### 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 code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other 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 those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

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

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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.

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### Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and 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. Virtual health encompasses all synchronous, asynchronous and Remote Physiologic Monitoring (RPM) care between health care professionals and patients. This includes Telehealth/Telemedicine, Communication Technology-Based Services (CTBS), Electronic Visit (E-visit), Virtual Check-Ins, interprofessional telephone/internet/electronic health record consultations, etc. Specifically, Telehealth/Telemedicine services only includes live, interactive audio and visual transmissions of an encounter from one site to another using telecommunications technology (synchronous only). The terms Telehealth and Telemedicine are used interchangeably in this policy.
Reimbursement Guidelines

UnitedHealthcare Community Plan 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 0) for Telehealth services related to acute stroke, as well as services recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95.

In addition, UnitedHealthcare Community Plan recognizes certain additional services which can be effectively performed via Telehealth/Telemedicine. These services will be considered for reimbursement when reported with modifier GQ or GT:

- Medical genetics and genetic counseling services (code 96040)
- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum (codes 98960-98962)
- Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)
- Remote real-time interactive video-conferenced critical care evaluation and management (E/M) of the critically ill or critically injured patient, use G0508 or G0509

UnitedHealthcare Community Plan requires one of the Telehealth-associated modifiers (GQ, GT, G0 or 95) to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth/virtual visits. UnitedHealthcare Community Plan will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately. Coding relationships for modifier GQ and modifier 95 are administered through the UnitedHealthcare Community Plan Procedure to Modifier Policy.

(See the Attachments section below)

UnitedHealthcare Community Plan recognizes the CMS-designated Originating Sites 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)
- Mobile Stroke Unit
- Patient home - only for monthly end stage renal, ESRD-related clinical assessments, and 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

UnitedHealthcare Community Plan 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
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists

UnitedHealthcare Community Plan recognizes but does not require Place of Service (POS) code 02 or 10 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site. Modifiers GQ, GT or 95 are required instead to identify Telehealth services.

UnitedHealthcare Community Plan recognizes federal and state mandates regarding Telehealth/virtual health.

**Telehealth Transmission**

UnitedHealthcare Community Plan follows CMS guidelines which do not allow reimbursement for Telehealth/virtual health transmission, per minute, professional services bill separately reported with Healthcare Common procedure Coding System (HCPCS) code T1014. They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in services.

**Telephone Services**

UnitedHealthcare Community Plan follows CMS guidelines which do not allow reimbursement for telephone services which are non-face-to-face E/M services by a Physician or Other Qualified Health Care Professional reported with CPT codes 98966-98968 or 99441-99443. They are non-reimbursable codes according to the CMS PFS and are considered an integral part of other services provided.

**On-Line Digital Evaluation and Management Services**

UnitedHealthcare Community Plan aligns with CMS PFS guidelines and considers online digital E/M services (99421-99423 and 98970-98972) eligible for reimbursement. These codes must be reported according to the guidelines as outlined by the AMA in CPT.

**Interprofessional Telephone/Internet/Electronic Health Record Consultations**

UnitedHealthcare Community Plan follows CMS guidelines and considers interprofessional telephone/Internet assessment and management services reported by consultative physicians with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS PFS.

**Digitally Stored Data Services/Remote Physiologic Monitoring/Remote Physiologic Treatment Management**

UnitedHealthcare Community Plan follows CMS guidelines and considers digitally stored data services Remote Physiologic Monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473 and 99091 eligible for reimbursement according to the CMS PFS.

**Remote Evaluation of Recorded Video and/or Images**

UnitedHealthcare Community Plan follows CMS guidelines and considers 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 reported with HCPCS codes G2010 eligible for reimbursement according to the CMS PFS.

**Brief Communication Technology-based Service**

UnitedHealthcare Community Plan follows CMS guidelines and considers brief communication technology-based service, e.g., Virtual Check-In, by a Physician or Other Qualified Health Care Professional who can report E/M 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 reported with HCPCS code G2012 eligible for reimbursement according to the CMS PFS.
# Opioid Use Disorder Treatment

UnitedHealthcare Community Plan 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 PFS.

## State Exceptions

### Arizona

AHCCCS has a State specific Telehealth/virtual health code list which allows a FQ, GT or GQ modifier and the POS as the originating site. CPT codes 99441, 99442, 99443, 98966, 98967 and 98968 billed with modifier GT are reimbursable for Behavioral Health Providers.

### California

Please see Attachment section for California’s state specific list of Telehealth/virtual health codes that are reimbursable when billed with modifier GQ and/or 95

Per state regulations, CPT 99451 is reimbursable when billed with modifier GQ

### Florida

Per state requirements, Modifier GT must be appended to all Telehealth/virtual health codes. Claim lines with Modifier 95 or GQ will deny

Per state requirements, CPT codes H0001, H0031, H0046, H0047, H1000, H1001, H2000, H2010, H2019 and T1015 when billed with Modifier GT are reimbursable for FLMMA

### 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.

### Indiana

Indiana Medicaid has a state specified list of codes allowed in a Telehealth place of service (02) and 95 Modifier.

The state of Indiana defines the following:

- A GT Modifier is required on all Telehealth services with exception of the codes set identified by the state that require the Telehealth place of service (02) and 95 Modifier.
- 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.
- IN Medicaid does not recognize POS 10

### Kansas

Kansas Medicaid has a state specific list of codes allowed in a Telehealth place of service (02) and (10). Per state requirements HCPCS code H0032 billed without modifier HA; H0031 & H2011 billed without modifier HO will deny. Modifier GT is considered informational only and not required.

### 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 (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.
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| **Michigan** | Michigan Medicaid has a state specified list of codes allowed in a Telehealth place of service (02), Place of service (10), and GT Modifier.  
- Per Michigan Medicaid State Regulations, neither the Originating Site or the Distant Site is permitted to bill BOTH the Telehealth facility fee (Q3014) and the code for the professional service for the same beneficiary at the same time. |
| **Minnesota** | Minnesota Medicaid has a state specified list of codes allowed in a Telehealth place of service (02) and GQ Modifier is required when billing services via asynchronous telecommunication. |
| **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 |
| **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.  
- MO Medicaid does not recognize POS 10 |
| **Nebraska** | Per Nebraska Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for virtual health services. |
| **North Carolina** | According to State Regulations, North Carolina requires modifier GT for certain virtual health services. Please see Attachment section for the North Carolina state specific list of Telehealth codes that will allow a GT modifier. The following codes are not covered for Telehealth: G2010, 99451-99452, G2068-G2088, and 99091. NC Medicaid will allow codes 99441-99443, 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:  
- CPT codes H0031, 90863, and S9484 billed with modifier GT for Ohio MME  
- CPT codes 99201-99215, 99241-99245, 99251-99255, 92002, 92004, 92012, 92014 billed with GQ modifier for Ohio Medicaid and Ohio MME  
- CPT codes 90804-90858, 90863, 96118, H0001, H0004, H0005, H0006, and H0036 billed with GT modifier for Ohio Medicaid and Ohio MME  
- CPT codes 90792, 90833, 90836 and 90838 are reimbursable for OH MMP  
- CPT codes G2012, 99441, 99442, and 99443 are reimbursable for pharmacists to bill as telemedicine for OHIO Medicaid and OHIO MMEP  
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.

Texas

- TX Medicaid does not allow modifier GT for Telehealth/virtual health services. All Telehealth/virtual health services must be billed with modifier 95. Please see Attachment section for the Texas state specific list of Telehealth/virtual health codes. State specialty limitations apply.

Virginia

Virginia Medicaid (including CCC Plus) has a State specific Telehealth/virtual health code list which allows a GT modifier. See the Attachment section for Virginia’s state list.

Washington

Per Washington Medicaid State regulations, Telehealth/virtual health policy will not apply as it has no restriction for Telehealth/virtual health 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.

Definitions

| Communication Technology-Based Services (CTBS) | Services furnished via telecommunications technology and considered under virtual care but not considered Telehealth services. |
| 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. |
| Electronic Visit (E-visit) | Communication between a patient and provider through an online patient portal. |
| Originating Site | The location of a patient at the time the service being furnished via a telecommunications system occurs. |
| Physician or Other Qualified Health Care Professional | Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. |
| Remote Physiologic Monitoring | Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data. |
| Telehealth/Telemedicine | 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. |
| Virtual Check-In | A brief check-in with the provider with an established patient-provider relationship. |

Questions and Answers

Q: How does UnitedHealthcare Community Plan reimburse for phone calls to patients that are not associated with any other service? For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing. The physician can handle the situation over the phone without requiring the child to be seen in an emergency room. On what basis will the visit be denied?

A: UnitedHealthcare Community Plan will not reimburse for these services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.
Q: A physician makes daily telephone calls to an unstable diabetic patient to check on the status of his condition. These services are in lieu of clinic visits. Will UnitedHealthcare Community Plan reimburse the physician for these telephone services?
A: No, UnitedHealthcare Community Plan will not reimburse telephone services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.

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/Mt services.

Q: If a provider renders the professional component for a diagnostic service, at a Distant Site from the patient, should modifier GT be reported?
A: No. Modifier GT indicates a face-to-face encounter utilizing interactive audio-visual communication technology. Therefore, it is not appropriate to report modifier GT in this scenario since this does not represent a face-to-face encounter. However, use of modifier 26 would be appropriate to designate that the professional component of the diagnostic service was provided. Please refer to the Professional/Technical Component Policy for more information.

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.

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<td>VIRGINIA State Telehealth Code List</td>
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## Reimbursement Policy

**CMS 1500**

**Policy Number 2022R0046S**

### Attachments

| State Telehealth Code List | Wisconsin state specific list of telehealth codes |

### Resources

- Individual state Medicaid regulations, manuals & fee schedules
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
- Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

### History

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| 4/1/2022  | Annual Anniversary Version Change  
Definitions section updated  
Attachments section: Removed UnitedHealthcare Community Plan from the title within the list in California, Kansas, Missouri, and Virginia State Telehealth Code Lists  
History section: Entries prior to 4/1/2020 archived |
| 3/20/2022 | Policy Version Change:  
State Exceptions: Texas updated  
Attachments section: Added the word Medicaid to the Texas State Telehealth Codes List title & description  
History older than 3/20/2020 archived |
| 3/14/2022 | Policy Version Change  
Policy section: Reimbursement Guidelines added reference to POS 10  
History older than 3/14/2020 archived |
| 2/27/2022 | Policy Version Change:  
State Exceptions: Michigan updated  
History older than 2/27/2020 archived |
| 2/13/2022 | Policy Version Change:  
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| 1/1/2022  | Policy Version Change:  
Policy Title: changed from Telehealth and Telemedicine Policy, Professional to Telehealth/Virtual Health Policy, Professional  
Policy section: Verbiage changes  
State Exception section: Added Minnesota  
Attachments section: Global Codes Recognized with Modifier 95 lists updated  
History older than 1/1/2020 archived |
| 11/21/2021| Policy Version Change:  
Attachments Section: Texas list updated  
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| 10/24/2021| Policy Version Change  
Attachments Section: Wisconsin list updated  
History Section: Archived entries older than 10/24/2019 |
| 9/21/2021 | Policy Version Change: Code Section added for the Global Code List (no code changes) |
| 8/22/2021 | Policy Version Change: 96158 added to Codes Recognized with Modifier GT, GQ, or G0 table |
| 7/18/2021 | Policy Version Change  
State Exceptions section: Ohio updated  
Attachments Section: North Carolina updated  
History prior to 7/18/2019 archived |
| 5/28/2021 | Policy Version Change  
Attachments Section: Removed attachment(s) and converted to table(s) |
| 5/2/2021  | Policy Version Change  
State Exception section: Hawaii updated |
| 4/25/2021 | Policy Version Change  
Attachment Section: Hawaii list updated |
| 4/18/2021 | Policy Version Change  
Attachment Section: Hawaii and Ohio lists updated |
| 4/1/2021  | Annual Anniversary Date and Version Change  
Reimbursement Guidelines Section: Removed 99499 and replaced with G0508 and G0509  
On-Line Digital Evaluation and Management Services: Replaced G2061-G2063 with 98970-98972  
State Exceptions Section: NC updated to remove expired/invalid codes and Indiana verbiage added |
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