

Telehealth Modifier Use for OMH-licensed/Designated Programs During COVID-19 Emergency

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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. Modifiers to be used when billing for Telehealth services include 95 and GT. 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	ACT Intensive Part Payment	H0040	GT
	4511	ACT Inpatient	H0040	GT
Clinic	See detailed service list below			
Continuing Day Treatment (CDT)	4310	Continuing Day Treatment Half Day 1-40	H2012	GT
	4311	Continuing Day Treatment Half Day 41-64	H2012	GT
	4312	Continuing Day Treatment Half Day 65+	H2012	GT
	4316	Continuing Day Treatment Full Day 1-40	H2012	GT
	4317	Continuing Day Treatment Full Day 41-64	H2012	GT
	4318	Continuing Day Treatment Full Day 65+	H2012	GT
	4325	Continuing Day Treatment Collateral	H2012	GT
	4331	Continuing Day Treatment Group Collateral	H2012	GT
	4337	Continuing Day Treatment Crisis	H2012	GT
	4346	Continuing Day Treatment Pre-Admission	H2012	GT
Comprehensive Psychiatric Emergency Program (CPEP)	4007	Brief Evaluation	90791	95
	4008	Full Evaluation	90791	95
	4009	Crisis Outreach Visit	S9485	GT
	4010	Interim Crisis Visit	H0037	GT
Community Residences (CRs)	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	4060	Full Day	H2012	GT
	4061	Half Day	H2012	GT
	4062	Brief Day	H2012	GT
	4063	Home Visit	H2012	GT
	4064	Crisis Service	H2012	GT
	4065	Pre-Admission Full Day	H2012	GT
	4066	Collateral	H2012	GT
	4067	Pre-Admission Half Day	H2012	GT
Partial Hospitalization (PH)	4349	Partial Hospitalization Regular - 4 hours	H0035	GT
	4350	Partial Hospitalization Regular - 5 hours	H0035	GT
	4351	Partial Hospitalization Regular - 6 hours	H0035	GT
	4352	Partial Hospitalization Regular - 7 hours	H0035	GT
	4353	Partial Hospital Collateral - 1 hour	H0035	GT
	4354	Partial Hospital Collateral - 2 hours	H0035	GT
	4355	Partial Hospital Group Collateral - 1 hour	H0035	GT
	4356	Partial Hospital Group Collateral - 2 hours	H0035	GT
	4357	Partial Hospitalization Crisis - 1 hour	S9484	GT
	4358	Partial Hospitalization Crisis - 2 hours	S9484	GT
	4359	Partial Hospitalization Crisis - 3 hours	S9484	GT
	4360	Partial Hospitalization Crisis - 4 hours	S9484	GT
	4361	Partial Hospitalization Crisis - 5 hours	S9484	GT
	4362	Partial Hospitalization Crisis - 6 hours	S9484	GT
	4363	Partial Hospitalization Crisis - 7 hours	S9484	GT
Personalized Recovery Oriented Services (PROS)	4510	PROS Preadmission	H0002	GT
	4520	PROS Comm Rehab Srvcs 2-12 Units	H2019	GT
	4521	PROS Comm Rehab Srvcs 13-27 Units	H2019	GT
	4522	PROS Comm Rehab Srvcs 28-43 Units	H2019	GT
	4523	PROS Comm Rehab Srvcs 44-60 Units	H2019	GT
	4524	PROS Comm Rehab Srvcs 61+ Units	H2019	GT
	4525	PROS Clin Trmt Add-On	T1015	GT
	4526	PROS Int Rehab	H2018	GT
	4527	PROS Ongoing Rehab & Support	H2025	GT
	4531	Pre-admission - AH/NH/PC	H0002	GT
	4532	Enhanced CRS 2 Contact - AH/NH/PC	H2019	GT
	4533	Enhanced CRS 4 Contact - AH/NH/PC	H2019	GT

4534	Intensive Rehabilitation - AH/NH/PC	H2018	GT
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Program		CPT Procedure - OMH Regulatory Name	CPT Codes	Telehealth Modifier
Clinic		Initial Assessment Diagnostic & Treatment Plan	90791	95
		Initial Assessment Diagnostic & Treatment Plan with Medical Services	90792	95
		Psychiatric Assessment - 30 mins	99201-99205, 99212-99215	95
Non Hospital*	Hospital	Psychiatric Assessment - 30 mins - ADD ON	90833	95
1504	1516	Psychiatric Assessment - 45-50 mins	99201-99205, 99212-99215	95
1507	1519	Psychiatric Assessment - 45-50 mins - ADD ON	90836	95
1474	1588	Psychiatric Consultation	99201-99205, 99212-99215	95
1579	1576	Crisis Intervention - 15 min	H2011	GT
1042	1048	Crisis Intervention - complex	S9484	GT
1106	1110	Crisis Intervention - per diem	S9485	GT
1480	1122	Injectable Med Admin with Monit & Edu	H2010	GT
1136	1140	Telehealth Facility Fee (Only available for IOS Clinics)	Q3014	Not applicable
		Psychotropic Medication Treatment	99201-99205, 99212-99215	95
		Psychotherapy - Indiv 30 mins	90832	95
		Psychotherapy - Indiv 45 mins	90834	95
		Psychotherapy - Family 30 mins	90846	95
		Psychotherapy - Family&Client 1 hr	90847	95
		Psychotherapy - Family Group 1hr	90849	GT
		Psychotherapy - Group 1 hr	90853	GT
		School Based - Group <1 hr	90853	GT
		Developmental Testing - limited	96110	GT
		Developmental Testing - First Hour	96112	GT
		Developmental Testing - Additional 30 min.	96113	GT
		Psychological Testing Evaluation - First Hour	96130	GT
		Psychological Testing Evaluation - Additional Hour	96131	GT
		Psychological Testing Admin and Scoring - First 30 Min	96136	GT
		Psychological Testing Admin and Scoring - Additional 30 Min	96137	GT
		Psychological Testing - Neurobehavioral First Hour	96116	GT
		Psychological Testing - Neurobehavioral Additional Hour	96121	GT
		Complex Care Management - 5 mins	90882	Not applicable
		Health Physicals	99392-99397	GT

Health Monitoring - 15 mins	99401	GT
Health Monitoring - 30 mins	99402	GT
Health Monitoring - 45 mins	99403	GT
Health Monitoring - 60 mins	99404	GT
Health Monitoring Group - 30 mins	99411	GT
Health Monitoring Group - 60 mins	99412	GT
Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	99406	95
Smoking Cessation Treatment - >10 mins; requires Dx code 305.1	99407	95
Smoking Cessation Treatment (Group) - >10 mins; requires Dx code 305.1 (req HQ modifier)	99407-HQ	95
Alcohol and/or Drug Screening	H0049	GT
Alcohol and/or Drug, brief intervention, per 15 mins	H0050	GT



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Program	Rate Code	Rate Code / Service Title	Px Code	Telehealth Modifier
CFTSS	7900	OLP Licensed Evaluation	90791	95
	7901	OLP Counseling -Individual	H0004	GT
	7901	OLP Counseling – Family (with the client present)	H0004	GT
	7901	OLP Counseling – Family (without the client present)	H0004	GT
	7902	OLP Crisis (Offsite, In-person only)	H2011	GT
	7903	OLP Crisis Triage (By Phone)	H2011	GT
	7904	OLP Crisis Complex Care (Follow up)	90882	GT
	7905	OLP Counseling - Group	H0004	GT
	7911	CPST Service Professional – Individual and/or Family (with or without the client)	H0036	GT
	7912	CPST Service Professional -Group	H0036	GT
	7913	PSR Service Professional	H2017	GT
	7914	PSR Service Professional -Group	H2017	GT
	7915	FPS Service Professional	H0038	GT
	7916	FPS Service Professional -Group	H0038	GT
	7917	YPS Service Professional	H0038	GT
	7918	YPS Service Professional -Group	H0038	GT
	7906	CI 1 Licensed Practitioner	H2011	GT
	7907	CI 1 Licensed Practitioner & 1 Peer Support	H2011	GT
	7908	CI 2 Licensed Practitioners	H2011	GT
	7909	CI 90-180 min & 2 clinicians, 1 licensed	S9484	GT
7910	CI Per diem 3 hrs., 2 clinicians, 1 licensed	S9485	GT	

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Rate Code	Rate Code / Service Title	Px Code	Telehealth Modifier
7778	HARP HCBS Brief Assessment	H0002	GT
7779	HARP HCBS Full Assessment	H0031	GT
7780	Plan of Care Development – Initial	T2024	GT
7781	Plan of Care Development – Ongoing	T2024	GT
7784	HARP HCBS Psychosocial Rehab - Indv - on-site	H2017	GT
7785	HARP HCBS Psychosocial Rehab - Indv - off-site	H2017	GT
7786	HARP HCBS Psychosocial Rehab - Group 2-3	H2017	GT
7787	HARP HCBS Psychosocial Rehab - Group 4-5	H2017	GT
7788	HARP HCBS Psychosocial Rehab - Group 6-10	H2017	GT
7789	HARP HCBS Psychosocial Rehab - Indv - Per Diem	H2018	GT
7790	HARP HCBS CPST (physician)	H0036	GT
7791	HARP HCBS CPST (NP, psychologist)	H0036	GT
7792	HARP HCBS CPST (RN, LMHC, LMFT, LCSW, LMSW)	H0036	GT
7793	HARP HCBS CPST (all other allowable professions)	H0036	GT
7794	HARP HCBS Peer Supports - by credentialed staff	H0038	GT
7795	HARP HCBS Residential Supports (Habilitation)	T2017	GT
7796	HARP Short-term Crisis Respite (dedicated fac)	H0045	GT
7798	HARP Intensive Crisis Respite	H0045	GT
7799	HARP HCBS Family Support / Training (individual)	H2014	GT
7800	HARP HCBS Family Support / Trn (group of 2 or 3)	H2014	GT
7801	HARP HCBS Pre-vocational	T2015	GT
7802	HARP HCBS Transitional Employment	T2019	GT
7803	HARP HCBS Intensive Supported Employment	H2023	GT
7804	HARP HCBS On-going Supported Employment	H2025	GT
7805	HARP HCBS Education Support Services	T2013	GT



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Program	Rate Code	Rate Code / Service Title	Px Code	Telehealth Modifier
MCR	4615	Mobile crisis response - one person response, Licensed - up to 90 min	H2011	GT
	4616	Mobile crisis response - two person response - Licensed and Unlicensed/Certified Peer- up to 90 minutes	H2011	GT
	4617	Mobile crisis response - two person response, both Licensed - up to 90 minutes	H2011	GT
	4618	Mobile Crisis Response (90 - 180 minutes) Two person response - Licensed and Unlicensed/Certified Peer	S9485	GT
	4619	Mobile Crisis Response (90 - 180 minutes) Two person response, both Licensed	S9485	GT
	4620	Mobile Crisis Response- Per Diem Requires a minimum 3 hours of face-to-face contact - Two person response, Licensed and Unlicensed/Certified Peer	S9485	GT
	4621	Mobile Crisis Response- Per Diem. Requires a minimum 3 hours of face-to-face contact - Two person response, both Licensed.	S9485	GT
	4622	Crisis follow up - face to face - One person response, Licensed - up to 90 minutes	H2011	GT
	4623	Crisis follow up - face to face - One person response, Unlicensed/Certified Peer - up to 90 minutes	H2011	GT
	4624	Crisis follow up - face to face - Two person response, one Licensed and one Unlicensed/Certified Peer - up to 90 minutes	H2011	GT