	Per state regulations, RICAID allows code T1017, H0046, T1016, T1024, H2000, T1023, and T1027, reimbursable when billed with modifier GT. Per state requirements, COVID vaccines are not payable in POS 02 or 10.
Tennessee	Per TN Legislation, Telehealth is covered when delivered by any medical and behavioral health care professional — with 2 exclusions: • Pain Management Clinics • Chronic nonmalignant pain treatment • School-based services need to billed using POS 03 with appropriate modifier for telehealth. • RHC/FQHC to utilize standard POS 50/72 with appropriate procedure and modifier combination for telehealth and only utilize POS 02/10 if no other option is available. • Audio only services identified by modifier 93 will be reduced by 15% for reimbursement.
Texas	According to State Regulations, TX MMP allows codes: • T1015, G2011, G8431, G8510, G9002, H0001, H0004, H0005, H0034, H0038, H0049, H2011, H2017, and T1017. TX Medicaid does not allow modifier GT for Telehealth/virtual health services. All telehealth/virtual health services must be billed with modifier: • 95 • 93 (audio only) • FQ (audio only). Please see Attachment section for the Texas state specific list of Telehealth/virtual health codes. State specialty

	limitations apply. • CPT code 99211 with modifier 93 is only billable during public state of emergencies. • Per state requirements, COVID vaccines are not payable in POS 02 or 10. • CPT code G9012 billed with the U2, U5, 95 modifier is reimbursable for comprehensive visit (in person or synchronous audiovisual) ○ CPT code G9012 billed with the TS, 93 modifier is reimbursable for follow-up visit (in person or synchronous audiovisual) • CPT code Q3014 billed with a 95 modifier is reimbursable for RHCs and FQHCs • CPT codes: 99212, 99213, 99214, & 99215 are payable with an FQ modifier for established patient services for mental health or substance use for synchronous telephone (audio-only). • CPT code S9482 is payable with modifiers FQ and 95 • CPT codes 97151,97155, 97158 & 99366 are payable with modifier 95
Virginia	• Virginia Medicaid (including CCC Plus) has a State specific telehealth code list which allows a GT modifier. See the Attachment section for Virginia's state list.
Washington	• Per Washington Medicaid State regulations, telehealth policy will not apply as it has no restriction for telehealth services.
Washington DC	• Per District regulations, all Telehealth/Virtual health services must be billed with a GT modifier.
Wisconsin	• Wisconsin Medicaid has a state specified list of codes allowed in a Telehealth place of service (02, 10) and GT, FQ, and 93 Modifier • Per Wisconsin Medicaid State requirements, 98000-98015 are exempt from the telehealth modifier requirements

Definitions	
Distant Site	The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
Originating Site	The location of a patient at the time the service being furnished via a telecommunications system occurs.

Telehealth/Telemedicine	Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

Questions and Answers	
1	**Q:** How does Optum reimburse for phone calls to patients that are not associated with any other service? For example, a provider receives a call from a patient at 2 A.M. The provider is able to handle the situation over the phone without requiring Additional services. On what basis will the visit be denied? **A:** Optum will not reimburse for this service since it did not require direct, in-person patient contact. This service is considered included in the overall management of the patient. ***Note: For Telehealth services rendered in response to the COVID-19 public health emergency, providers should visit COVID-19 information page on Optum Provider Express COVID-19 Provider Information for additional resources.***
2	**Q:** A provider makes daily telephone calls to check on the status of a patient's condition. These services are in lieu of clinic visits. Will Optum reimburse the physician for these telephone services? **A:** No, Optum will not reimburse telephone services as they are considered included in the overall management of the patient.
3	**Q:** Does Optum reimburse website charges for provider groups if their website provides patient education material? **A:** No, Optum will not reimburse for Internet charges since there is no direct, in-person patient contact.
4	**Q:** What is the difference between Telehealth services and telephone calls? **A:** Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology. Telephone calls, which are considered audio transmissions, per the CPT definition, are non-face-to-face E/M services provided to a patient using the telephone by a Physician or Other Qualified Health Care Professional, who may report E/M services.
5	**Q:** What are the documentation requirements for Telehealth visits? **A:** A patient visit performed through Telehealth should be documented to the same extent as an in-person visit, reflecting what occurred during the visit. The healthcare professionals should also document that the visit was done through audio-video telecommunications. For additional documentation requirements for Telehealth visits, providers should visit the Optum Provider Express page at the link Behavioral Health Services Documentation

Attachments: To open an attachment, download the policy document, save it as a pdf, open the pdf in acrobat reader software, right-click on the icon to open the attachment. Note: Due to security protocols, attachments cannot be opened directly from the reimbursement policy.	
Codes Recognized with Modifier GT, GQ or GO	A list of codes recognized when reported with modifier GQ, GT or G0

Codes Recognized with Modifier 95	A list of codes recognized when reported with modifier 95
Hawaii State Telehealth Code List	Hawaii state specific list of codes and modifiers
Indiana State Medicaid Modifier 93 with POS 02 or 10	Indiana state specific list of Telehealth codes allowed Indiana state specific list of Telehealth codes allowed in POS 02 or 10 reported with modifier 93
Indiana State Medicaid Modifier 95 with POS 02	Indiana state specific list of Telehealth codes allowed in POS 02 reported with modifier 95
Indiana State Medicaid Modifier 95 with POS 02 or 10	Indiana state specific list of Telehealth codes allowed in POS 02 or 10 reported with modifier 95
Kansas State Telehealth POS 02 Code List	Kansas state specific list of Telehealth codes allowed in POS 02
Kansas State Telehealth POS 10 Code List	Kansas state specific list of Telehealth codes allowed in POS 10
Louisiana State Telehealth Code List	Louisiana state specific list of codes recognized when reported with modifier 95
	Michigan state specific list of Telehealth codes allowed with modifier 95

Michigan State Telehealth Code Modifier 95 List	
Michigan State Telehealth Code Modifier 93 List	Michigan state specific list of Telehealth codes allowed with modifier 93
Mississippi State Telehealth Code List	Mississippi state specific list of Telehealth codes allowed with modifier GT, G0, or GQ
Missouri State Telehealth Code List	Missouri state specific list of telehealth codes allowed in POS 02
Nebraska State Telehealth Code List POS 02 & 10	Nebraska state Medicaid specific list of Telehealth codes recognized in POS 02 &10
Nebraska State Telehealth Code List Modifier 93 & 95	Nebraska state Medicaid specific list of Telehealth codes recognized with modifier 95 & 93.
North Carolina State Telehealth Code List	North Carolina state specific list of codes allowed with modifier GT
Ohio State Telehealth Code List	Ohio state specific list of telehealth codes and recognized modifiers
Texas State Specific Codes Recognized with Modifier 95	Texas state's specific list of telehealth codes recognized with modifier 95.
	Texas state Medicaid specific list of Telehealth codes (audio-only) recognized with modifier 93.

Texas Medicaid Telehealth Code Audio Only List	
Virginia State Telehealth Code List	Virginia state specific list of codes recognized when reported with modifier GT
Wisconsin State Specific Telehealth code List	Wisconsin state's specific list of codes

Covered Telehealth Services CPT Codes listed below are not intended as exhaustive of all relevant codes
Please note: To open the attachment, download the policy document, save it as a pdf, open the pdf in acrobat reader software, right click on the icon to open the attachment and enable all features

CPT Codes	Description
90785	Interactive complexity (list separately in addition to the code for primary psychiatric procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service(list separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service)
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit establish
99212	Office/outpatient visit establish
99213	Office/outpatient visit establish
99214	Office/outpatient visit establish

99215	Office/outpatient visit establish
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month

Resources
Individual state Medicaid regulations, manuals & fee schedules American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets. Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

History / Updates	
September, 2025	Attachment Section Updates: CA removed, Hawaii State telehealth code, Texas, Kansas State POS 02 and 10, Nebraska modifier 95 & 93 and POS 02 & 10, Wisconsin, Michigan code modifier 95, North Carolina telehealth Code lists updated State Exceptions Updated: Texas, Wisconsin updated, and California removed
June, 2025	Attachment Section Updates: WISCONSIN State Telehealth Code List, MICHIGAN State Telehealth Code Modifier 93 List, MICHIGAN State Telehealth Code Modifier 95 List, KANSAS State Telehealth POS 02 Code List, KANSAS State Telehealth POS 10 Code List State Exceptions: Idaho, Kansas, Michigan and Texas
April, 2025	State Exceptions Updates: Texas, New York, North Carolina, and New Mexico Attachment Section Updates: Hawaii, North Carolina, MI Modifier 93, MI Modifier 95, Kansas POS 02, Texas Telehealth Codes modifier 95, and Wisconsin code lists
March, 2025	Reimbursement Guidelines section codes updated Attachment Section: Codes-Recognized-with-Modifier-GT-GQ-or-G0 and Codes-Recognized-with-Modifier-95, KANSAS State Telehealth POS 02 and 10 Code List updated, Indiana State Medicaid Modifier 93 with POS 02 or 10 updated & Indiana State Medicaid Modifier 95 in POS 02 or 10 updated State Exceptions Updated: Arizona &Tennessee Archived History Section: January 2021- September 2021
January, 2025	State Exceptions: Missouri & North Carolina updated
December, 2024	Updates to State Exception section: Texas, New York, Ohio, removed New Jersey Updated Attachment Section: Kansas State Telehealth Health Code lists for POS 02 & 10, Michigan Telehealth code lists modifier 93 & 95, Mississippi code list allowed with modifier GT, G0, or GQ, Nebraska code list for modifier 93 or 95 or POS 02 or 10, Texas telehealth code list audio only with modifier 93
August, 2024	Attachment Section Updates: Nebraska State Modifier 95 & 93 Telehealth Code List & Nebraska-State-Telehealth-Code-List-POS-02-and-10, Mississippi State Code list updated, KANSAS State Telehealth POS 02 Code List & KANSAS State Telehealth POS 10, North Carolina, Louisianna, Mississippi-State-Telehealth-Code-List Policy Lists updated.

	State Exceptions: Arizona, Mississippi, Nebraska Kentucky, New Jersey Ohio, Pennsylvania, Texas, New Mexico and North Carolina updated.
April 2024	State Exception section: Florida, Kansas, Mississippi and Indiana Updated, and New York added Attachments Section: Hawaii, Kansas, Missouri, Mississippi, Nebraska, Ohio, North Carolina, and Texas State Medicaid Telehealth Code Lists updated Kentucky removed and Minnesota added
January, 2024	Updated Reimbursement Guidelines Section Updated Attachments Section: policy lists updated for Kansas POS 02 and Codes Recognized with Modifier GT, GQ or G0; Archived History Section August 20218 to December, 2020
December, 2023	Attachments Section: Michigan State Telehealth Code Modifier 93 list and Michigan State Telehealth Code Modifier 95 list Attachments Section: Indiana State Medicaid Modifier 93 with POS 02 or 10, Indiana State Medicaid Modifier 95 in POS 02 or 10 were added. Added Texas State Medicaid Telehealth Audio only Code List Updated State Exceptions Section: Indiana and Texas Updated
October, 2023	State Exceptions Section: Florida, Kentucky-Added, Massachusetts-Added, Rhode Island, and Texas Updated
September, 2023	Attachments Section Updates: Michigan State Telehealth Code Modifier 93 list Nebraska State Telehealth Code List POS 02 and 10 Nebraska State Telehealth Code List Modifier 95 Wisconsin State Medicaid Modifier 93 North Carolina State Telehealth Code List Update Louisiana State Telehealth Code List update
July, 2023	State Exception Section: Added Tennessee Updated: Kansas, Rhode Island, Michigan, Nebraska, Maryland updated with POS 10 Attachment Section: Created new policy list for Kansas POS 02 and Kansas POS 10, Updated Hawaii list, added Nebraska Modifier 95 &93 list, Added Nebraska POS 02 & 10 List, Added Michigan Modifier 95 List, Added Michigan 93 List
February, 2023	State Exceptions Section: Rhode Island added
January, 2023	Anniversary Review State Exceptions Section: Updated Arizona regarding modifiers and POS and added Colorado Updated Indiana removing POS 10 Attachments Section: Updated North Carolina, Ohio, Texas and Wisconsin list and Codes Recognized with Modifier GT, GQ or G0 and Codes recognized with Modifier 95 Lists Updated Q&A 4 & 5
September, 2022	Attachment Section Updates: Texas list, Kansas list, Wisconsin to remove POS restrictions State Exceptions Section Updates: North Carolina regarding POS 02 and POS 12, Updated Kansas with POS 10 Updated Q&A 5 added link to Behavioral Health Documentation Reimbursement Policy for reference
June, 2022	Definitions section update State Exceptions Section: Indiana, Missouri Texas and Wisconsin updated Attachments section: Updated Virginia State Telehealth Codes list, Codes Recognized with Modifier GT, GQ, or G0 list updated,
March, 2022	State Exceptions Updates: Maryland, Michigan, Pennsylvania, Texas. Washington DC added Reimbursement Guidelines Section Update: added reference to POS 10
January, 2022	2022 Annual Review; Overview section updated Removed list of Medicare plans that have **Telehealth services as part of their Basic Benefit Plan** Modifier 95 code list update