

# American Academy of Pediatrics

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## Coding for Telemedicine Services

\*\*Due to the COVID-19 public health emergency (PHE), 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 2017, *Current Procedural Terminology* (CPT) published 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 facilitates recognition by private and public payers.

Telemedicine services may make up 2 distinct services, depending on where the patient is located during the telemedicine encounter. Table 1 outlines the different coding and billing requirements whether you are the “performing physician/provider” or the “hosting facility.” In addition, since alternate terms may be used, we have included those, as well:

**Table 1**

|                                    | <b>Performing Physician/Provider</b>  | <b>Hosting Facility</b>  |
|------------------------------------|---|--|
| <b>Alternate Terms</b>             | Distant site<br>Physician/Provider who is performing the service (eg, E/M)<br>Remote site             | Originating site<br>Site where patient is present<br>Telemedicine facility                                   |
| <b>Place of Service (POS) Code</b> | <b>02</b> (regardless of physician or provider location)  | Varies, check to see if payer requires <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> )<br>Refer to Table 2 | Can bill a fee( <b>Q3014</b> ) if the site is authorized to bill   |

### Performing Physician/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 telemedicine 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 does not include coding infrastructure related to the hosting facility; therefore, refer to payer guidelines on reporting telemedicine services when you are the "host."

### **Place of Service**

In 2017, CMS developed Place of Service (POS) code (**02**) for telemedicine services. Use this POS code when telemedicine 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)

\*CMS refers to POS 02 as 'telehealth' even though it is more accurately described as 'telemedicine' per the definition on page one of this document

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

Table 2 lists all applicable procedural codes that can be reported as telemedicine services. They are denoted as either CPT allowed, CMS allowed, or allowed by both CPT and CMS. Table 3 lists all services that are being allowed via telemedicine during the COVID-19 PHE.

**Table 2**

| <b>CY 2020 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 telemedicine visit every 3 days)   | 99231–99233  | ✓                 | ✓                 |
| Office consultation   | 99241–99245  | ✓                 |                   |
| Inpatient consultation  | 99251–99255  | ✓                 |                   |
| Subsequent nursing facility care services (limit 1 telemedicine 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 (Add on code)  | 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   | 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, (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<br>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<br>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)   | 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                              | ✓ |   |
| Individual and group health and behavior assessment and intervention  | 96150-96154*                       |   | ✓ |
| 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; 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 minutes   | G0447           |  | ✓ |
| Critical Care Telehealth consult, initial, 60 minutes  | G0508           |  | ✓ |
| Critical Care Telehealth consult, subsequent, 50 minutes   | G0509           |  | ✓ |
| Individual and group kidney disease education services   | G0420 and G0421 |  | ✓ |
| Individual and group diabetes self-management training services  | 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) 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.

**Limit temporarily suspended as of 3/30/2020**

Due to the COVID-19 PHE, CMS has made allowances for additional services to be received via telemedicine. CPT has not yet expanded its coverage.

**Table 3**

| Telemedicine Services Added During COVID-19 PHE |                               |             |             |
|---|-------------------------------|-------------|-------------|
| CPT/HCPCS Code                                  | Short Description             | CMS Allowed | CPT Allowed |
| 99281-99285                                     | ED Visits                     | ✓           |             |
| 99218-99220                                     | Obs Initial Care              | ✓           |             |
| 99224-99226                                     | Subsequent Obs Care           | ✓           |             |
| 99234-99236                                     | Same Day Admit/DC             | ✓           |             |
| 99217   | Obs DC                        | ✓           |             |
| 99221-99223                                     | Initial Hosp Care             | ✓           |             |
| 99238-99239                                     | Hosp DC                       | ✓           |             |
| 99477-99480                                     | Initial/Subsequent Intensive  | ✓           |             |
| 99291-99292                                     | Hourly Critical Care          | ✓           |             |
| 99468-99473                                     | Initial Critical NICU/PICU    | ✓           |             |
| 99475-99476                                     | Subsequent Critical NICU/PICU | ✓           |             |
| 99483   | Care Planning                 | ✓           |             |
| 99304-99306                                     | Initial Nursing Facility      | ✓           |             |

|   |  |   |  |
|---|--|---|--|
| 99315-99316   | Nursing Facility DC                                | ✓ |  |
| 99341-99345<br>99347-99350  | Home Visits  | ✓ |  |
| 99327-99328<br>99334-99337  | Domiciliary, Rest Home, or Custodial Care Services | ✓ |  |
| 96130-96133,<br>96136-96139   | Psychological Neuropsychological Testing           | ✓ |  |
| 97161-97168; 97110,<br>97112, 97116, 97535,<br>97750, 97755, 97760,<br>97761, 92521-92524,<br>92507 | PT/OT Services                                     | ✓ |  |
| 77427   | Radiation Treatment                                | ✓ |  |

DC, discharge; ED, emergency department; Obs, Observation; OT, occupational therapy; PT, physical therapy

For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one “hands on” visit (not telemedicine) 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 information from the AAP on telemedicine and telehealth, visit the [AAP Telehealth support page](#).