



## Coding for Telemedicine Services

\*\*Due to the COVID-19 pandemic, variations of the telemedicine rules will be implemented. We will update this document as much as we can, however, for current updates, please refer to the COVID-19 coding resource on [www.aap.org/coding](http://www.aap.org/coding) \*\*

For the purpose of this resource, telemedicine will be defined as

*"a two-way, real- time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment."*

The reporting of telemedicine services varies by payer and state regulations. In CY 2017 Current Procedural Terminology (CPT) will publish a new modifier and a new appendix related to telemedicine services. While the Centers for Medicare and Medicaid Services (CMS) have recognized telemedicine services for quite some time, the launch of the CPT infrastructure will assist private payers and some public payers to have the mechanism in place to cover telemedicine services.

Telemedicine services may make up 2 distinct services depending on where the patient is located during the telemedicine encounter. Table one outlines the different coding and billing requirements whether you are the "hosting facility" or the "performing provider." In addition, those terms may also go by other terminology which we have included.

**Table 1**

	<b>Performing Physician/Provider</b>	<b>Hosting Facility</b>
<b>Other Terms</b>	Distant site Physician/Provider who is performing the service (eg, E/M) Remote site	Originating site Site where patient is present Telemedicine facility
<b>Place of Service</b>	<b>02</b> (regardless of physician or provider location)	Varies, check payer contract if they want <b>02</b> or the POS that defines the location (eg, <b>11</b> - office)
<b>Billing</b>	Bill for the actual service provided (eg, office-based E/M service <b>99214</b> ) Refer to Table 2	Can bill a fee( <b>Q3014</b> ) if the site is authorized to bill

### Performing Provider

Claims for professional services should be submitted using the appropriate service code (please table see below) and the modifier "**95**" or "**GQ**."

**95** modifier: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system. Append this modifier to an appropriate CPT code (listed in **Appendix P** in the

CPT manual) for a real time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the reporting provider. The totality of the communication of information exchanged between the reporting provider and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Codes must be listed in **Appendix P** or have the symbol ★ next to the code.

**GT** modifier: Via interactive audio and video telecommunication systems. Use only when directed by your payer in lieu of modifier 95

**GQ** modifier: Providers participating in the federal telemedicine demonstration programs in Alaska or Hawaii must submit the appropriate CPT or HCPCS code for the professional service along with the modifier GQ, "via asynchronous telecommunications system."

NOTE: Medicare stopped the use of modifier GT in 2017 when the place of service code **02** (telehealth) was introduced. If your payers reject a telehealth claim and the 95 modifier is not appropriate, ask about modifier GT.

### **Hosting Facility**

CMS requires reported telemedicine services to include both an originating site and a distant site. The originating site is the location of the patient at the time the service is being furnished. The distant site is the site where the physician or other licensed practitioner delivering the service is located.

A telemedicine facility fee is paid to the originating site. Claims for the facility fee should be submitted using HCPCS code **Q3014**: "Telemedicine originating site facility fee." Originating sites include: the office of a physician or practitioner, Hospitals, Critical Access Hospitals (CAH), Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Hospital-based or CAH-based Renal Dialysis Centers (including satellites), Skilled Nursing Facilities (SNF), and Community Mental Health Centers.

CPT did not develop any coding infrastructure related to the hosting facility, therefore refer to your payer guidelines on reporting telemedicine services when you are the "host."

### **Place of Service**

New for 2017 is the place of service (POS) (**02**) for telehealth services. This was a late edition by CMS, published in the Final Rule, which is why it will not be found in the CPT 2017 edition. Use this place of service when telehealth services are being provided.

**02 Telehealth** The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

Note: It is important to be aware that CMS requires that the POS for the hosting facility align with the type of facility the site is. For example, if an outpatient hospital facility, use POS **22**, if a private office, use POS **11**. Check with your payers if you plan to bill out for the hosting facility service.

The table below lists all applicable procedural codes that can be reported as telemedicine services. They are denoted as either CMS allowed or CPT allowed (or both).

**Table 2**

<b>CY 2020 Medicare Telemedicine Services</b>	<b>HCPCS/CPT Code</b>	<b>CPT Allows</b>	<b>CMS Allows</b>
Office or other outpatient visits	99201–99215	✓	✓
Subsequent hospital care services (limit 1 telehealth visit every 3 days)	99231–99233	✓	✓
Office consultation	99241–99245	✓	
Inpatient consultation	99251–99255	✓	
Subsequent nursing facility care services (limit 1 telehealth visit every 30 days)	99307–99310	✓	✓
Transitional care management services	99495, 99496	✓	✓
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service	99354, 99355	✓	✓
Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service	99356, 99357		✓
Interactive complexity (List separately in addition to the code for primary procedure)	90785		✓
Psychiatric diagnostic interview examination	90791 and 90792	✓	✓
Individual psychotherapy	90832–90834 and 90836–90838	✓	✓
Psychotherapy for crisis	90839, 90840		✓
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	90863	✓	
Psychoanalysis	90845	✓	✓
Family psychotherapy (without the patient present)	90846	✓	✓
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847	✓	✓
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961	✓	✓
ESRD related services for home dialysis per full month, for patients, to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (Age specific)	90963, 90964, 90965		✓
ESRD related services for home dialysis per full month, for patients 20 years of age and older	90966		✓
ESRD related services for dialysis less than a full month of service, per day (Age specific)	90967, 90968, 90969, 90970		✓
Individual and group medical nutrition therapy	G0270 97802–97804	✓	✓
Administration of patient-focused health risk assessment instrument	96160		✓
Administration of caregiver-focused health risk assessment instrument	96161		✓

Neurobehavioral status examination	96116	✓	✓
Smoking cessation services	G0436 and G0437 99406 and 99407	✓	✓
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	G0396 and G0397 99408-99409	✓	✓
Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	92227	✓	
Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	92228	✓	
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days	93228, 93229	✓	
External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	93268, 93270-93272	✓	
Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	96040	✓	
<b>Individual and group health and behavior assessment and intervention</b>	<b>96150–96154*</b>		✓
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes	98960, 98961, 98962	✓	
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	G0438		✓
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	G0439		✓
Annual alcohol misuse screening, 15 minutes	G0442		✓
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443		✓
Annual depression screening, 15 minutes	G0444		✓
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	G0445		✓
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446		✓
Face-to-face behavioral counseling for obesity, 15 min	G0447		✓
Critical Care Telehealth consult, initial, 60 min	G0508		✓
Critical Care Telehealth consult, subsequent, 50 min	G0509		✓
Individual and group kidney disease education services	G0420 and G0421		✓

Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	G0108 and G0109		✓
Telehealth Pharmacologic Management	G0459		✓
Telehealth consultations, emergency department or initial inpatient	G0425–G0427		✓
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406–G0408		✓
Comprehensive assessment of and care planning by the physician or other qualified health care professional for patients requiring chronic care management services (add-on code)	G0506		✓
Prolonged preventive service(s) (beyond the typical service of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service	G0513, G0514		✓
Office-based treatment for opioid use disorder	G2086 – G2088		✓

\*Codes **96150-96154** Have been deleted in CPT for 2020 and replaced with 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, however, CMS still lists the former codes.

For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular access site.

Both [Medicare](#) and [Medicaid](#) have more information on their rules and coverage for telehealth and telemedicine services. Refer to their individual pages for more details.

For more details on state policy and legislation visit the [American Telemedicine Association](#) for more details.

For more information from the AAP on telehealth, visit the [AAP Telehealth support page](#)