

Addendum A:

Telemedicine Mandatory Minimum Codes for Medicaid Managed Care

Version 3
Effective Date: July 1, 2023

Medicaid Physicians & Federally Qualified Health Care (FQHC) Providers

The procedure codes listed below will be reimbursable when billed with place of service '02', Telehealth. The codes listed below have a maximum limit of one unit for each date of service.

Procedure Code	Description
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to- face with the patient and/or family.

Procedure Code	Description
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Procedure Code	Description
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.
99217	Observation care discharge
99218	Initial observation care

Procedure Code	Description
99219	Initial observation care
99220	Initial observation care
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Observation/hospital same date
99235	Observation/hospital same date
99236	Observation/hospital same date
99238	Hospital discharge day
99281	 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problems and the patient's and/or family's needs. Usually the presenting problems are self-limited or minor
99282	 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity

Procedure Code	Description
99283	 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Procedure Code	Description	
	The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.	
	Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	
99315	Nursing facility discharge day management; 30 minutes or less	
99316	Nursing facility discharge day management; more than 30 minutes	
99318 Adult Day	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	
Procedure Code	Description	
T1016	Case Management, per 15 minutes. Can only be provided for Medicaid recipient who is not in a waiver program and recipients in OHA programs	
Child and Ado	lescent Intensive Treatment Services	
Procedure Code	Description	
H0004	Behavioral health counseling and therapy, per 15 minutes	
H2014	Skills train and dev, 15 min	
Dental Provide	Dental Providers, inclusive of Federally Qualified Health Centers (FQHCs)	
Procedure Code	Description	
D9310	Consultation; emergency evaluation via video conference by a dentist with the patient regarding their problem, including obtaining diagnostic information and assessment, resulting in next steps, including prescribing medication if needed.	
D9992	Case Management – Care Coordination; phone call with a patient to discuss next steps by a dentist	

Developmental Disabilities	
Procedure Code	Description
T2017	Habilitation, residential, waiver; 15 minutes
T2017 UD	Habilitation, educational, waiver, per 15 minutes/Medicaid level of care 13 state defined
T2017 UD U8	Habilitation, educational, waiver, per 15 minutes/Medicaid level of care 13 state defined/Medicaid level of care 8, as defined by each state
T2021 U8	Day habilitation, waiver, per 15 minutes/Medicaid level of care 8, as defined by each state
Doula Services	
Procedure Code	Description
S9445	Patient education, not otherwise classified, non-physician provider (prenatal services)
S9446	Patient education, not otherwise classified, non-physician provider (post-natal services)
Early Interventi	on
Procedure Code	Description
97161	Physical Therapy Evaluation: Low Complexity
97162	Physical Therapy Evaluation: Moderate Complexity
97163	Physical Therapy Evaluation: High Complexity This must include video component
97164	Physical Therapy Reevaluation
97165	Occupational Therapy Evaluation: Low Complexity
97166	Occupational Therapy Evaluation: Moderate Complexity
97167	Occupational Therapy Evaluation: High Complexity This must include a video component
97168	Occupational Therapy Reevaluation
92522	Evaluation of speech sound
92523	Evaluation of speech sound production and expressive/receptive language
92523 52	Evaluation of speech sound production and expressive/receptive language (abbreviated procedure)
H0046	Supervision
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
T1023 TL	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter/ early intervention/individualized family service plan
T1024	Team Treatment

Procedure Code	Description
T1024 AE	Team Treatment, Dietician/Nutritionist
T1024 AJ	Team Treatment, Clinical Social Worker
T1024 GN	Team Treatment, Speech/Language Pathologist
T1024 GO	Team Treatment, Occupation Therapist
T1024 GP	Team Treatment, Physical Therapist
T1024 HN	Team Treatment, Bachelor's Level
T1024 HP	Team Treatment, Doctoral Level
T1024 TD	Team Treatment, Register Nurse
T1024 TG	Team Treatment, Complex Level of Care
T1024 TG HO	Team Treatment, Complex Level of Care, Masters Degree
T1027	Family training, and counseling for child development, per 15 minutes
T1027 AE	Family training and counseling for child development, per 15 minutes; services delivered by a certified Nutritionist or Dietitian
T1027 AJ	Family training and counseling for child development, per 15 minutes; services delivered by a Clinical Social Worker
T1027 GO	Family training and counseling for child development, per 15 minutes; service delivered by an occupational therapist
T1027 GN	Family training and counseling for child development, per 15 minutes; services delivered by a Speech-Language Pathologist or Speech Language Pathologist Assistant
T1027 GP	Family training and counseling for child development, per 15 minutes; service delivered by a Physical Therapist
T1027 HN	Family training and counseling for child development, per 15 minutes; bachelor's degree level
T1027 HP	Family training and counseling for child development, per 15 minutes; doctoral level
T1027 TD	Family training and counseling for child development, per 15 minutes; services delivered by a Registered Nurse
T1027 TG	Family training and counseling for child development, per 15 minutes; complex / high tech level of care
T1027 TG HO	Family training and counseling for child development, per 15 minutes; complex/high tech level of care/masters degree level
T1013	Interpretation
T1016	Case Management, each 15 minute
T1016TF	Case Management, each 15 minute; Intermediate tech level of care – 2 Staff
T1016TG	Case Management, each 15 minute; Complex/High tech level of care – 3 staff

First Connections			
Procedure Code	Description		
99502	Home visit newborn care and assessment; Paraprofessional		
99502 AJ	Home visit newborn care and assessment; Social Worker		
99502 TD	Home visit newborn care and assessment; Nurse		
P009	Newborn affected by unspecified maternal condition; 0-6 Months		
R6250	Unspecified lack of expected normal physiological development; 6 months – 3 years		
HIV Case Mana	igement		
Procedure Code	Description		
X0377	Targeted Case Management for HIV		
Home-Based Th	Home-Based Therapeutic Services/Applied Behavior Analysis		
Procedure Code	Description		
H0046	Mental health service, NOS		
H0046 HO	Mental health service, NOS - master's degree or higher		
H0046 HP	Mental health service, NOS - doctoral degree		
H2014 HP	Skills train and dev, 15 min doctoral degree		
H2014 HO	Skills train and dev, 15 min master's degree or higher		
S9446	Patient education, not otherwise classified, non-physician provider, group, per session		
T1013	Translation services SIGN LANGUAGE OR ORAL INTERPRETER SERVICES		
T1016	Case management, each 15 minutes		
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children, per encounter		
Home Care/Hos	pice		
Procedure Code	Description		
G0155	Services of clinical social worker in home health or hospice setting, each 15 minutes		
G0156	Services of home health/hospice aide in home health or hospice setting, each 15 minutes		
G0299	Direct skilled nursing services of a registered nurse in the home health or hospice setting, each 15 minutes		
S5125	Attendant care services; per 15 minutes		

Procedure Code	Description		
T1000	Private duty/independent nursing service(s) – Licensed, up to 15 minutes/LPN		
T1001	Nursing assessment/evaluation		
T1002	RN nurse service/15 minutes		
T1003	LPN/LVN services, up to 15 minutes		
T1031	Nursing care, in the home, by licensed practical nurse, per diem		
X0043	Home health nursing and therapy This must include a video component unless provided by RN. If provided by RN telephone only is allowable		
Kids Connect			
Procedure Code	Description		
H2000	Comprehensive Multi-Disciplinary Evaluation (assessment and plan development)		
H2021	Community-based wrap-around services, per 15 minutes; Max of 1 hour per week		
Personal Assista	Personal Assistance Services and Supports		
Procedure Code	Description		
T1016	Case management, each 15 minutes		
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code my not be used to identify services provided by home health aide or certified nurse assistant		
T1019 TF	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code my not be used to identify services provided by home health aide or certified nurse assistant/intermediate level of care		
T1019 TG	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital nursing facility, icf/mr or imd, part of the individualized plan of treatment (code my not be used to identify services provided by home health aide or certified nurse assistant/Complex/high tech level of care		
T1027	Family training and counseling for child development, per 15 minutes		
S9446	Patient education, not otherwise classified, non-physician provider, group, per session		

RI Medicaid Behavioral and Mental Health Services

The procedure codes and procedure/modifiers listed below will be reimbursable at their existing in-home or in-office-setting rates when billed with place of service '02', Telehealth. All code unit-of-service limits remain unchanged and claims should continue to be billed in their customary format.

format.			
Centers of Excel	Centers of Excellence		
Procedure Code	Description		
H0025	Behavioral Health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior		
Certified Ph.D. I	Certified Ph.D. Psychologist		
Procedure Code	Description		
90791 HP	Psychiatric diagnostic evaluation without medical services		
90832 HP	Psychotherapy, 30 minutes with patient and/or family member		
90834 HP	Psychotherapy, 45 minutes with patient and/or family member		
90837 HP	Psychotherapy, 60 minutes with patient and/or family member		
90846 HP	Family psychotherapy (without the patient present)		
90847 HP	Family psychotherapy (conjoint psychotherapy) (with patient present)		
Child Mental He	alth Physician		
Procedure Code	Description		
90791	Psychiatric diagnostic interview examination including history, mental status, or disposition		
90832	Psychotherapy, 30 minutes with patient and/or family member		
90834	Psychotherapy, 45 minutes with patient and/or family member		
90837	Psychotherapy, office/outpatient facility, 60 minutes face to face with the patient		
H2010	Comprehensive medication services, per 15 minutes		
Child Mental He	Child Mental Health Psychologist		
Procedure Code	Description		
90791 HP	Psychiatric diagnostic interview examination including history, mental status, or disposition		
90832 HP	Psychotherapy 30 minutes with patient and/or family member		
90834 HP	Psychotherapy 45 minutes with patient and/or family member		
90837 HP	Psychotherapy office/outpatient facility, 60 minutes face to face with the patient		

Child Mental Health Social Worker	
Procedure Code	Description
H0004 AJ	Behavioral health counseling and therapy, per 15 minutes
H0004 HQ AJ	Group behavioral health counseling and therapy, per 15 minutes
H0004 HO HR	Behavioral health counseling and therapy, per 15 minutes with patient present
H0004 HO HS	Behavioral health counseling and therapy, per 15 minutes without patient present
H0031 AJ	Mental health assessment by non-physician
Coordinated Car	re Services
Procedure Code	Description
H0019 U1	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem; Medicaid level of care 1, as defined by each state
H0037	Community psychiatric supportive treatment program, per diem
H0040	Assertive community treatment program, per diem
H2011 U1	Crisis intervention service, per 15 minutes
H2023	Supported employment, per diem
H2031	Mental Health clubhouse services, per diem
S9485	BH Link Encounter
Counselor	
Procedure Code	Description
90791 UA	Psychiatric diagnostic evaluation without medical services
90832 UA	Psychotherapy, 30 minutes with patient and/or family member
90834 UA	Psychotherapy, 45 minutes with patient and/or family member
90837 UA	Psychotherapy, 60 minutes with patient and/or family member
90846 UA	Family psychotherapy (without the patient present)
90847 UA	Family psychotherapy (conjoint psychotherapy) (with patient present)

Limited Chemics	Limited Chemical Dependency Professional		
Procedure Code	Description		
90791 HF	Psychiatric diagnostic evaluation without medical services		
90832 HF	Psychotherapy, 30 minutes with patient and/or family member		
90834 HF	Psychotherapy, 45 minutes with patient and/or family member		
90837 HF	Psychotherapy, 60 minutes with patient and/or family member		
90846 HF	Family psychotherapy (without the patient present)		
90847 HF	Family psychotherapy (conjoint psychotherapy) (with patient present)		
Marriage and Fa	mily Therapist		
Procedure Code	Description		
90832 HO	Psychotherapy, 30 minutes with patient and/or family member		
90834 HO	Psychotherapy, 45 minutes with patient and/or family member		
90837 HO	Psychotherapy, 60 minutes with patient and/or family member		
90846 HO	Family psychotherapy (without the patient present)		
90847 HO	Family psychotherapy (conjoint psychotherapy) (with patient present)		
90791 AJ	Psychiatric diagnostic evaluation without medical services		
90791 HO	Psychiatric diagnostic evaluation without medical services		
Mental Health C	Mental Health Counselor		
Procedure Code	Description		
90791 HO	Mental health assessment by non-physician, 90 minutes		
90832 HO	Psychotherapy, 30 minutes with patient and/or family member		
90834 HO	Psychotherapy, 45 minutes with patient and/or family member		
90837 HO	Psychotherapy, 60 minutes with patient and/or family member		
90846 HO	Family psychotherapy (without the patient present)		
90847 HO	Family psychotherapy (conjoint psychotherapy) (with patient present)		

MSW Social Wo	MSW Social Worker; Principal Occupational Therapist; Principal Rehabilitation Counselor		
Procedure Code	Description		
90791 AJ	Psychiatric diagnostic evaluation without medical services		
90832 AJ	Psychotherapy, 30 minutes with patient and/or family member		
90834 AJ	Psychotherapy, 45 minutes with patient and/or family member		
90837 AJ	Psychotherapy, 60 minutes with patient and/or family member		
90846 AJ	Family psychotherapy (without the patient present)		
90847 AJ	Family psychotherapy (conjoint psychotherapy) (with patient present)		
Peer Recovery			
Procedure Code	Description		
H0038 U2	Self-help/peer services, per 15 minutes		
H0038 U3	Self-help/peer services, per 15 minutes		
Physician			
Procedure Code	Description		
90792	Psychiatric diagnostic interview examination including history, mental status, or disposition		
90846	Family psychotherapy (without the patient present)		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)		
90853	Group psychotherapy (other than of a multiple family group)		
Principal Counse	elor		
Procedure Code	Description		
90791 UA	Psychiatric diagnostic evaluation without medical services		
90832 UA	Psychotherapy, 30 minutes with patient and/or family member		
90834 UA	Psychotherapy, 45 minutes with patient and/or family member		
90837 UA	Psychotherapy, 60 minutes with patient and/or family member		
90846 UA	Family psychotherapy (without the patient present)		
90847 UA	Family psychotherapy (conjoint psychotherapy) (with patient present)		

Registered Nurse		
Procedure Code	Description	
99211 TD	Office or other outpatient visit for the evaluation and management of established patient	
90791 TD	Psychiatric diagnostic evaluation without medical services	
Substance Abuse		
Procedure Code	Description	
H0001	Alcohol and/or Drug assessment, $60 - 90$ minutes	
H0004	Behavioral health counseling and therapy, per 15 minutes	
H0020	Alcohol and/or drug services; methadone administration and/or service 1 unit/week	
H0020 U1	Alcohol and/or drug services; methadone administration and/or service 1 unit/week	
H0036 HN	Community psychiatric supportive treatment, face-to-face, per 15 minutes/bachelor's degree level	
Psychiatrist		
Procedure Code	Description	
90792	Psychiatric diagnostic evaluation with medical services	
90846	Family psychotherapy (without the patient present)	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	
90833	Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service	
90838	Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service	
99212	Office or other outpatient visit for the evaluation and management of an established patient	
99213	Office or other outpatient visit for the evaluation and management of an established patient	
99214	Office or other outpatient visit for the evaluation and management of an established patient	
99215	Office or other outpatient visit for the evaluation and management of an established patient	
Psychiatric Clinical Nurse Specialist		
Procedure Code	Description	
90792 TD TF	Psychiatric diagnostic evaluation with medical services	
90833 TD TF	Psychotherapy, 30 minutes with patient &/or family member when performed with an evaluation and management service	
90838 TD TF	Psychotherapy, 60 minutes with patient &/or family member when performed with an evaluation and management service	
90846 TD TF	Family psychotherapy (without the patient present)	

Procedure Code	Description
90847 TD TF	Family psychotherapy (conjoint psychotherapy) (with patient present)
99212 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
99213 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
99214 TD TF	Office or other outpatient visit for the evaluation and management of an established patient
99215 TD TF	Office or other outpatient visit for the evaluation and management of an established patient