						CURRENT		PROPOSED			
TOS*	Procedure Code	Modifier**	Long Description	Place of Service	Age Range	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid RVU***	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee	Proposed Adjusted Fee
			follow-up inpatient consultation, limited,								
			physicians typically spend 15 minutes								
			communicating with the patient via			Not a	Not a				
3	G0406	GT	telehealth	F, NF	0-20	Benefit	Benefit	1.12	\$28.0672	\$31.44	\$31.44
			follow-up inpatient consultation, limited,								
			physicians typically spend 15 minutes								
			communicating with the patient via			Not a	Not a				
3	G0406	GT	telehealth	F, NF	21-999	Benefit	Benefit	1.12	\$26.7305	\$29.94	\$29.94
			follow-up inpatient consultation,								
			intermediate, physicians typically spend								
			25 minutes communicating with the			Not a	Not a				
3	G0407	GT	patient via telehealth	F, NF	0-20	Benefit	Benefit	2.06	\$28.0672	\$57.82	\$57.82
			follow-up inpatient consultation,								
			intermediate, physicians typically spend								
			25 minutes communicating with the			Not a	Not a				
3	G0407	GT	patient via telehealth	F, NF	21-999	Benefit	Benefit	2.06	\$26.7305	\$55.06	\$55.06
			follow-up inpatient consultation,								
			complex, physicians typically spend 35								
			minutes communicating with the patient			Not a	Not a				
3	G0408	GT	via telehealth	F, NF	0-20	Benefit	Benefit	2.97	\$28.0672	\$83.36	\$83.36
			follow-up inpatient consultation,								
			complex, physicians typically spend 35								
			minutes communicating with the patient			Not a	Not a				
3	G0408	GT	via telehealth	F, NF	21-999	Benefit	Benefit	2.97	\$26.7305	\$79.39	\$79.39

ATTACHMENT 1 - TELEMEDICINE AND TELEHEALTH SERVICES

*Type of Service (TOS)						
3	3 Consultation					
**Modifier						
GT Telemedicine/Telehealth Services						
*** RVU Relative Value Unit						
Place of Service						
F	F Facility (example: hospital or clinic)					
NF	NF Nonfacility (example: office)					

ATTACHMENT 1 - TELEMEDICINE AND TELEHEALTH SERVICES

						CURRENT		PROPOSED			
									Proposed		
						Current	Current	Proposed	Medicaid	Proposed	Proposed
	Procedure			Place of	Age	Medicaid	Adjusted	Medicaid	Conversion	Medicaid	Adjusted
TOS*	Code	Modifier**	Long Description	Service	Range	Fee	Fee	RVU***	Factor	Fee	Fee