



IDAHO DEPARTMENT OF
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Medicaid Information Release # MA16-20

To: All Medicaid Providers
From: Matt Wimmer, Administrator
Division of Medicaid
Subject: Updated Telehealth Policy

In our continuing efforts to improve access to care in Idaho, Medicaid is updating its telehealth policy to include interpretive services. Effective January 1, 2017, we have added two types of interpretive services to the list of services allowable for reimbursement when delivered via telehealth (see attached code list- new services are listed in blue). We have also updated our technical specifications to provide greater clarity for service delivery.

When delivering a service, the participant is located at the originating site and the interpreter/professional is at the distant site. The professional at the distant site bills the appropriate CPT code for the service rendered and the interpretive services and includes the GT modifier to each service delivered via telehealth.

All services must be delivered according to requirements in the [Telehealth Access Act](#) (Chapter 57, Title 54, Idaho Code) and IDAPA 16.03.09 & 16.03.10.

Updates to the Telehealth Policy document (located on the [Medicaid Provider page](#) of our website) will be posted by the end of December. This policy document is updated each time changes are made to the Telehealth Policy and it contains historical information. Please refer to this policy document and the Idaho Medicaid provider handbook (located on the Molina portal) for details regarding all allowable telehealth services.

The information in this Information Release is in addition to previous guidance contained in Information Releases, MA16-03 and MA16-07.

Thank you for participating in the Idaho Medicaid Program.

MW/cb

Idaho Medicaid

The procedure codes listed on this page are the only services that can receive
Idaho Medicaid reimbursement when delivered via telehealth.

Telehealth: codes allowable effective January 1, 2017

Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Eval W/Medical Services
90832	Psychotherapy Patient & / Family 30 Minutes
90833	Psychotherapy Pt & /Family W/E & M Services 30 Min
90834	Psychotherapy Patient & / Family 45 Minutes
90836	Psychotherapy Pt & /Family W/E & M Services 45 Min
90837	Psychotherapy Patient & / Family 60 Minutes
90838	Psychotherapy Pt & /Family W/E & M Services 60 Min
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual
96150	Health & Behavior Assessment, Each 15 Min W/Pt 1st Assessment
96151	Health & Behavior Assessment, Each 15 Min W/Pt Re- Assessment
96152	Health & Behavior Intervention, Each 15 Min Individual
96153	Health & Behavior Intervention, Each 15 Min Group 2/Gt Patients
96154	Health & Behavior Intervention, Each 15 Min Family W/Pt
97110	Therapeutic procedure, 1 or more areas, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact, each 15 minutes
99354	Prolonged Service Office O/P Direct Contact 1st Hour
99355	Prolonged Service Office O/P Direct Contact Each 30 Minutes
99406	Tobacco Use Cessation, Intermediate 3-10 Minutes
99407	Tobacco Use Cessation, Intensive Greater than 10 Minutes
99495	Transitional Care Manage Service 14 Day Discharge
99496	Transitional Care Manage Service 7 Day Discharge
99201	Office Outpatient New 10 Minutes
99202	Office Outpatient New 20 Minutes
99203	Office Outpatient New 30 Minutes
99204	Office Outpatient New 45 Minutes
99205	Office Outpatient New 60 Minutes
99211	Office Outpatient Visit 5 Minutes
99212	Office Outpatient Visit 10 Minutes
99213	Office Outpatient Visit 15 Minutes
99214	Office Outpatient Visit 25 Minutes
99215	Office Outpatient Visit 40 Minutes
H2011	Therapeutic consultation
H2019	Crisis intervention
T1013	Language Interpretive – Oral Services, per 15 minutes
T1013 – CG	Sign Language Interpretive Services, per 15 minutes