



Telecommunication Technology Guide

Telecommunication Technology Guide (Telehealth – Telemedicine Services)

Telecommunication is defined as the transmission of information over distances without loss due to noise and interference. For the purposes of Iowa Medicaid this is primarily the Telehealth Services program. Telehealth Services allow the health care provider to complete ‘a visit’ with a patient by telephone, smartphone, computer, tablet, or telemedicine exam equipment.

When a telephone is the only means of the exchange of information between the health care provider and the patient this is called **audio only**.

The exchange of health information with the use of video on a computer, tablet, or smartphone is called **audio/visual**.

To identify when using the specifically designed equipment and codes to complete comprehensive and efficient medical examinations, Iowa Medicaid is using the name **Telemedicine Services. (Beginning May 1, 2026)**

Iowa Medicaid has approved Procedure Codes for the purpose of member (patient) access to a health care provider using the electronic exchanges. The Procedure Codes are limited to which electronic equipment may be used. This approved procedure codes list is reviewed quarterly and updated as needed. The last updated date is identified at the top of the chart.

This Iowa Telehealth List is independent from Centers for Medicaid and Medicare telehealth lists (CMS), it does not match the CMS list. Not every code on the CMS list is approved for the Iowa Telecommunication program. The approved procedure codes are retained on the Iowa Medicaid Website under the [Iowa Medicaid Provider Fee Schedules](#).

The approved Iowa Telehealth List procedure codes are listed on a chart with the column components of:

Procedure Code: the approved Current Procedural Terminology (CPT) code

Description: the code explanation developed by the American Medical Association. The codes descriptions are updated as needed to maintain the correct copyright standard.

Allowable as Audio - Only? ‘Yes’ indicates Audio Only – Modifier 93 is required. A telephone or non-video device is satisfactory to exchange information for the health care provider and patient ‘visit’. **Allowable as Audio/Video?** ‘Yes’ indicates

Audio/Video Services - Modifier 95 is required. A video device/component of the health care provider and patient visit **must be present** to satisfactorily complete the intent of the transmission of information.

Allowable as Inpatient Telemedicine? ‘Yes’ indicates Inpatient Telemedicine codes only - Modifier 95 is required. Specific codes have been approved to complete the Telemedicine component of the visit. ***See requirements in section below.*** (Beginning May 1, 2026)

Maternal Health Unbundled: TH Modifier – This column identifies the requirement of the TH Modifier for the Unbundled codes when using Telecommunication. See [Maternal Health Unbundling Guide](#) for use of these codes.

Home and Community Based Services Modifier – The required modifiers for the specific codes are in this column.

Iowa Medicaid Effective Date: this is the date the code was opened to the Telecommunication program.

- If there is only 1 date, the code continues to be open.
- If a date span is listed for this code, it is identifying the dates the code was open and ended.

All services delivered via telehealth audio or video **must** be included on the Iowa Medicaid approved and posted telehealth list, AND billed with one of the following POS codes:

- 02 – telehealth provided other than in the patient’s home
 - The location where health services and health-related services are provided or received, through telecommunication technology. The patient is not located in their home when receiving health services or health-related services through telecommunication technology.
- 10 – telehealth provided in the patient’s home
 - The location where health services and health-related services are provided or received through telecommunication technology. The patient is in their home (which is a location other than a hospital or other facility where the patient receives care) when receiving health services or health related services through telecommunication technology.

Effective for the dates of service on or after 12/01/2025 there will be a reimbursement reduction for services rendered (site of service differential) with the place of service 02 and 10. As indicated in Iowa Administrative Code: 441-79.1(7)b. the fee schedule amount paid will be reduced by an adjustment factor, as determined by the Iowa

Medicaid, to reflect the lower cost of providing services via telehealth opposed to providing services via ‘facility’ place of service opposed to the provider office.

Reimbursement for applicable telehealth/telemedicine services is subject to a site of service differential reduction as reflected on the applicable fee schedule. When a reduction applies, two reimbursement amounts may be listed for the same procedure code. The reduced reimbursement amount is identified by HHS factor code X on the fee schedule. Factor code X denotes the site of service–adjusted rate and applies to services billed with place of service code 02 or 10. Claims submitted with place of service code 02 or 10 will be reimbursed at the reduced rate associated with HHS factor code X.

Telemedicine focuses on the use of high-quality medical grade technology to conduct remote patient visits for diagnosis and treatment from a distance.

Telemedicine requirements: Beginning May 1, 2026.

The specific codes approved to complete a **Telemedicine exam**: (Beginning May 1, 2026)

| CPT | Modifier | Code Description |
|-------|---|---|
| 99221 | 95 ----- Place of Service Code: 02 | Initial hospital inpatient care. For Iowa Medicaid Telemedicine reimbursement, this code requires a medically appropriate history and physical examination using telemedicine equipment. Straightforward with low-level medical decision-making. A minimum of 40 minutes is required on the date of services. |
| 99222 | 95 ----- Place of Service Code: 02 | Initial hospital inpatient care. For Iowa Medicaid Telemedicine reimbursement, this code requires a medically appropriate history and physical examination using telemedicine equipment. Moderate medical decision-making. A minimum of 55 minutes is required on the date of services. |
| 99223 | 95 ----- Place of Service Code: 02 | Initial hospital inpatient care. For Iowa Medicaid Telemedicine reimbursement, this code requires a comprehensive history and detailed physical examination using telemedicine equipment. High-complexity medical decision-making. A minimum of 75 minutes is required on the date of services. |
| 99231 | 95 ----- Place of Service Code: 02 | Subsequent hospital inpatient care, used after the person has been admitted to hospital care. Follow-up visits with review of patient progress, response to therapy, treatment adjustments, and straightforward, low complexity medical decision-making. A minimum of 25 minutes is required on the date of services. |

| CPT | Modifier | Code Description |
|-------|---|---|
| 99232 | 95 ----- Place of Service Code: 02 | Subsequent hospital inpatient care, used after the person has been admitted to hospital care. Follow-up mid-level visits with review of patient progress, response to therapy, treatment adjustments, and the patient is stable-but-complex. The patient is responding to therapy but requiring active adjustments. Moderate complexity medical decision-making. A minimum of 35 minutes is required on the date of services. |
| 99233 | 95 ----- Place of Service Code: 02 | Subsequent hospital inpatient care, used after the person has been admitted to hospital care. Follow-up high-level visits with review of patient progress, response to therapy, treatment adjustments, and the patient is requiring adjustments to care with a risk of complications. High level of complexity medical decision-making. A minimum of 50 minutes is required on the date of services. |

Requirements to use In-patient Telemedicine (Beginning May 1, 2026)

- A private quiet space to ensure provisional HIPAA compliance.
- A guarantee of stable internet connection to complete the assessment.
- All Video Conferencing Software including Transmission Equipment is High Quality Medical Grade.
 - Video Camera, Microphones, Headsets, Speakers, touchscreens (any audio devices) are high quality for interactive compacity.
- All high-quality medical grade assessment equipment such as BP cuffs, glucometers, digital stethoscopes, otoscopes, scales, etc. are internet compatible.

Questions and Answers:

Can we just do Telemedicine visits if the provider is in the hospital on a different unit?

If it is at all possible to have the visit be conducted in person, the visit should be in person.

Do we have to use a Telemedicine Cart?

Telemedicine Cart is not required, but encouraged, as these 'all in one' mobile workstations are designed to contain all the transmission and assessment equipment in one location.

If this patient is seen in the ED and then admitted using the telemedicine how does the claim submission differ than when we use in-person visits?

If the patient is seen in the hospital emergency department and then admitted to the hospital, the initial hospital care code is used with the admission to the hospital the fee schedule identifies the established rate of reimbursement.

Is a consultation by a specialist considered an initial visit or subsequent visit?

When the initial visit has been completed by a provider, and a specialist is consulted, the specialist consultation is a subsequent visit, .

If a patient has had a visit in the office and then the same provider admits the patient as an inpatient, how is this billed with Telemedicine?

An office visit code and an initial hospital care code should be used, with appropriate modifiers to indicate the unrelated nature of the services.

Documentation, the record of the provided services:

As always, documentation may and will be audited at any time.

If a post payment audit is conducted and the record does not meet the expectations of the documentation for the level of reimbursement previously paid, the recoupment may occur.

Documentation requirements:

- Clearly explain why this Telemedicine Visit needed to be completed by using digital communication technologies.
- The provider completing the real-time, interactive, Telemedicine Visit, will record the results and responses identified from the Telemedicine tools in the patient record.
- The patient record will identify all of the requirements of the code for which it is being submitted for reimbursement.
- Documentation will occur during the Telemedicine Visit.