



Telehealth/Virtual Care Billing Instructions

Idaho Behavioral Health Plan Providers

See [important notes](#) on page 3.

CPT/HCP CS Codes	Code Descriptions	Telehealth Modifier
+90785	Interactive complexity	GT
90791	Psychiatric diagnostic evaluation—no medical services	GT
90792	Psychiatric diagnostic evaluation—with medical services	GT
90832	Psychotherapy with patient, 30 minutes	GT
+90833	Psychotherapy with patient, 30 minutes, with E/M service	GT
90834	Psychotherapy with patient, 45 minutes	GT
+90836	Psychotherapy with patient, 45 minutes, with E/M service	GT
90837	Psychotherapy with patient, 60 minutes	GT
+90838	Psychotherapy with patient, 60 minutes, with E/M service	GT
90839	Psychotherapy for crisis, initial 60 minutes	GT
+90840	Psychotherapy for crisis, additional 30 minutes	GT
90846	Family psychotherapy without patient, 50 minutes	GT
90847	Family psychotherapy with patient, 50 minutes	GT
90853	Group psychotherapy	GT
+90863	Pharmacological management performed with psychotherapy	GT
96116	Neurobehavioral status exam, first hour	GT
+96121	Neurobehavioral status exam, additional hour	GT
96156	Health behavior assessment or re-assessment	GT
96158	Health behavior intervention, individual, first hour	GT
+96159	Health behavior intervention, individual, additional 30 minutes	GT
96167	Health behavior intervention, family, first hour	GT
+96168	Health behavior intervention, family, additional 30 minutes	GT
97155	Adaptive behavior treatment with protocol modification, 15 minutes	GT
97156	Family adaptive behavior treatment, 15 minutes	GT
92202	Office outpatient visit, new patient, 15 minutes	GT
99203	Office outpatient visit, new patient, 30 minutes	GT

CPT/HCP CS Codes	Code Descriptions	Telehealth Modifier
99204	Office outpatient visit, new patient, 45 minutes	GT
99205	Office outpatient visit, new patient, 60 minutes	GT
99211	Office outpatient visit, established patient	GT
99212	Office outpatient visit, established patient, 10 minutes	GT
99213	Office outpatient visit, established patient, 20 minutes	GT
99215	Office outpatient visit, established patient, 40 minutes	GT
99242	Outpatient consultation, 20 minutes	GT
99243	Outpatient consultation, 30 minutes	GT
99244	Outpatient consultation, 40 minutes	GT
99245	Outpatient consultation, 55 minutes	GT
99252	Hospital consultation, 35 minutes	GT
99253	Hospital consultation, 45 minutes	GT
99254	Hospital consultation, 60 minutes	GT
99255	Hospital consultation, 80 minutes	GT
99307	Subsequent nursing facility consult, 10 minutes	GT
99308	Subsequent nursing facility consult, 20 minutes	GT
99309	Subsequent nursing facility consult, 25 minutes	GT
99310	Subsequent nursing facility consult, 35 minutes	GT
99347	Home or residence consultation, established patient, 20 minutes	GT
99348	Home or residence consultation, established patient, 30 minutes	GT
+99417	Prolonged outpatient service, each 15 minutes	GT
+G0317	Prolonged nursing facility service, each 15 minutes	GT
+G0318	Prolonged home or residence service, each 15 minutes	GT
+G2212	Prolonged office/outpatient service, each 15 minutes	GT
G9007	Child and Family Team (CFT) interdisciplinary team meeting, each 15 minutes	GT
H0001	Individual assessment and treatment plan – Substance Use, each 15 minutes	GT
H0004	Individual counseling, substance use, each 15 minutes	GT
H0005	Group counseling, substance use, each 15 minutes	GT
H0015	Intensive outpatient program, substance use disorders (ASAM 2.1)	GT
H0031	Child and Adolescent Needs and Strengths (CANS) update, each 15 minutes	GT
H0032	Individualized skills building treatment plan, each 15 minutes	GT
H0036	Intensive home and community-based services, functional family therapy or multidimensional family therapy, each 15 minutes	GT
H0036	IHCBS-Functional Family Therapy (FFT), each 15 minutes	GT
H0036	IHCBS-other evidenced based practice modalities, each 15 minutes	GT
H0038	Peer support – (adult, youth, family, recovery coaching); each 15 minutes	GT
H2014	Skills training and development; each 15 minutes	GT

CPT/HCP CS Codes	Code Descriptions	Telehealth Modifier
H2017	Skills building/Community-Based Rehabilitative Services (CBRS); each 15 minutes	GT
H2027	Family psychoeducation services, each 15 minutes	GT
H2033	Intensive home and community-based services, multisystemic therapy, each 15 minutes	GT
S9480	Intensive outpatient program, psychiatric or eating disorders	GT
T1013	Language interpretation services (sign language or oral interpretation); each 15 minutes	GT
T1017	Case management, behavioral health, each 15 minutes	GT
T1017	Targeted care coordination with or without care coordination activities, per 15 minutes	GT
T1017	Targeted care coordination CCM with or without care coordination activities, per 15 minutes	GT
Q3014	Telehealth originating site facility fee	N/A

Modifier	Descriptions
GT	Via interactive audio and video telecommunications systems

Important notes:

- **Telehealth/Virtual Care Services Provider Attestation:** Magellan requires completion and return of this document for provision of all telehealth services.
- **Magellan defines telehealth/virtual care** as a method of delivering behavioral health services using interactive telecommunications when the member and the behavioral health provider are not in the same physical location. Telecommunications is the combination of audio and live, interactive video or can be audio-only, as permitted by regulation.
- **Rendering address:** Providers billing telehealth/virtual care services must submit a rendering address.
- **Telehealth modifiers:** Modifiers must be billed in the order that they appear on the provider reimbursement schedule to be reimbursed.
- **Providers contracted as organizations** must bill license level modifiers for applicable outpatient and community-based services:
 - AF – physician
 - HP – medical psychologist
 - AH – psychologist
 - AJ – master’s level
 - TD – nurse practitioner/physician assistant
- Providers contracted as organizations must insert the license-level modifier in the **first modifier field** and insert additional modifier(s) in the **subsequent modifier field(s)**.
- **Place of service (POS) codes:** All telehealth or audio-only services submitted on an 837p transaction or CMS 1500 form must include the appropriate telehealth POS code:
 - If the member is located in their home, bill POS 10.
 - If the member is at a location other than their home, bill POS 02.
- **Distant site** refers to where the provider delivering the service is located at the time of the service.
- **Originating site** refers to where the member is located at the time of the service.

- **Q3014 performed by telehealth originating site providers** should not be billed in conjunction with the telehealth modifiers. This code cannot be billed if the member is located in their home.

All codes/services listed are subject to the provisions and limitations of the member's benefit plan including authorization requirements. Nothing in this document should be construed as altering member benefits.