вотн	Description	HCPCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
Decar   Psychiatric   Hospital/MD   P168   D100   NO   NO   NO   NO   NO   NO   NO	· · ·		DTCO	0100	NO	NO	
PT68   0100   NO   NO   NO	·		P168	0100	NO	NO	
Local Psychiatric Hospital/IMD PT68   physician costs excluded   Pt768   0134, 0154   NO   NO   NO	· · ·		PT68	0100	NO	NO	
Local Psychiatric Hospital / No   No   No   No   No   No   No   No			PT68	0124,	NO	NO	
Dundled per diem	physician costs excluded		PT68	0124,	NO	NO	
10cat Psychiatric Hospital - Acute Community P173	· · · · · · · · · · · · · · · · · · ·		DT73	0100	NO	NO	
Local Psychiatric Hospital - Acute Community PT73 physician costs excluded  Di14, Di24, Di34, 0.154 PT73 0134, 0.154 NO NO  NO  Di14, Di24, Di34, 0.154 NO NO  Di35, 0.154 NO NO  Di36,	·		11/3	0100	110	110	
Local Psychiatric Hospital - Acute Community PT73   P73   0134, 0154   NO   NO   NO   NO   NO   NO   NO   N	bundled per diem		PT73	0100	NO	NO	
Local Psychiatric Hospital - Acute Community PT73         pt 0124, pt 0134, 0154         NO         NO           Inpatient Hospital Ancillary Services - Room and Board inpatient Hospital Ancillary Services - Leave of Absence         0144         NO         NO           Inpatient Hospital Ancillary Services - Leave of Absence         0183         NO         NO           Inpatient Hospital Ancillary Services - Pharmacy inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices         0250-0254, 0257-0258         NO         NO           Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices         0270-0272         NO         NO         NO           Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices         0300-0302, 0305-0397         NO         <	, , , , , , , , , , , , , , , , , , , ,		PT73	0124, 0134, 0154	NO	NO	
Inpatient Hospital Ancillary Services - Leave of Absence    0183			PT73	0124,	NO	NO	
Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices  Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices  Inpatient Hospital Ancillary Services - Laboratory Inpatient Hospital Ancillary Services - Radiology Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Physical Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Ser	Inpatient Hospital Ancillary Services - Room and Board			0144	NO	NO	
Inpatient Hospital Ancillary Services - Pharmacy   0257-0258   NO   NO   NO   NO   NO   NO   NO   N	Inpatient Hospital Ancillary Services - Leave of Absence			0183	NO	NO	
Inpatient Hospital Ancillary Services - Laboratory 0305-0307 NO NO NO Inpatient Hospital Ancillary Services - Radiology 0320 NO NO NO NO Inpatient Hospital Ancillary Services - Respiratory Services 04110 NO NO Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 NO NO Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 NO NO Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 NO NO Inpatient Hospital Ancillary Services - Speech-Language Pathology 0440-0444 NO NO Inpatient Hospital Ancillary Services - Emergency Room 0450 NO NO Inpatient Hospital Ancillary Services - Pulmonary Function 0460 NO NO Inpatient Hospital Ancillary Services - Audiology 0470-0472 NO NO Inpatient Hospital Ancillary Services - Audiology 0470-0472 NO NO Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) NO NO Inpatient Hospital Ancillary Services - Pharmacy 06366 NO NO NO Inpatient Hospital Ancillary Services - Pharmacy 06366 NO NO NO Inpatient Hospital Ancillary Services - Pharmacy 06366 NO NO NO Inpatient Hospital Ancillary Services - Pharmacy 06366 NO NO NO Inpatient Hospital Ancillary Services - Pharmacy 0710 NO NO NO Inpatient Hospital Ancillary Services - Pharmacy 0762 NO NO NO Inpatient Hospital Ancillary Services - EEG 0730-0731 NO NO NO Inpatient Hospital Ancillary Services - EEG 0762 NO NO Additional Codes-ECT Facility Charge 0901 NO	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and			0257-0258			
ECT Anesthesia	Inpatient Hospital Ancillary Services - Laboratory				NO	NO	
Inpatient Hospital Ancillary Services - Respiratory Services	Inpatient Hospital Ancillary Services - Radiology			0320	NO	NO	
Inpatient Hospital Ancillary Services -Physical Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Occupational Therapy Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Services - Psychiatric Hospital Ancil	ECT Anesthesia			0370	NO	NO	
Inpatient Hospital Ancillary Services - Occupational Therapy  Inpatient Hospital Ancillary Services - Speech-Language Pathology  Inpatient Hospital Ancillary Services - Emergency Room  Inpatient Hospital Ancillary Services - Emergency Room  Inpatient Hospital Ancillary Services - Pulmonary Function  Inpatient Hospital Ancillary Services - Audiology  Inpatient Hospital Ancillary Services - Audiology  Inpatient Hospital Ancillary Services - Magnetic Resonance  Technology (MRT)  Inpatient Hospital Ancillary Services - Pharmacy  Inpatient Hospital Ancillary Services - Pharmacy  Inpatient Hospital Ancillary Services - EKG/ECG  Inpatient Hospital Ancillary Services - EKG/ECG  Inpatient Hospital Ancillary Services - EKG/ECG  Inpatient Hospital Ancillary Services - EEG  Inpatient Hospital Ancillary Services - Psychiatric/Psychological  Inpatient Hospital Ancillary Services - Psychiatric/Psychological  Inpatient Hospital Ancillary Services - Psychiatric/Psychological  * Must be BOTH	Inpatient Hospital Ancillary Services - Respiratory Services			0410	NO	NO	
Inpatient Hospital Ancillary Services - Speech-Language Pathology Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological  * Must b BOTH	Inpatient Hospital Ancillary Services -Physical Therapy			0420-0424	NO	NO	
Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatien	Inpatient Hospital Ancillary Services - Occupational Therapy			0430-0434	NO	NO	
Inpatient Hospital Ancillary Services - Emergency Room Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Services - Psychiatric/Psycholo	Inpatient Hospital Ancillary Services - Speech-Language Pathology			0440-0444	NO	NO	
Inpatient Hospital Ancillary Services - Pulmonary Function Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Services - Pulmanety Services - Pharmacy Inpatient Hospital Ancillary Services - Pulmanety Services - Pharmacy Inpatient Hospital Ancillary Services - Pulmanety Services - Pharmacy Inpatient Hospital Ancillary Services - Pulmanety Services - Pharmacy Inpatient Hospit							
Inpatient Hospital Ancillary Services - Audiology Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Anc	Inpatient Hospital Ancillary Services - Pulmonary Function						
Technology (MRT)  Inpatient Hospital Ancillary Services - Pharmacy  ECT Recovery Room  Inpatient Hospital Ancillary Services - EKG/ECG  Inpatient Hospital Ancillary Services - EKG/ECG  Inpatient Hospital Ancillary Services - EEG  O730-0731  NO  NO  NO  Inpatient Hospital Ancillary Services - EEG  O740  NO  NO  Crisis Observation Care  Additional Codes-ECT Facility Charge  O901  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Inpatient Hospital Ancillary Services - Audiology						
Inpatient Hospital Ancillary Services - Pharmacy  ECT Recovery Room  Inpatient Hospital Ancillary Services - EKG/ECG  Inpatient Hospital Ancillary Services - EEG  Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital Ancillary Ser				0610 0611	NO	NO	
ECT Recovery Room Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Or40 NO NO Inpatient Hospital Ancillary Services - EEG Or40 NO NO NO Crisis Observation Care Additional Codes-ECT Facility Charge O900, 0902 0904, 1npatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services  * Must b BOTH				<del>                                     </del>			
Inpatient Hospital Ancillary Services - EKG/ECG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - EEG Inpatient Hospital Ancillary Services - Psychiatric/Psychological Inpatient Hospital							
Inpatient Hospital Ancillary Services - EEG  Crisis Observation Care  Additional Codes-ECT Facility Charge  O900, 0902- 0904, 1npatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services  * Must b BOTH	,						
Crisis Observation Care  Additional Codes-ECT Facility Charge  0901  NO  NO  NO  NO  NO  NO  NO  NO  NO  N							
Additional Codes-ECT Facility Charge 0901 NO							
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services  NO  * Must b BOTH	Additional Codes-ECT Facility Charge						
вотн	Inpatient Hospital Ancillary Services - Psychiatric/Psychological			0900, 0902- 0904, 0911, 0914-			
pourpairent Fartial nospitalization   10912   NO   YES   audio/vist	Outpatient Partial Hospitalization			0912	NO	YES	* Must be BOTH audio/visual

NOTE: Modifier G1 and Place of Service Code of U2 are requi				Currently		
				Allowable via	COVID-19	
	HCPCS/CPT		Revenue	Telemed/	Face-to-Face	
Description	Code	Modifier	Code	Telehealth	Allowance	Update Made
						* Must be
						BOTH
Outpatient Partial Hospitalization			0913	NO	YES	audio/visual
Inpatient Hospital Ancillary Services - Other Diagnosis Services			0925	NO	NO	
Inpatient Hospital Ancillary Services - Other Therapeutic Services			0940-0942	NO	NO	
Additional Codes-ECT Anesthesia	00104			NO	NO	
Additional Codes-ECT Anesthesia	00104		0901	NO	NO	
ABA Behavioral Follow-up Assessment (reporting units of per 15						
minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per	0362T	U5		NO	YES	
15 minutes effective 1/1/19)	0373T	U5		NO	NO	
Drug Screen	80305			NO	NO	
Drug Screen	80306			NO	NO	
Drug Screen	80307			NO	NO	
Interactive Complexity - Add On Code	90785			YES	YES	
Assessment for Autism	90785	U5		NO	YES	
Substance Abuse - Interactive Complexity - Add On Code	90785	HF		YES	YES	
Assessment	90791			VEC	YES	
Substance Use: Assessment	90791	HF		YES YES	YES	
Assessment for Autism	90791	U5			YES	
Assessment Assessment	90791	03		NO		
Substance Use: Assessment	90792			YES YES	YES YES	
Assessment for Autism	90792	HF				
Mental Health: Outpatient Care	90832	U5		NO YES	YES YES	
Cubatanas Has Disaudau Outratiiant Care	00022		0900, 0906, 0914, 0915,	VES	VES	
Substance Use Disorder: Outpatient Care	90832	HF	0916, 0919	YES	YES	
Assessment	90833			YES	YES	
Mental Health: Outpatient Care	90834			YES	YES	
Cubatanaa Uaa Diaastan Outratiant Cara	90834		0900, 0906, 0914, 0915, 0916, 0919	VEC	VEC	
Substance Use Disorder: Outpatient Care		HF	0916, 0919		YES	
Assessment Mantal Haalith, Outpatient Core	90836			YES	YES	
Mental Health: Outpatient Care	90837			YES	YES	
Substance Use Disorder: Outpatient Care	90837	HF		YES	YES	
Assessment  Perchetherapy for Crisis First 60 Minutes	90838 90839			YES	YES	
Psychotherapy for Crisis First 60 Minutes Psychotherapy for Crisis Each Additional 30 Minutes				YES	YES	
	90840			YES	YES	
Therapy-Family Therapy PMTO	90846	114		YES	YES	
РМТО	90846	HA		YES	YES	
			0900, 0906, 0914, 0915,			
Substance Use Disorder: Outpatient Treatment	90846	HF	0916, 0919		YES	
Therapy-Family Therapy	90847			YES	YES	
РМТО	90847	HA		YES	YES	

				Currently		
				Allowable via	COVID-19	
	HCPCS/CPT		Revenue	Telemed/	Face-to-Face	
Description	Code	Modifier	Code	Telehealth	Allowance	Update Made
			0900,			
			0906,			
			0914, 0915,			
Substance Use Disorder: Outpatient Treatment	90847	HF	0916, 0919	YES	YES	
Therapy-Family Therapy	90849			NO	YES	
РМТО	90849	HA		NO	YES	
Therapy-Family Therapy	90849	HS		NO	YES	
			0900,			
			0906,			
			0914, 0915,			
Substance Use Disorder: Outpatient Treatment	90849	HF	0916, 0919	NO	YES	
Therapy-Group Therapy	90853			NO	YES	
			0900, 0906,			
			0906,			
			0915,			
Substance Use Disorder: Outpatient Treatment	90853	HF	0916, 0919		YES	
Pharmacological Management (SED Waiver) Additional Codes-ECT Physician	90863			NO	YES	
Additional Codes-ECT Physician	90870 90870		0901	NO NO	NO NO	
Assessments-Other	90887		0901	NO	YES	
7 toosoomonto Curo.	90001			110	11.5	
						* Must be
						вотн
Speech & Language Therapy	92507			NO	YES	audio/visual
						* Must be
						ВОТН
Speech & Language Therapy	92508			NO	YES	audio/visual
						* Must be
Charab 8 Language Thomas					VEC	BOTH
Speech & Language Therapy	92521			NO	YES	audio/visual
						* Must be
						BOTH
Speech & Language Therapy	92522			NO	YES	audio/visual
						* Must be
						вотн
Speech & Language Therapy	92523			NO	YES	audio/visual
						* Must be
						BOTH
Speech & Language Therapy	92524			NO	YES	audio/visual
Speech & Language Therapy Speech & Language Therapy	92526			NO NO	NO	<del> </del>
Speech & Language Therapy Speech & Language Therapy	92607 92608		-	NO NO	NO NO	+
Speech & Language Therapy	92608		1	NO NO	NO NO	
Speech & Language Therapy	92610		<u> </u>	NO	NO	
	32010					
						* Must be
						вотн
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92626			NO	YES	audio/visual

Description	HCPCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
·						
						* Must be
						BOTH
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92627			NO	YES	audio/visual
						* Must be
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)	02620			NO	YES	BOTH audio/visual
Addition Reliabilitation Freiling Flearing Loss (Crinicien's Walver)	92630			NO	YES	audio/visuai
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	00000			NO	VEC	* Must be BOTH
Psych Testing Admin by Comp	92633			NO NO	YES YES	audio/visual
Assessments-Other	96103 96105			NO	YES	
Assessments-Other	96110			NO	YES	
Assessments - Testing	96112			NO	YES	
Assessments - Testing	96113			NO	YES	
Neurobehavioral Status Exam	96116			YES	YES	
Neuropsych test Admin w/comp	96120			NO	YES	
Assessments - Testing	96121			NO	YES	
Assessments-Other	96127			NO	YES	
Assessments - Testing	96130			NO	YES	
Assessment for Autism	96130	U5		NO	YES	
Assessments - Testing	96131			NO	YES	
Assessment for Autism	96131	U5		NO	YES	
Assessments - Testing	96132			NO	YES	
Assessment for Autism	96132	U5		NO	YES	
Assessments - Testing	96133			NO	YES	
Assessment for Autism	96133	U5		NO	YES	
Assessments - Testing	96136			NO	YES	
Assessment for Autism	96136	U5		NO	YES	
Assessments - Testing	96137			NO	YES	
Assessment for Autism	96137	U5		NO	YES	
Assessments - Testing	96138			NO	YES	
Assessments - Testing	96139			NO	YES	
Assessments - Testing	96146			NO	YES	
Medication Administration	96372			NO	NO	
Occupational or Dhysical Thorany	07440			No.	VEC	* Must be BOTH
Occupational or Physical Therapy	97110			NO	YES	audio/visual
Occupational or Discount Thomas					V-0	* Must be BOTH
Occupational or Physical Therapy	97112			NO	YES	audio/visual
Occupational or Physical Therapy	97113			NO	NO	
						* Must be BOTH
Occupational or Physical Therapy	97116			NO	YES	audio/visual
Occupational or Physical Therapy	97124	ļ		NO	NO	
Occupational or Physical Therapy	97140			NO	NO	
Occupational or Physical Therapy  ABA Behavior Identification Assessment	97150			NO	NO	
(new code effective 1/1/19) ABA Adaptive Behavior Treatment	97151	U5		NO	YES	
(new code effective 1/1/19)	97153	U5		NO	YES	

NOTE. Modifier of and Flace of Service code of 02 are req	un eu on 7122 se	Tices repo	1		To race / morrance	
Description	HCPCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
ABA Group Adaptive Behavior Treatment						
(new code effective 1/1/19)	97154	U5		NO	YES	
ABA Clinical Observation and Direction of Adaptive Behavior						
Treatment (new code effective 1/1/19)	07455			YES	YES	
ABA Family Behavior Treatment Guidance	97155	U5		TES	163	
(new code effective 1/1/19)	97156	U5		YES	YES	
ABA Family Behavior Treatment Guidance	07.100				. 25	
(new code effective 1/1/19)	97157	U5		NO	YES	
ABA Adaptive Behavior Treatment Social Skills Group						
(new code effective 1/1/19)	97158	U5		NO	YES	
Physical Therapy	97161			NO	YES	* Must be BOTH audio/visual
Physical Therapy	97162			NO	YES	* Must be BOTH audio/visual
Physical Therapy	97163			NO	YES	* Must be BOTH audio/visual
7 17	0.100					* Must be
						BOTH
Dhania d Thanana					\/FC	
Physical Therapy	97164			NO	YES	audio/visual
						* Must be BOTH
Occupational Therapy	97165			NO	YES	audio/visual
Occupational Therapy	97166			NO	YES	* Must be BOTH audio/visual
Occupational Therapy	97167			NO	YES	* Must be BOTH audio/visual
оссиранован тистиру	97107			NO	TLS	audio/ visuai
Occupational Therapy	97168			NO	YES	* Must be BOTH audio/visual
o companional morapy	37100			NO	123	* Must be BOTH
Occupational or Physical Therapy	97530			NO	YES	audio/visual
Occupational or Physical Therapy						audio/ visual
оссиранона от глузная глетару	97533			NO	NO	* Must be BOTH
Occupational or Physical Therapy	07505			NO	VEC	
	97535			NO	YES	audio/visual
Occupational or Physical Therapy	97537		-	NO	NO	
Occupational or Physical Therapy	97542		-	NO	NO	
Occupational or Physical Therapy	97750			NO	NO	
Occupational Therapy	97755			NO	NO	

Description	HCPCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
						* Must be
						BOTH
Occupational or Physical Therapy	97760			NO	YES	audio/visual
7 13	01100			110	123	444.07 1.544.
						* Must be BOTH
Prosthetic Training (Children's Waiver)	97761			NO	YES	audio/visual
						* Must be BOTH
Occupational or Physical Therapy	97763			NO	YES	audio/visual
Assessment or Health Services	97802			NO	YES	
Assessment or Health Services	97803	_		NO	YES	
Health Services	97804			No	YES	
Substance Use Disorder: Acupuncture	97810			No	NO	
Substance Use Disorder: Acupuncture	97811			No	NO	
New Patient Evaluation and Management	99201			YES	YES	*Retired 12/31/20
Substance Use Disorder: New Patient Evaluation and Management	99201	HF		YES	YES	
New Patient Evaluation and Management	99202	- "		YES	YES	
	00202				. 13	
Substance Use Disorder: New Patient Evaluation and Management	99202	HF		YES	YES	
New Patient Evaluation and Management	99203			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99203	HF		YES	YES	
New Patient Evaluation and Management	99204	- "		YES	YES	
	00201				. 15	
Substance Use Disorder: New Patient Evaluation and Management	99204	HF		YES	YES	
New Patient Evaluation and Management	99205			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99205	HF		YES	YES	
Established Patient Evaluation and Management	99211			YES	YES	
Substance Use Disorder: Established Patient Evaluation and						
Management	99211	HF		YES	YES	
Established Patient Evaluation and Management Substance Use Disorder: Established Patient Evaluation and	99212			YES	YES	
Management	99212	HF		YES	YES	
Established Patient Evaluation and Management	99213			YES	YES	
Cubatana Abusa Catablishad Datiant Cualisation and Management				V/56	VEC	
Substance Abuse: Established Patient Evaluation and Management Established Patient Evaluation and Management	99213 99214	HF		YES YES	YES YES	
Substance Use Disorder: Established Patient Evaluation and	99214			153	163	
Management	99214	HF		YES	YES	
Established Patient Evaluation and Management	99215			YES	YES	
Substance Use Disorder: Established Patient Evaluation and Management	99215	HF		YES	YES	
Additional Codes-Physician Services	99221			NO	YES	
Additional Codes-Physician Services	99222			NO NO	YES	
Additional Codes-Physician Services	99223			NO NO	YES	
Additional Codes-Physician Services Additional Codes-Physician Services	99224			NO NO	YES YES	
Additional Codes-Physician Services Additional Codes-Physician Services	99225			NO NO	YES	
Additional Codes-Physician Services Additional Codes-Physician Services	99226 99231			YES	YES	
Additional Codes-Physician Services	99231			YES	YES	
Additional Codes-Physician Services	99232			YES	YES	
Additional Codes-Physician Services	99238			NO NO	NO NO	
Additional Codes-Physician Services	99239			NO	NO	
Substance Use Disorder: Physician Consultations	99241	HF		YES	YES	

NOTE: Modifer GT and Place of Service Code of 02 are required on ALL services reported for the COVID-19 Face-to-Face Allowance

Description	HCPCS/CPT	Madifian	Revenue	Currently Allowable via Telemed/	COVID-19 Face-to-Face	Hadata Mada
Description Substance Use Disorder: Physician Consultations	Code	Modifier	Code	Telehealth	Allowance YES	Update Made
Substance Use Disorder: Physician Consultations  Substance Use Disorder: Physician Consultations	99242	HF		YES		
	99243	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99244	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99245	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99251	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99252	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99253	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99254	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99255	HF		YES	YES	
Nursing Facility Services evaluation and management	99304			NO	NO	
Nursing Facility Services evaluation and management	99305			NO	NO	
Nursing Facility Services evaluation and management	99306			NO	NO	
Nursing Facility Services evaluation and management	99307			YES	YES	
Nursing Facility Services evaluation and management	99308			YES	YES	
Nursing Facility Services evaluation and management	99309			YES	YES	
Nursing Facility Services evaluation and management	99310			YES	YES	
Assessment	99324			NO	YES	
Assessment	99325			NO	YES	
Assessment	99326			NO	YES	
Assessment	99327			NO	YES	
Assessment	99328			NO	YES	
Assessment	99334			NO	YES	
Assessment	99335			NO	YES	
Assessment	99336			NO	YES	
Assessment	99337			NO	YES	
Assessment	99341			NO	YES	
Assessment	99342			NO	YES	
Assessment	99343			NO	YES	
Assessment	99344			NO	YES	
Assessment	99345			NO	YES	
Assessment	99347			NO	YES	
Assessment	99348			NO	YES	
Assessment	99349			NO	YES	
Assessment	99350			NO	YES	
	99000			NO	11.5	* Effective
Prolonged Evaluation and Management or Psychotherapy service(s)	99354			NO	YES	1/1/21
Prolonged Evaluation and Management or Psychotherapy service(s)	99355			NO	YES	* Effective 1/1/21
Prolonged Clinical Staff Service	99415			NO	YES	* Effective 1/1/21
Prolonged Clinical Staff Service	99416			NO	YES	* Effective 1/1/21
Prolonged Office or Other Outpatient Evaluation and Management Service(s)	99417			NO	YES	* Effective 1/1/21
Medication Administration	99506			NO	NO	
Medication Management	99605			NO	YES	
Transportation	A0080			NO	NO	
Transportation	A0090			NO	NO	1
Transportation	A0100			NO	NO	1
Substance Use Disorder: Transportation	A0100	HF		NO	NO	
Transportation	A0100	- "		NO	NO	
Substance Use Disorder: Transportation	A0110	HF		NO	NO	<u> </u>
Transportation		115			NO NO	
Transportation	A0120			NO NO		+
Transportation	A0130			NO NO	NO NO	-
•	A0140	1		NO NO	NO	-
Transportation	A0170			NO	NO	1
Additional Codes-Transportation	A0425			NO	NO	

NOTE: Modifer GT and Place of Service Code of 02 are required on ALL services reported for the COVID-19 Face-to-Face Allowance

NOTE: Modifier G1 and Place of Service Code of 02 are requi				Currently		
	LICEGO (CENT			Allowable via	COVID-19	
	HCPCS/CPT		Revenue	Telemed/	Face-to-Face	l
Description Technology 10 to 1	Code	Modifier	Code	Telehealth	Allowance	Update Made
Additional Codes-Transportation	A0427			NO	NO	
Enhanced Medical Equipment-Supplies	E1399				-Face Currently	
Activity Therapy (Children's Waiver & SEDW)	G0176			NO	YES	
Family Training/Support EBP only	G0177			NO	YES	
Substance Use Disorder: Recovery Support Services	G0409			NO	YES	
Occupational Therapy	G0515			NO	NO	
Substance Use Disorder: MAT	G2067			NO	YES	
Substance Use Disorder: MAT	G2068			NO	YES	
Substance Use Disorder: MAT	G2073			NO	YES	
Substance Use Disorder: MAT	G2074			NO	YES	
Substance Use Disorder: MAT	G2076			NO	YES	
Substance Use Disorder: MAT	G2077			NO	YES	
Substance Use Disorder: MAT	G2080			NO	YES	
Substance Use Disorder: Individual Assessment	H0001			NO	YES	
Assessment	H0002			NO	YES	
Substance Use Disorder: Laboratory	H0003			NO	NO	
Substance Use Disorder: Outpatient Treatment	H0004		0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
			0900, 0906, 0914, 0915,			
Substance Use Disorder: Outpatient Treatment	H0005		0916, 0919	NO	YES	
Substance Use Disorder: Case Management	H0006			NON Face-to	-Face Currently	
Substance Use Disorder: Sub-Acute Detoxification	H0010		1002	NO	NO	
Substance Use Disorder: Sub-Acute Detoxification	H0012		1002	NO	NO	
Substance Use Disorder: Sub-Acute Detoxification	H0014		1002	NO	NO	
Substance Use Disorder: Intensive Outpatient Care	H0015		0906	NO	YES	
Crisis Residential Services	H0018			NO	NO	
Substance Use Disorder: Residential	H0018	HF	1002	NO	NO	
Substance Use Disorder: Residential	H0019	HF	1002	NO	NO	
Substance Use Disorder: Methadone	H0020			NO	NO	
Substance Use Disorder: Early Intervention	H0022			NO	YES	
Peer Directed and Operated Support Services	H0023			NO	YES	
Substance Use Disorder: Recovery Support Services	H0023	HF		NO	YES	
Prevention Services - Direct Model	H0025			NO	YES	
Assessment	H0031			YES	YES	
Assessment for Autism	H0031	U5		NO	YES	
Support Intensity Scale (SIS) Face-to-Face Assessment	H0031	HW		YES	YES	
Treatment Planning	H0032			NO	YES	
Monitoring of Treatment - Clinician	H0032	TS		NO	YES	
Substance Use Disorder: Pharmalogical Support - Suboxone	H0033			NO	NO	
Health Services	H0034			NO	YES	
Home Based Services				NO	YES	
	H0036				YES	
Home Based Services - consumer not present	H0036 H0036	HS		NO	ILJ	
Home Based Services - consumer not present PMTO	H0036					
•	H0036 H0036	НА		NO	YES	
РМТО РМТО	H0036 H0036 H0036	HA HA & TT		NO NO	YES YES	
PMTO PMTO Home Based Services	H0036 H0036 H0036 H0036	НА		NO NO NO	YES YES YES	
PMTO PMTO Home Based Services Peer Directed and Operated Support Services	H0036 H0036 H0036 H0036 H0038	HA HA & TT ST		NO NO NO	YES YES YES YES	
PMTO PMTO Home Based Services Peer Directed and Operated Support Services Peer Directed and Operated Support Services	H0036 H0036 H0036 H0036 H0038 H0038	HA HA & TT ST		NO NO NO NO	YES YES YES YES YES	
PMTO PMTO Home Based Services Peer Directed and Operated Support Services	H0036 H0036 H0036 H0036 H0038	HA HA & TT ST		NO NO NO	YES YES YES YES	

NOTE: Modifer GT and Place of Service Code of 02 are rec	Julieu Oli ALL Se	i vices repo	Teu for the		to-race Allowalice	:
				Currently		
				Allowable via	COVID-19	
	HCPCS/CPT		Revenue	Telemed/	Face-to-Face	
Description	Code	Modifier	Code	Telehealth	Allowance	<b>Update Made</b>
Assertive Community Treatment (ACT)	H0039	TG		YES	YES	
Community Living Supports in Independent living/own home	H0043			NO	YES	
Community Living Supports in Independent living/own home	H0043	TF		NO	YES	
Community Living Supports in Independent living/own home	H0043	TG		NO	YES	
Community Living Supports in Independent living/own home	H0043	П		NO	YES	
Community Living Supports in Independent living/own home	H0043	TF/TT		NO	YES	
Community Living Supports in Independent living/own home	H0043	TG/TT		NO	YES	
Respite	H0045	10/11		NO	NO	
Peer Directed and Operated Support Services						
1.	H0046			NO	YES	
Substance Use Disorder: Laboratory	H0048			NO	NO	
Substance Use Disorder: Outpatient Treatment	H0050		0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Behavior Treatment Plan Review	H2000				-Face Currently	
Behavior Treatment Plan Review - Monitoring Activities	H2000	TS		NO NO	YES	
Comprehensive Medication Services - EBP only	H2010	13		NO	YES	
Crisis Intervention					YES	
Crisis Intervention	H2011	LID		NO NO		
	H2011	HB		NO	YES	
Crisis Intervention	H2011	HC		NO	YES	
Substance Use Disorder: Crisis Intervention, per 15 minutes	H2011	HF		NO	YES	
Crisis Intervention	H2011	TJ		NO	YES	
		IJ				
Skill-Building and Out of Home Non Vocational Habilitation	H2014			NO	YES	
Out of Home Non Vocational Habilitation	H2014	HK		NO	YES	
Community Living Supports (15 Minutes)	H2015			NO	YES	
Community Living Supports (15 Minutes)	H2015	TT		NO	YES	
Community Living Supports (Daily)	H2016			NO	NO	
Behavior Services	H2019			NO	YES	
Behavior Services	H2019	TT		NO	YES	
Wraparound	H2021			NO	YES	
Wraparound (SED Waiver)	H2022			NO	YES	
Wraparound (SED Waiver)	H2022	TT		NO	NO	
Supported Employment Services	H2023			NO	YES	
Mental Health Therapy	H2027			NO	YES	
Substance Use Disorder: Outpatient Care	H2027	HF	0900, 0914, 0915, 0916, 0919	NO	YES	
Clubhouse Psychosocial Rehabilitation Programs	H2030			NO	YES	
Home Based Services	H2033			NO	YES	
Substance Use Disorder: Recovery Housing	H2034			NO	NO	
Substance Use Disorder: Outpatient Care	H2035	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Substance Use Disorder: Outpatient Care	Нарас	UF	0900, 0906, 0914, 0915, 0916, 0919	NO	VEC	
•	H2036	HF	0910, 0919	_	YES	
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)	K0739			NO	NO	-
Telemedicine Facility Fee	Q3014	GT		YES	YES	
Transportation	S0209			NO	NO	
Transportation	S0215			NO	NO	
Substance Use Disorder: Transportation	S0215	HF		NO	NO	

Description	HCPCS/CPT Code	Modifier	Revenue Code	Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
Family Training - EBP	S5110	Widuitiei	Coue		YES	Opuate Made
Family Training				NO NO	YES	
Family Training	S5111	114				
	S5111	HA		NO	YES	
Family Training	S5111	HM		NO	YES	
Family Training (multiple consumers)	S5111	TT		NO	YES	
Home Care Training, Non-Family (Children's Waiver)	S5116			NO	YES	
Foster Care	S5140			NO	YES	
Foster Care	S5145			NO	YES	
Respite	S5150			NO	NO	
Respite	S5151			NO	NO	
Personal Emergency Response System (PERS)	S5160			NON Face-to	-Face Currently	
Personal Emergency Response System (PERS)	S5161			NON Face-to	-Face Currently	
Environmental Modification	S5165			NON Face-to	-Face Currently	
Enhanced Medical Equipment-Supplies	S5199			NON Face-to	-Face Currently	
Occupational or Physical Therapy	S8990			NO	NO	
Private Duty Nursing	S9123		0582	NO	NO	
Private Duty Nursing	S9123			NO	NO	
Private Duty Nursing	S9123	TT		NO	NO	
Private Duty Nursing	S9124		0582	NO	NO	
Private Duty Nursing	S9124			NO	NO	
Private Duty Nursing	S9124	TT		NO	NO	
Health Services	S9445			NO	YES	
Health Services	S9446			NO	YES	
Health Services	S9470			NO	YES	
Prevention Services - Direct Model					YES	
Intensive Crisis Stabilization-Enrolled Program	S9482			NO NO	YES	
Residential Room and Board	S9484			NO	-	
	S9976			NO	NO	
Substance Use Disorder: Residential Room and Board	S9976	HF		NO	NO	
Private Duty Nursing	T1000			NO	NO	
Private Duty Nursing	T1000	TD		NO	NO	
Private Duty Nursing	T1000	TE		NO	NO	
Assessment	T1001			NO	YES	
Health Services	T1002			NO	YES	
Respite Care	T1005			NO	NO	
Respite Care	T1005	TD		NO	NO	
Respite Care	T1005	TE		NO	NO	
Respite Care (Children's Waiver & SED Waiver)	T1005	TT		NO	NO	
Substance Use Disorder: Treatment Planning	T1007	HF		NO	YES	
Substance Use Disorder: Child Sitting Services	T1009			NO	NO	
Substance Use Disorder: Recovery Support Services	T1012			NO	YES	
Family Psycho-Education - EBP	T1015			NO	YES	
Supports Coordination/Wrap Facilitation	T1016			NO	YES	
Targeted Case Management	T1017			NO	YES	
Nursing Home Mental Health Monitoring	T1017	SE		NO	YES	
Personal Care in Licensed Specialized Residential Setting	T1020			NO	NO	
Assessments	T1023			YES	YES	
Prevention Services - Direct Model	T1023				-Face Currently	
Enhanced Medical Supplies or Pharmacy	T1999				-Face Currently	
Transportation Transportation	T2001			NON Face-to	NO	
Substance Use Disorder: Transportation		ПЕ				
·	T2001	HF		NO NO	NO	
Transportation Substance Use Disorder: Transportation	T2002			NO	NO	<del> </del>
Substance Use Disorder: Transportation	T2002	HF		NO	NO	
Transportation Transportation	T2003			NO	NO	
Substance Use Disorder: Transportation	T2003	HF		NO	NO	
Transportation	T2004			NO	NO	
Substance Use Disorder: Transportation	T2004	HF		NO	NO	
Transportation	T2005			NO	NO	

#### NOTE: Modifer GT and Place of Service Code of 02 are required on ALL services reported for the COVID-19 Face-to-Face Allowance

	HCPCS/CPT		Revenue	Currently Allowable via Telemed/	COVID-19 Face-to-Face	
Description	Code	Modifier	Code	Telehealth	Allowance	Update Made
Substance Use Disorder: Transportation	T2005	HF		NO	NO	
Out of Home Prevocational Service	T2015			NO	YES	
Targeted Case Management (Children's Waiver)	T2023			NO	YES	
Prevention Services - Direct Model	T2024			NON Face-to-Face Currently		
Fiscal Intermediary Services	T2025			NON Face-to-Face Currently		
Overnight Health & Safety (under 18)	T2027			NO	NO	
Overnight Health & Safety (adult)	T2027	HB		NO	NO	
Enhanced Medical Equipment-Supplies	T2028			NON Face-to	-Face Currently	
Enhanced Medical Equipment-Supplies	T2029			NON Face-to	-Face Currently	
Respite Care	T2036			NO	NO	
Respite Care	T2037			NO	NO	
Housing Assistance	T2038			NON Face-to	-Face Currently	
Enhanced Medical Equipment-Supplies	T2039			NON Face-to	-Face Currently	
Goods and Services	T5999	HK		NON Face-to	-Face Currently	
Wraparound Services	T5999			NO	YES	

#### Legend:

<sup>\*</sup> The white rows are not available for any type of telehealth practices.

<sup>\*</sup> The green rows reflect currently allowable telehealth practices and can also now be provided through the means in the COVID-19 face-to-face guidance.

<sup>\*</sup> The yellow rows reflect currently unallowable telehealth practices that can now be provided through telehealth practices and through the means in COVID-19 face-to-face guidance.

<sup>\*\*</sup>Per the April 3, 2020 and April 7, 2020 memos from Jeff Wieferich, services that are not billable or encounterable due to totaling 1-14 minutes can be billed/reported as one unit of service if the service is provided virtually through telehealth.