

Code	Description	Rate
<b><u>Base Physician Fee Schedules</u></b>		
G2010	Remote image submit by pt	\$ 9.32
G2012	Brief check in by md/qhp	\$ 10.93
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 14.31
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 25.76
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 35.78
<b><u>Enhanced Physician Fee Schedules</u></b>		
G2010	Remote image submit by pt	\$ 12.02
G2012	Brief check in by md/qhp	\$ 14.10
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 18.46
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 33.23
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 46.15
<b><u>Pediatric Subspecialty and Neonatology Fee Schedule</u></b>		
G2010	Remote image submit by pt	\$ 13.05
G2012	Brief check in by md/qhp	\$ 15.30
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 20.03
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 36.06
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 50.09
<b><u>Nurse Practitioner and Physician Assistant Fee Schedule</u></b>		
G2010	Remote image submit by pt	\$ 7.46
G2012	Brief check in by md/qhp	\$ 8.74
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 11.45
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 20.61
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 28.62
<b><u>Licensed Independent Practitioner and Therapy (PT/ST/OT) Fee Schedule</u></b>		
98966	Telephonic Assess/Mgmt; 5-10 minutes, non-physician	\$ 12.16
98967	Telephonic Assess/Mgmt; 11-20 minutes, non-physician	\$ 21.89
98968	Telephonic Assess/Mgmt; 21-30 minutes, non-physician	\$ 30.41

Other codes related to telehealth, including those identified in coronavirus disease 2019 (COVID-19)-related bulletins, will continue to pay at their standard state plan rate.

Federally Qualified Health Center reimbursement for telehealth services described in Medicaid bulletin 20-007 will be reimbursed based on the Enhanced Physician Fee Schedule. Rural Health Center (RHC) reimbursement will be based on the appropriate fee schedule for the rendering provider. RHC services provided by family practice, pediatrics, internal medicine, OB/GYN, and psychiatry providers will be based on the Enhanced Physician Fee Schedule.

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