Telehealth Modifier Use for OMH-licensed/Designated Programs During COVID-19 Emergency Issued 3-25-2020

The following crosswalk shows the appropriate telehealth modifier for each unique rate code/procedure code combination. Use of the correct modifier is required when billing for telehealth services. Modifier 55 and 6T. Modifier 95 may only be appended to the specific services listed in Appendix P of the AMA's CPT Professional Edition 2019 Codebook. Note, modifier GT is only for use with those services for which modifier 95 cannot be used.

| Program | Rate Code | Rate Code / Service Title | Px Code | Telehealth Modifier |
|--|--------------|--|--|---|
| Assertive Community Treatment (ACT) | 4508 | ACT Intensive Full Payment | H0040 | GT |
| | 4509 4511 | ACT Intensive Part Payment ACT Inpatient | H0040 H0040 | GT GT |
| Clinic Continuing Day Treatment (CDT) | See detail | led service list below Continuing Day Treatment Half Day 1-40 | H2012 | GT |
| | 4311 | Continuing Day Treatment Half Day 41-64 | H2012 | GT |
| | 4312 4316 | Continuing Day Treatment Half Day 65+ Continuing Day Treatment Full Day 1-40 | H2012 H2012 | GT GT |
| | 4317 4318 | Continuing Day Treatment Full Day 41-64 Continuing Day Treatment Full Day 65+ | H2012 H2012 | GT GT |
| | 4325 4331 | Continuing Day Treatment Collateral Continuing Day Treatment Group Collateral | H2012 H2012 | GT GT |
| | 4337 | Continuing Day Treatment Crisis | H2012 H2012 H2012 | GT |
| Comprehensive Psychiatric | 4346 4007 | Continuing Day Treatment Pre-Admission Brief Evaluation | 90791 | 95 |
| Emergency Program (CPEP) Community Residences (CRs) | 4008 | Full Evaluation | 90791 | 95 |
| | 4009 4010 | Crisis Outreach Visit Interim Crisis Visit | S9485 H0037 | GT GT |
| | 4369 | Monthly Rehabilitative Fee | H0044 H2018 | GT |
| | 4370 | Semi-Monthly Rehab fee - 1st half | H0044 H2018 | GT |
| | 4371 | Semi-Monthly Rehab Fee - 2nd half | H0044 H2018 | GT |
| | 4389 | State Op Adult CRS Full Month | H0044 H2018 | GT |
| | 4390 | State Op Adult CRS 1st half month | H0044 H2018 | GT |
| | 4391 | State Op Adult CRS 2nd half month | H0044 H2018 | GT |
| Day Treatment for Children Partial Hospitalization (PH) | 4060 | Full Day | H2012 | GT |
| | 4061 4062 | Half Day Brief Day | H2012 H2012 | GT GT |
| | 4063 4064 | Home Visit Crisis Service | H2012 H2012 | GT GT |
| | 4065 4066 | Pre-Admission Full Day Collateral | H2012 H2012 | GT GT |
| | 4067 4349 | Partial Hospitalization Regular - 4 hours | H2012 H2012 H0035 | GT GT |
| Partial Hospitalization (PH) | 4350 | Partial Hospitalization Regular - 5 hours | H0035 | GT |
| | 4351 4352 | Partial Hospitalization Regular - 6 hours Partial Hospitalization Regular - 7 hours | H0035 H0035 | GT GT |
| | 4353 4354 | Partial Hospital Collateral - 1 hour Partial Hospital Collateral - 2 hours | H0035 H0035 | GT GT |
| | 4355 4356 | Partial Hospital Group Collateral - 1 hour Partial Hospital Group Collateral - 2 hours | H0035 H0035 | GT GT |
| | 4357 | Partial Hospitalization Crisis - 1 hour | S9484 | GT |
| | 4358 4359 | Partial Hospitalization Crisis - 2 hours Partial Hospitalization Crisis - 3 hours | S9484 S9484 | GT GT |
| | 4360 4361 | Partial Hospitalization Crisis - 4 hours Partial Hospitalization Crisis - 5 hours | S9484 S9484 | GT GT |
| | 4362 4363 | Partial Hospitalization Crisis - 6 hours Partial Hospitalization Crisis - 7 hours | S9484 S9484 | GT GT |
| Personalized Recovery Oriented Services (PROS) | 4510 | PROS Preadmission | H0002 | GT |
| Services (FROS) | 4520 | PROS Comm Rehab Srvcs 2-12 Units | H2019 | GT |
| | 4521 4522 | PROS Comm Rehab Srvcs13-27 Units PROS Comm Rehab Srvcs 28-43 Units | H2019 H2019 | GT GT |
| | 4523 4524 | PROS Comm Rehab Srvcs 44-60 Units PROS Comm Rehab Srvcs 61+ Units | H2019 H2019 | GT GT |
| | 4525 4526 | PROS Clin Trmt Add-On PROS Int Rehab | T1015 H2018 | GT GT |
| | 4527 | PROS Ongoing Rehab & Support | H2025 | GT |
| | 4531 4532 | Pre-admission - AH/NH/PC Enhanced CRS 2 Contact - AH/NH/PC | H0002 H2019 | GT GT |
| | 4533 4534 | Enhanced CRS 4 Contact - AH/NH/PC Intensive Rehabilitation - AH/NH/PC | H2019 H2018 | GT GT |
| | | | CPT | Telehealth |
| | | CPT Procedure - OMH Regulatory Name Initial Assessment Diagnostic & Treatment Plan | Codes 90791 | Modifier 95 |
| | | | 90792 | 95 95 |
| Program Clinic | | Initial Assessment Diagnostic & Treatment Plan with Medical Services | | 95 |
| Clinic | | Psychiatric Assessment - 30 mins | 99201-99205, 99212-99215 | |
| Clinic Non Hospital* Hospital | | Initial Assessment Diagnostic & Treatment Plan with Medical Services Psychiatric Assessment - 30 mins Psychiatric Assessment - 30 mins - ADD ON Psychiatric Assessment - 45-50 mins | | 95 95 |
| Clinic | | Psychiatric Assessment - 30 mins Psychiatric Assessment - 30 mins - ADD ON Psychiatric Assessment - 45-50 mins | 99212-99215 90833 99201-99205, 99212-99215 | |
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