

Telehealth Billing Breakdown

Billing for telehealth can be confusing.

It differs across each private payer, from state to state, across location types, and there are at the least annual policy changes affecting telehealth billing and reimbursement. The Upper Midwest Telehealth Resource Center (UMTRC), serving IN, IL, MI, and OH, is here to help navigate this complicated space.

Below is a quick break down of the basics to get acquainted with telehealth billing. For more in depth information, check out umtrc.org, or cchpca.org.

Common Telehealth Billing Language



Current Procedural Terminology

A medical code set to report medical, surgical, and diagnostic procedures and services.



Place of Service

The location where health services are provided or received through a telecommunication system.



Interactive Audio and Video Telecommunications

Tells the payer that a provider delivered service via telemedicine.



Synchronous telemedicine service via a real-time interactive audio and video telecommunications system.



Used for telehealth service rendered via asynchronous telecommunications system – store-and-forward.



Acute stroke telehealth services.

Originating Site: Where the patient is located

CMS Recognizes: POS 02, GT, GQ, GO

IL + MI Recognizes: GT + POS 02

OH Recognizes: Procedure Code + GT + modifies showing patient location + POS code of treating practitioner

Distant Site: Where the practitioner providing care is located

Private Payers Recognize: GT, 95

MEDICARE: 95 + POS as if in person

IN Recognizes: Procedure Code + POS 02 + Modifier 95; GT optional



@umtrc.org



@UMTRC

Please note that this is not legal advice and the UMTRC advises seeking instructions for your specific program area or provider type for further clarification.

