

Coding for Telemedicine is Now a Reality

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The Centers for Medicare and Medicaid Services (CMS) created a new place of service (POS) code for use by physicians and other qualified healthcare practitioners (QHPs) who furnish telehealth services from a distant site, effective January 1, 2017.

According to Medicare, services will be paid for using the Medicare Physician Fee Schedule (MPFS), including the use of the MPFS facility rate for critical access hospitals billing. The Telehealth POS code 02 would not apply to originating site facilities billing a facility fee. According to CMS, “POS codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.” CMS maintains POS codes that are used throughout the healthcare industry. Telehealth POS code 02 is described as “The location where health services and health related services are provided or received, through a telecommunication system.”

The modifiers GT (via interactive audio and video telecommunications systems) and GQ (via an asynchronous telecommunication system) are still required when billing for Medicare Telehealth services.

Services reported for Telehealth services with POS code 02, but without the GT or GQ modifier, will be denied with the following messages:

- Group Code CO
- Claim Adjustment Reason Code (CARC) 4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
- Remittance Advice Remarks Code (RARC) MA130: Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

Conversely, if you submit a bill for telehealth services with modifiers GT or GQ, but neglect to include POS code 02, your claim will be denied with the following messages:

- Group Code CO
- CARC 5: The procedure code/bill type is inconsistent with the place of service.
- RARC M77: Missing/incomplete/invalid/inappropriate place of service.

CMS has provided additional information on this change through the Medicare Learning Network. The document, MLN Matters Number MM9726, is available at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9726.pdf.

AMA/CPT Addresses Telehealth Billing Issues

The American Medical Association (AMA), through the CPT Editorial Panel, has developed a new modifier and appendix to the CPT coding manual to address telehealth billing issues. Modifier 95, Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System, will allow physicians or other QHPs to report synchronous telehealth services when rendered.

Synchronous telemedicine service is defined as a real-time interaction between a physician or other QHP and a patient who is located at a distant site from the physician or other QHP. The totality of the communication of information exchanged between the physician or other QHP 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.

While modifier 95 has been developed for reporting synchronous telehealth services, it is not known how many or which payers are currently accepting and reimbursing for services reported with modifier 95. It is important that health information managers (HIM) check individual payer policies prior to submitting claims with modifier 95 to avoid unnecessary delay in reimbursement.

Appendix P: CPT Codes that May Be Used for Synchronous Telemedicine Services

The AMA has established Appendix P for CPT to provide a list of current CPT codes that are widely recommended for synchronous telemedicine services. This appendix provides guidance on codes that may be used with modifier 95 for reporting real-time remote telehealth services. This will enable healthcare professionals to effectively respond to payment policy requirements established by other entities, as defined in Appendix A, which provides a list of modifiers applicable to CPT codes.

Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is a list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system. Just a sampling of the CPT codes that may be used for reporting synchronous telemedicine services when appended with modifier 95 include:

- Psychiatric diagnostic evaluation
- Psychotherapy
- Pharmacologic management
- End-stage renal disease
- Medical genetics and genetic counseling services
- Neurobehavioral status exam
- Smoking and tobacco use cessation counseling visit

For the full list of codes, see Appendix P in the *CPT 2017 Professional Edition*.

References

American Medical Association. CPT 2017 Professional Edition. 2016.

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