



Remote Communication Technology Codes

AN ANALYSIS OF STATE MEDICAID COVERAGE

March 2020





INTRODUCTION

Live video telehealth services are now reimbursable through Medicaid in all 50 states and D.C. and many states provide reimbursement for store-and-forward and remote patient monitoring (RPM). Those services can often be identified through the use of terminology such as “telehealth,” “telemedicine,” or use of the prefix “tele-,” however some communication technology codes are not addressed as telehealth or telemedicine as seen in some of those approved by the Centers for Medicare & Medicaid Services (CMS) for reimbursement under Medicare. For example, in the CY 2015 Physician Fee Schedule (PFS) for Medicare, CMS approved the use of chronic care management code 99490. This code, when used under specific circumstances, allows eligible providers to submit for reimbursement for non-face-to-face encounters such as remote patient monitoring. In CY 2017, CMS introduced two additional codes for complex chronic care management (99487-99489) and in the CY 2019 PFS, CMS added codes permitting reimbursement for the remote evaluation of pre-recorded patient information (G2010), brief communication technology-based services (G2012), and interprofessional internet consultations (99446-99449, 99451-99452).

Those codes and others that utilize telehealth technologies without falling under the telehealth moniker allows for reimbursement for communication technology-based services without subjecting them to the restrictions on Medicare telehealth services. Section 1834(m) of the Social Security Act restricts the use of telehealth under Medicare to specific services, providers, technologies, and patient locations. CMS explained in the 2019 PFS that those restrictions apply to professional services explicitly listed in the provision, such as professional consultations, office visits, and office psychiatry services. Therefore, other kinds of services that are furnished remotely using communications technology are not considered to be “Medicare telehealth services.” This reasoning allows providers to receive Medicare reimbursement for virtual check-ins, interprofessional internet consultations, and asynchronous remote evaluations of pre-recorded patient information, without application of the telehealth restrictions found in the Social Security Act.



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INTRODUCTION (cont)

Some states are now reimbursing within their Medicaid fee-for-service programs. Compiled below is a summary of each communication or technology-based current procedural terminology (CPT) and healthcare common procedure coding system (HCPCS) code and a list of states reimbursing for each of those services as of January 2020. A complete chart is located in the appendix. The examined code categories include:

- **Interprofessional Telephone/Internet/Electronic Health Record Consultations**
- **Chronic Care Management Services**
- **Complex Chronic Care Management Services**
- **Transitional Care Management Services**
- **Digitally Stored Data Services/Remote Physiologic Monitoring**
- **Remote Physiologic Monitoring Treatment Management Services**
- **On-Line Medical Evaluations**
- **Virtual Communication Services**
- **Online Digital Evaluation Services (E-visit)**
- **Principle Care Management Codes**

METHODOLOGY

Most states provide their Medicaid fee-for-service fee schedules online. These fee schedules are updated periodically to add or remove codes and update reimbursement rates. CCHP examined the fee schedules of each state and D.C. to identify the states reimbursing for technology-based service codes that are not defined as telehealth under Medicare. States that list these codes in their Medicaid fee-for-service fee schedules but do not provide reimbursement were not marked as reimbursing for the service. CCHP was unable to find recent, publicly available fee schedules for Hawaii, Massachusetts, and Tennessee.

No state is alike in how they design their fee schedules. Some states have generic fee schedules applying to all provider types, while others publish a separate fee schedule for each type of provider. Most of the codes tracked in this study were found in a state's overall medical fee schedule or a physician fee schedule, although a small number of codes were found in fee schedules for outpatient hospital or home health agency services when they were not available in other fee schedules. Those are identified in their respective sections below.

Codes and State Medicaid Fee-For-Service Programs Providing Reimbursement

Each category of codes included in this study is listed below with official American Medical Association (AMA) descriptions of the services performed for each individual code. Accompanying each set of codes is a list of the states found to be reimbursing for the individual codes. Note that the reimbursement amount varies between states and is not listed.

INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD CONSULTATIONS

- **99446**—Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional: 5-10 minutes of medical consultative discussion and review
 - **99447**—11-20 minutes of medical consultative discussion and review.
 - **99448**—21-30 minutes of medical consultative discussion and review.
 - **99449**—31 minutes or more of medical consultative discussion and review.
- **99451**—Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient’s treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time.
- **99452**—Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
99446	Kentucky, Maine, Michigan, Minnesota, New Mexico, South Carolina, Utah, Vermont, Washington, West Virginia
99447	Kentucky, Maine, Michigan, Minnesota, New Mexico, South Carolina, Utah, Vermont, West Virginia
99448	Kentucky, Maine, Michigan, Minnesota, New Mexico, South Carolina, Utah, Vermont, West Virginia
99449	Kentucky, Maine, Michigan, Minnesota, New Mexico, South Carolina, Utah, Vermont, West Virginia
99451	California, Colorado, Georgia, Kentucky, Maine, Michigan, Minnesota, Montana, Nebraska, New Jersey, Oregon, Utah, West Virginia
99452	Georgia, Kentucky, Maine, Michigan, Minnesota, Montana, Nebraska, New Jersey, Oregon, Utah, West Virginia

CHRONIC CARE MANAGEMENT SERVICES

- **99490**—Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
 - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
 - Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
 - Comprehensive care plan established, implemented, revised, or monitored.

- **99491**—Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:
 - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
 - Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
 - Comprehensive care plan established, implemented, revised, or monitored.

COMPLEX CHRONIC CARE MANAGEMENT SERVICES

- **99487**—Complex Chronic care management services, with the following required elements:
 - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
 - Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
 - Establishment of substantial revision of a comprehensive care plan;
 - Moderate or high complexity medical decision making;
 - 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

- **99489**—each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
99490	California, Delaware, Florida, Georgia (<i>Outpatient fee schedule</i>), Iowa, Kentucky, Michigan, Montana, Nevada, New Jersey, New Mexico, North Dakota, Oregon, South Carolina, Utah, Vermont, Virginia, West Virginia, Wyoming
99491	California, Georgia, Kentucky, Michigan, Montana, North Dakota, Oregon, Pennsylvania, Utah, Vermont, West Virginia
99487	Kentucky, Michigan, Montana, New Jersey, New Mexico, North Dakota, Oregon, Utah, Vermont, West Virginia
99489	Kentucky, Michigan, Montana, New Jersey, New Mexico, North Dakota, Oregon, Utah, Vermont, West Virginia

TRANSITIONAL CARE MANAGEMENT SERVICES

- **99495**—Transitional Care Management Services with the following required elements:
 - Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge;
 - Medical decision making of at least moderate complexity during the service period;
 - Face-to-face visit, within 14 calendar days of discharge.
- **99496**—Transitional Care Management Services with the following required elements:
 - Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge;
 - Medical decision making of high complexity during the service period;
 - Face-to-face visit, within 7 calendar days of discharge.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
99495	D.C., Maryland, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Utah, Vermont, West Virginia
99496	D.C., Maryland, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Oregon, Utah, Vermont, West Virginia

DIGITALLY STORED DATA SERVICES/REMOTE PHYSIOLOGIC MONITORING

- **99453**—Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
 - **99454**—Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.
- **99091**—Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES

- **99457**—Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
99091	Arizona, Connecticut, Montana, New Mexico, New York, Oregon, Vermont, West Virginia
99453	Arizona, Kentucky, Michigan, Minnesota, Nebraska, New Jersey, Oregon, Vermont, West Virginia
99454	Kentucky, Michigan, Minnesota, Nebraska, New Jersey, Oregon, Vermont, West Virginia
99457	Kentucky, Michigan, Minnesota, Nebraska, New Jersey, Oregon, Vermont, West Virginia

ON-LINE MEDICAL EVALUATIONS (CODES REMOVED BY CMS AS OF 2020)

- **99444**—Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.
- **98969**—Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
99444	New Hampshire, Oregon
98969	Colorado, Vermont (<i>Home Health Agency fee schedule</i>)

ON-LINE DIGITAL EVALUATION AND MANAGEMENT SERVICES

- **99421**—Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- **99422**—Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- **99423**—Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
99421	Arizona, Georgia, Iowa, Kentucky, Montana, Texas, Virginia
99422	Arizona, Georgia, Iowa, Kentucky, Montana, Texas, Virginia
99423	Arizona, Georgia, Iowa, Kentucky, Montana, Texas, Virginia

ONLINE DIGITAL EVALUATION SERVICE (E-VISIT)

- **G2061**—Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.
- **G2062**—Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.
- **G2063**—Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
G2061	Arizona, Montana, Vermont
G2062	Arizona, Montana, Vermont
G2063	Arizona, Montana, Vermont

VIRTUAL COMMUNICATION SERVICES

- **G2010**—Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
- **G2012**—Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion (CPT crosswalk with 99444).

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
G2010	California, Michigan, Minnesota, New Hampshire, New Mexico, West Virginia
G2012	California, Michigan, New Jersey, Vermont, West Virginia

PRINCIPLE CARE MANAGEMENT CODES

- **G2064**—Comprehensive care management services for a single high-risk disease, e.g., Principle Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.
- **G2065**—Comprehensive care management for a single high-risk disease service, e.g. Principle Care Management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar months with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is usually complex due to comorbidities.

Diagnosis Code	State Medicaid Fee-For-Service Programs Reimbursing for Each Code
G2064	Arizona (<i>Outpatient fee schedule</i>), Montana, Vermont
G2065	Arizona, Montana, Vermont

Discussion

It should be noted that the inclusion of a code in a state’s Medicaid fee-for-service fee schedule does not guarantee the state treats that service in the same manner as Medicare. States may have additional requirements that providers must follow to be eligible for reimbursement and may categorize codes under their telehealth policy even when they are not considered to be telehealth under Medicare. For example, New York includes remote patient monitoring code 99091 in its telehealth policy and requires the service to be delivered by a physician, nurse practitioner, midwife or physician assistant who has conducted a prior examination on the patient and established a provider-patient relationship.

In the Fall 2019 State Telehealth Laws & Reimbursement Policies report, CCHP identified twelve states that listed reimbursement as available for remote patient monitoring in their Medicaid fee-for-service program that do not list codes 99091, 99453-99454, or 99457 in their published fee schedules. These codes may not be included in those states because, according to CMS, they are not considered telehealth and other codes may be used for those services. These states include:

States Reimbursing for RPM with No RPM Codes in Fee Schedule			
Alabama	Illinois	Louisiana	Michigan
Alaska	Indiana	Maine	Minnesota
Colorado	Kansas	Maryland	Mississippi

The most commonly reimbursed communication technology code is chronic care management code 99490 which is reimbursable in nineteen Medicaid fee-for-service programs. Chronic care management requires full 24/7 access to care and allows providers to use various synchronous and asynchronous communication modalities to connect with patients. Other chronic care management and transitional care management codes are also common among states. Eleven states include at least one of the three chronic care management codes aside from 99490 and eight of those provide reimbursement for all four codes. Thirteen states reimburse for both traditional care management codes (99495-99496) and New Jersey reimburses for 99496, but not 99495.

The codes least commonly reimbursed in Medicaid fee-for-service are online medical evaluation codes 99444 and 98969 (4 states), principal care management codes G2064 and G2065 (3 states), and online digital evaluation codes G2061-G2063 (3 states). Online medical evaluation codes 99444 and 98969 were removed from the CPT code book by CMS as of January 2020, therefore it is unclear whether these services would actually be reimbursed. Colorado, New Hampshire, and Vermont updated their fee schedules in January, however Oregon has not and therefore could remove reimbursement for 99444 in the next fee schedule update. In January 2020, CMS added the online digital evaluation and management codes 99421-99423, which have been adopted by seven states. These codes are used for reimbursement of services similar to those provided under 99444 and 98969 and it is possible that Colorado, New Hampshire, and Vermont will adopt these codes as replacements during the next update of their fee schedules. Half of states that reimburse for interprofessional internet consultations provide reimbursement for all codes (99446-99449 and 99451-99452), however the most commonly reimbursed code for interprofessional consultation is 99451 which is reimbursed in thirteen states.

The states reimbursing for the most codes include Vermont (19 codes), West Virginia (18 codes), and Michigan (17 codes). These three states reimburse all codes for chronic care management (99490, 99491, 99487, 99489), transitional care management (99495, 99496), virtual check-in code G2012 and the remote evaluation code G2010.

Discussion (cont)

Sixteen states do not list any communication technology codes in their Medicaid fee-for-service fee schedules. This list excludes Hawaii, Massachusetts, and Tennessee as CCHP was unable to locate a recent fee schedule for these states. States that do not list any of the codes include:

States With No Reimbursement for Communication Technology Codes			
Alabama	Illinois	Mississippi	Oklahoma
Alaska	Indiana	Missouri	Rhode Island
Arkansas	Kansas	North Carolina	South Dakota
Idaho	Louisiana	Ohio	Wisconsin

Many of these codes have only been introduced in recent years, which may explain the low adoption among states, however some states appear to more readily adopt some codes over others. Interprofessional consultation codes 99451-99452 are new as of 2019 and are already two of the most commonly reimbursed codes among those included in this study. Chronic care management code 99490 has been in effect since 2015 and is one of the oldest codes tracked in this study, leaving it unsurprising that it is the most reimbursed code on the list. Interprofessional consultation codes 99446-99449 were introduced in 2014 and were unbundled as of 2019, meaning that they can be billed for without an associated specialist appointment. HCPCS codes G2061-G2065 were introduced in January 2020 and it is likely because they are new that only three states have adopted them into their Medicaid fee-for-service fee schedule.

The high adoption rate of chronic care management and transitional care management codes may be attributed to virtual care only being a portion of the care requirement for those services. Medicare requires healthcare providers to grant opportunities for patients and caregivers to communicate 24-hours-a-day and 7-days-a-week and allows the communications to occur by telephone, secure messaging, secure Internet, or other asynchronous non-face-to-face methods.

Summary

In addition to reimbursing for telehealth services, many states are deciding to reimburse for communication technology services and other services with a virtual component. Trends in Medicare will continue to be an important factor in the use of communication technology codes by state Medicaid programs. The introduction of codes for online digital evaluations (G2061-G2063), remote evaluations (G2010), and remote interprofessional consultations (99451-99452) as well as the unbundling of synchronous interprofessional consultation codes 99446-99449 in the Medicare physician fee schedule has resulted in states gaining more opportunity to incorporate codes for these services into their Medicaid fee-for-service fee schedules. CMS does not consider these services to be telehealth and therefore typical restrictions on telehealth services do not apply.

States adopting these codes seem to be following a similar trend of allowing communication technology services to be eligible for reimbursement regardless of that state's restrictions on telehealth service delivery. No state listing reimbursement for remote evaluation code G2010, virtual check-in code G2012, or online digital evaluation codes G2061-G2063 provides any indication in policy that the services are considered telehealth.

Summary (cont)

Most states also do not include chronic care management or transitional care management services in their telehealth policies although those services often have a remote communications technology component. Additionally, it is not clear whether states reimbursing for the remote patient monitoring codes 99091, 99453-99454, and 99457 consider those services to be telehealth although some states including Connecticut, Michigan, Montana, New Mexico, and West Virginia have no policy for the reimbursement of remote patient monitoring but do include those codes in their Medicaid fee-for-service fee schedules.

As states continue to expand their Medicaid fee-for-service telehealth reimbursement policies, they could also be expected to increase reimbursement for communication technology services. Unfortunately, it is not clear if states with more comprehensive telehealth policies are more willing to adopt those codes as there appears to be no connection between the two types of services among states. Some states with fewer telehealth Medicaid policies have adopted codes that permit the use of services such as remote interprofessional consultations, remote patient monitoring, and virtual check-ins without established policies stating that telehealth services are reimbursable. This may be due to a lag in policy development or those states may be treating the services differently than telehealth, similarly to Medicare.

CCHP anticipates that the adoption of communication technology codes will continue, especially with some states adopting codes early in comparison to others, such as California with CPT code 99451 or Arizona with HCPCS codes G2061-G2065. These states may set an example for other states to adopt those codes in future revisions of their Medicaid fee-for-service fee schedules, leading to more widespread adoption.

This report was partially funded by both The California Health Care Foundation and The National Telehealth Policy Resource Center program which is made possible by Grant #G22RH30365 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS

Appendix

Reimbursement for Remote Communication Diagnosis In State Medicaid Fee-For-Service

STATE	DIAGNOSIS CODE																											
	Interprofessional Telephone/Internet/Electronic Health Record Consultations						Chronic Care Management Services		Complex Chronic Care Management Services		Digitally Stored Data Services/Remote Physiologic Monitoring			Remote Physiologic Monitoring Treatment Management Services	Online Medical Evaluations		Online Digital Evaluation and Management			Transitional Care Management Services		Virtual Communication Services		Online Digital Evaluation Services (E-visit)			Principle Care Management Services	
	99446	99447	99448	99449	99451	99452	99490	99491	99487	99489	99091	99453	99454	99457	99444	98969	99421	99422	99423	99495	99496	G2010	G2012	G2061	G2062	G2063	G2064	G2065
AL																												
AK																												
AZ										✓	✓	✓	✓				✓	✓	✓					✓	✓	✓	✓*	✓
AR																												
CA				✓			✓	✓														✓	✓					
CO				✓											✓													
CT										✓																		
DC																			✓	✓								
DE*							✓																					
FL							✓																					
GA				✓	✓		✓*	✓									✓	✓	✓									
HI																												
ID																												
IL																												
IN																												
IA							✓										✓	✓	✓									
KS																												
KY*	✓						✓	✓	✓	✓	✓	✓	✓				✓	✓	✓									
LA																												
ME	✓																											
MD																				✓	✓							
MA																												
MI	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓							✓	✓	✓	✓					
MN	✓	✓	✓	✓	✓	✓					✓	✓	✓							✓	✓	✓						
MS																												
MO																												
MT				✓	✓		✓	✓	✓	✓							✓	✓	✓	✓	✓			✓	✓	✓	✓	✓

Key: ✓ = The code is reimbursed by the state's Medicaid fee-for-service program

REMOTE COMMUNICATION TECHNOLOGY CODES

		DIAGNOSIS CODE																											
		Interprofessional Telephone/Internet/Electronic Health Record Consultations						Chronic Care Management Services		Complex Chronic Care Management Services		Digitally Stored Data Services/Remote Physiologic Monitoring		Remote Physiologic Monitoring Treatment Management Services		Online Medical Evaluations		Online Digital Evaluation and Management			Transitional Care Management Services		Virtual Communication Services		Online Digital Evaluation Services (E-visit)			Principle Care Management Services	
STATE		99446	99447	99448	99449	99451	99452	99490	99491	99487	99489	99091	99453	99454	99457	99444	98969	99421	99422	99423	99495	99496	G2010	G2012	G2061	G2062	G2063	G2064	G2065
NE*						✓	✓					✓	✓		✓														
NV*							✓														✓	✓							
NH															✓						✓	✓							
NJ					✓	✓	✓		✓	✓		✓	✓	✓							✓	✓	✓	✓					
NM	✓	✓	✓	✓			✓		✓	✓	✓										✓	✓	✓						
NY											✓																		
NC																													
ND*							✓	✓	✓	✓											✓	✓							
OH																													
OK																													
OR*					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓					✓	✓							
PA								✓																					
RI*																													
SC	✓	✓	✓	✓			✓																						
SD																													
TN																													
TX																		✓	✓	✓									
UT	✓	✓	✓	✓	✓		✓	✓	✓	✓											✓	✓							
VT	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓				✓*					✓	✓		✓	✓	✓	✓	✓	✓
VA							✓											✓	✓	✓									
WA	✓																												
WV*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓					
WI																													
WY							✓																						

*Delaware, Kentucky, Nebraska, Nevada, North Dakota, Rhode Island, Oregon, and West Virginia have not updated their fee schedules as of January 2020

Massachusetts and Tennessee are managed care states and were not included in this study.

Hawaii does not have a 2020 or most recent fee schedule posted and was not included in this study.

Key: ✓ = The code is reimbursed by the state's Medicaid fee-for-service program