

ATTACHMENT - TELEMONITORING SERVICES

TOS*	Procedure Code	Long Description	Modifier**	Facility (F) / Non-Facility (NF)	Provider Type/ Place of Service ***	Age Range	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
1	99090	****		NF	PT 44	0-20	Not a Benefit	Not a Benefit	\$50.00	\$50.00
1	99090	****		NF	PT 44	21-999	Not a Benefit	Not a Benefit	\$50.00	\$50.00
1	99090	****	GQ	NF	PT 44	0-20	Not a Benefit	Not a Benefit	\$9.45	\$9.45
1	99090	****	GQ	NF	PT 44	21-999	Not a Benefit	Not a Benefit	\$9.45	\$9.45
1	99444	****		F		0-20	Not a Benefit	Not a Benefit	\$40.98	\$40.98
1	99444	****		F		21-999	Not a Benefit	Not a Benefit	\$39.03	\$39.03
1	99444	****		NF		0-20	Not a Benefit	Not a Benefit	\$60.06	\$60.06
1	99444	****		NF		21-999	Not a Benefit	Not a Benefit	\$57.20	\$57.20

*Type of Service (TOS)	
1	Medical Service
**Modifier	
GQ	Via asynchronous telecommunications system (99090 is used for the initial home monitoring set-up and 99090 plus the GQ modifier is used for home monitoring)
***Provider Type	
44	Home Health Agency

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