American Academy of Pediatrics
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Telemedicine Services

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

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

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."

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.

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.

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

CY 2017 Medicare Telemedicine Services	HCPCS/CPT Code	CPT Allows	CMS Allows
Telehealth consultations, emergency department or initial inpatient	G0425–G0427		✓
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406–G0408		✓
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	✓	✓
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		✓
Individual and group health and behavior assessment and intervention	96150–96154	✓	✓
Individual psychotherapy	90832–90834 and 90836–90838	✓	✓
Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	90863	✓	
Telehealth Pharmacologic Management	G0459		✓
Psychiatric diagnostic interview examination	90791 and 90792	✓	✓
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) (2017)	90967, 90968, 90969, 90970		✓
Individual and group medical nutrition therapy	G0270 97802–97804	 ✓	✓
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	 ✓	✓ ✓
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		✓
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	99495	✓	✓
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	99496	✓	✓
Psychoanalysis	90845	✓	✓
Family psychotherapy (without the patient present)	90846	✓	✓
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847	✓	✓

Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	99354	✓	✓
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 min	99355	✓	✓
Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient E/M service) (effective on/after Jan 1, 2016)	99356		✓
Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service) (effective on/after Jan 1, 2016)	99357		✓
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit (effective on/after January 1, 2015)	G0438		✓
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit (effective on/after January 1, 2015)	G0439		✓
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; review and interpretation with report by a physician or other qualified health care professional	93228	✓	
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; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	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	✓	
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; recording (includes connection, recording, and disconnection)	93270	✓	
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; transmission and analysis	93271	✓	
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; review and interpretation by a physician or other qualified health care professional	93272	✓	

Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	93298	✓	
Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	93299	✓	
Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	96040	✓	
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	✓	

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