American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Coding for Telemedicine/Audio-Only 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 **

For 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 exception will be where noted "audio-only" may apply.

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

	Performing Physician/Provider	**Hosting Facility**
Alternate Terms	Distant site Physician/Provider who is performing the service (eg, E/M) Remote site	Originating site Site where patient is present Telemedicine facility
Place of Service (POS) Code	**02** Telehealth Provided Other than in Patient's Home	Varies, check to see if payer requires **02** or the POS that defines the location (eg, **11** Office)
	10 Telehealth Provided in Patient's Home	Effective 1/1/2022, check with your payer prior to use.
Billing	Bill for the actual service provided (eg, office-based E/M service **99214**) Refer to Table 2	Can bill a fee (**Q3014**) if the site is authorized to bill

Performing Physician/Provider:

Claims for professional services should be submitted using the appropriate service and the modifier "**95**" or "**GQ**."

Telemedicine

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 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.

Audio-Only

93 modifier: Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System

Append this modifier to an appropriate CPT code (listed in **Table 4** in this fact sheet or refer to the 2023 CPT manual) for an audio-only 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 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.

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

An additional telehealth place of service (POS) code is effective 01/01/2022 and current code 02, telehealth, is revised as follows. Watch for instructions from payers regarding implementation of POS 10. The Medicare program has chosen to continue accepting POS 02 for all telehealth services (ie, will not accept POS 10). However, Medicaid and private payers may require utilization of both codes. Practices should make changes or consult their practice management software support service to determine how to incorporate the following changes effective for services on and after 01/01/2022.

Revise

02: Telehealth Provided Other than in Patient's Home (Effective 2017)

Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

New

10: Telehealth Provided in Patient's Home (Effective 1/1/2022)

Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home(which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

*****CMS refers to POS 02 and 10 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, including audio-only. Refer to all tables in the document however, as some services are being temporarily added. 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.

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 to the services in Table 3.

Table 2

CY 2022 Telemedicine Services	HCPCS/CPT Code	CPT Allows	CMS Allows	CMS Audio-only	CPT Audio-only
Office or other outpatient visits	**99202-99205, 99211*, 99212–99215**	✓	✓*		
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**	✓	✓		
Advanced Care Planning	**99497-99498**	✓	✓	✓	✓
Prolonged service in the office/outpatient setting requiring direct patient contact	**99417**	✓			
Prolonged service in the outpatient setting (excluding office-based E/M services) requiring direct patient contact	**99354, 99355**	✓	✓	✓	✓
Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service	**99356, 99357**	✓	✓	✓	✓
Home Visits and Domiciliary, Rest Home, or Custodial Care Services	**99334, 99335, 99347, 99348**		✓		
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	**90846, 90847**	✓	✓	✓	✓
Group Psychotherapy	**90853**		✓	✓	✓
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**		✓	✓	
	97802–97804	✓		✓	✓
Administration of patient-focused health risk assessment instrument	**96160**	✓	✓	✓	✓
Administration of caregiver-focused health risk assessment instrument	**96161**	✓	✓	✓	✓
Neurobehavioral status examination	**96116, 96121***	✓	✓*	✓	✓
Smoking cessation services	**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 with analysis and report under physician supervision, unilateral or bilateral	**92227**	✓			
Remote imaging for monitoring and management of active retinal disease	**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 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	**93268, 93270-93272**	✓			
Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	**96040**	✓			
Health and behavior assessment and intervention	**96156, 96158, 96159 96164, 96165, 96167, 96168**		✓	✓	✓
Education and training for patient self-management by a qualified, nonphysician health care professional, each 30 mins	**98960, 98961, 98962**	✓			
Therapeutic Procedure	**97110, 97112, 97116**	✓	✓#		

Physical/Occupation therapy evaluation	**97161, 97162, 97165, 97166**	✓	✓#		
Therapeutic activities	**97530, 97535***	✓	✓#		✓*
Physical performance test/measurement and assistive tech assessment	**97750, 97755**	✓	✓#		
Orthotic(s) management and training or prosthetic(s) training	**97760, 97761**	✓	✓#		
Assessment of and care planning for a patient with cognitive impairment	**99483**		✓		
Annual Wellness Visit, PPPS first visit	**G0438**		✓	✓	
Annual Wellness Visit, 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**		✓	✓	
Counseling for need for lung cancer screening using low dose CT scan	**G0296**			✓	
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 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**		✓	✓	
Complex office visit add-on	**G2211**		✓	✓	

Prolonged office-based E/M service	**G2212**		✓	✓	

#Only allowed during the Public Health Emergency

Limit temporarily suspended as of 3/30/2020

Table 3

Added Telehealth Services by CMS Through the PHE	
CPT/HCPCS Code	**Short Description**
99281-99285	ED Visits
99218-99220	Obs Initial Care
99224-99226	Subsequent Obs Care
99234-99236	Same Day Admit/DC
99217	Obs DC
99221, 99222, 99223	Initial Hosp Care
99238-99239	Hosp DC
99477, 99478, 99479, 99480	Initial/Subsequent Intensive
99291-99292	Hourly Critical Care
99468, 99471, 99475	Initial Critical NICU/PICU
99469, 99472, 99476	Subsequent Critical NICU/PICU
99304, 99305, 99306	Initial Nursing Facility
99315-99316	Nursing Facility DC
99341, 99342, 99343, 99344, 99345, 99349, 99350	Home Visits
99324, 99325, 99326, 99327, 99328, 99336, 99337	Domiciliary, Rest Home, or Custodial Care Services
94664	Evaluation/Demonstration of MDI
99473	Self-measured blood pressure
96105	Assessment of aphagia
96125	Cognitive Testing
96110, 96112, 96113	Developmental Services
96127✓	Emotional/Behavioral Assessment
96130-96133✓, 96136-96139✓	Psychological Neuropsychological Testing
97150- 97158, 0373T	Adaptive Behavior Assessments/Treatments
90953, 90956, 90959, 90962	ESRD
92521-92524✓, 92526, 92507✓ , 92508 ✓, S9152	PT/OT/ Speech Services
92550, 92552, 92553, 92555, 92556, 92557, 92563, 92565, 92567, 92568, 92570, 92587, 925288	Audiologic Function Tests
92601, 92602, 92603, 92604	Cochlear Implant Services
92607, 92608, 92609, 92610	Speech-Generating Communication Device Services
90875	Psychophysiological therapy
94002, 94003, 94004, 94005	Ventilator management
92625, 92626, 92627	Other Hearing and Evaluation Services
95970, 95971, 95972, 95983, 95984	Electronic Analysis of Implanted Neurostimulator pulse generator/ transmitter
96170, 96171	Health and Behavior Assessment w/o patient
97129, 97130	Therapeutic interventions - cognitive function
99441✓, 99442✓, 99443✓	Telephone Care
93750	Interrogation of ventricular assist device
93797, 93798, G0422, G0423, G0424	Cardiac Rehab
97542	Wheelchair Management Training
77427	Radiation Treatment
0362T	Behavior identification supporting assessment

G0410	Group psychotherapy - partial hospitalization setting
G9685	E/M - acute change in condition in a nursing facility

✓ audio-only allowed by both CMS and CPT; 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.

Vignettes for Coding Telemedicine Services

The coding vignettes listed below are for informational purposes only and are only meant to guide your coding. We do not give out clinical advice. In addition, any instrument that is separately billable such as through codes such as 96161 or 96127 *must be* standardized instruments as defined by CPT.

The development of this resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,000,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

General Telemedicine Vignettes

Vignette 1

A 10-year-old established patient presents for an ADHD telemedicine follow up visit. Before the visit, MA spends 15 minutes with the family helping them connect to the telehealth platform and documenting current weight, review of systems, and current medications and supplements. The physician reviews the current medication and notes patient is doing well on her current dose of Adderall 20 mg once daily and reports no symptoms other than not wanting to eat much breakfast after she takes her medication. Grades have been stable and her teacher reports she is doing well in school except for occasional inattentiveness. The patient has been gaining appropriate weight since the last visit. Your exam (facilitated by patient's mother) reveals no abnormal findings. You decide that the patient is adequately controlled on her current Adderall dose and is not experiencing any significant side effects. Mother and patient are told to follow-up in 3 months and discuss indications for an earlier visit.

The total telemedicine face-to-face visit time is 20 minutes and you spend 10 minutes writing your note later that day. You also spent 5 minutes prior to the encounter reviewing 2 ADHD assessment scales submitted by the mother and primary teacher through your patient portal and scored by your MA earlier that same day. Patient is diagnosed with attention deficit predominately inattentive type, stable. The total physician time of 35 minutes on the date of the encounter.

ICD-10-CM	CPT
F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type	**99214** (35 minutes of time) **96162** x 2 (emotional/behavioral assessments)

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Vignette 2

37w0d patient born to a 39-year-old mother present today for a tele-sign-out encounter with the attending neonatologist, primary care pediatrician and parents. The neonatologist is joining via telemedicine. Maternal prenatal history significant for the antenatal diagnosis of giant omphalocele, skeletal abnormalities, and ventricular septal defect /atrial septal defect. Hospital course included primary omphalocele closure, nutritional advancement, medical management of VSD with diuretics, and gradual wean off respiratory support. Infant was discharged at DOL 33 to his home state without respiratory support, on diuretics. A few days after discharge, at the appointment, the pediatrician voiced concerns about tachypnea and mild retractions. The mom commented that the patient was more tachypneic than at discharge, agreeing with the concern that the baby was in mild-moderate respiratory distress. The baby was referred to a local emergency room where his cardiologist was able to exam the patient and adjust the diuretics.

The Pediatrician will report:

ICD-10-CM	CPT
R06.03 Acute respiratory distress	**99205** (based on MDM- decision for hospitalization, acute life threatening illness)

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Telemedicine for CYSHCN Vignettes

Vignette 1

5-month-old female established patient with severe hypoxic ischemic encephalopathy (HIE), bilateral hearing impairment, cortical vision impairment, dysphagia with G tube dependence, dystonia and quadriplegic cerebral palsy. Patient was seen via telemedicine after recent hospital admission to follow up on tone management as patient undergoes additional work up for seizures.

During visit physician discusses patients tone management and signs/symptoms of needing to increase medications. They also discuss how patient tone is impacting sleep and what options are available to help regulate sleep/wake cycles without making patient too sedated as patient is also on anti-seizure medications.

On exam patient is more comfortable than previously in the hospital. Patient exhibits less dystonic posturing and some emerging head control.

Overall, 75 minutes spent on preparing for visit, direct patient care, and documenting visit. Parents asked to send a MyChart message in a couple of days to monitor how she adjusts to increasing her medications and starting melatonin for sleep. Diagnoses for today's encounter were with new onset of seizures, severe hypoxic ischemic encephalopathy (HIE), dysphagia with G tube dependence, dystonia and quadriplegic cerebral palsy.

ICD-10-CM	CPT
G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes w/ simple partial seizures, not intractable, w/o status epilepticus **P91.63** Severe HIE **G80.8** Other cerebral palsy **G24.9** Dystonia, unspecified **R13.10** Dysphagia, unspecified **Z93.1** Gastrostomy status	**99215** (based on time) **99417** x2 (prolonged services totally 75 mins)

Note: Some payers will not allow prolonged services to begin until 15 minutes of time has passed, so 69 mins. Know your payer rules.

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Vignette 2

1-year-old child with a genetic syndrome, epilepsy, on ketogenic diet and G tube fed, hospitalized with urinary retention, urosepsis, increased seizure activity, and oxygen requirement. The hospitalist team reaches out to the primary care physician and care coordinator. A telemedicine visit is set up before discharge over the weekend and patient is discharged on home oxygen. A reminder link is sent the day of the visit. Information about oxygen need and urine output are sent to the care coordinator in advance of the telemedicine visit. The physician and the care coordinator join the telemedicine visit on separate screens, and the physician consults the pediatric pulmonologist via secure text messaging. The patient's alertness and physical activity are observed on the screen. The plan of care addresses the urinary tract infection, recent onset of urinary retention, oral and gastrostomy tube feeding, oxygen dependence, and re-initiation of physical therapy. Scripts are electronically sent to the local pharmacy and orders are prepared for the care coordinator to send to home nursing. The care coordinator sets up the 1 month follow up appointment before the telemedicine ends. The encounter takes 50 minutes and the time involved is documented accordingly.

Pediatrician

ICD-10-CM	CPT
N39.0 Urinary tract infection, site not specified **R33.8** Other retention of urine **G40.319** Generalized idiopathic epilepsy and epileptic syndromes, intractable w/o status epilepticus **Z93.1** Gastrostomy status	**99215 (time spent 50 minutes)**

Z99.81 Dependence on supplemental oxygen **Z15.89** Genetic susceptibility to other disease	

Report the Place of Service (POS) Code (eg, 02, 10, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Pulmonologist

It is possibly to submit a claim for the electronic consultation. A code would be chosen from the Interprofessional Telephone/Internet/Electronic Health Record Consultations Internet/Electronic Health Record Consultation services. However, this is only appropriate if a verbal and written report (**99446- 99449**) or simply a written report (**99451**) is sent back to the requesting physician. The pulmonologist would choose one code to submit.

Vignette 3

5-year-old newly diagnosed established patient with autism who is having increasing behavioral challenges at school. Patient has recently started back to in-person school full time and school is noting impulsive behavior including elopement and self-injury. School staff are concerned about child's safety. Patient does not have an IEP. A telemedicine visit is coordinated and conducted with the mom, primary care pediatrician, assistant principal, and paraprofessional. Recent autism diagnostic evaluations were reviewed the same day by the physician. ADHD combined type had been suspected at a previous visit but school information was lacking. With the new information, the diagnosis is confirmed. Treatment options are discussed including risks and benefits of medicine. The patient's team remained active throughout the virtual visit and engaged in problem solving around this child's behaviors and treatment plan. Behavioral modification resources and education were provided. A trial of stimulant medication was initiated, and all team members understood side effects and expectations of treatment plan. Time spent was 45 minutes in the telemedicine visit and an additional 15 minutes was spent by the physician preparing for the visit and documenting the new care plan.

ICD-10-CM	CPT
F84.0 Autistic disorder **F90.2** Attention-deficit hyperactivity disorder, combined type	**99215** (first 54 minutes) **99417** (Prolonged services, additional 6 mins)

Note: Some payers will not allow prolonged services to begin until 15 minutes of time has passed, so 69 mins. Know your payer rules.

Report the Place of Service (POS) Code (eg, 02, 10 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Vignette 4

28-month-old established patient has a telemedicine visit for a concern of autism. Documents reviewed prior to patient coming to the visit include MCHAT, past WCC documentation from 9-, 12-, 15-, 18-, 24- month WCC. Developmental screening was reviewed prior to appointment as well. During the visit, physician completes a comprehensive developmental history and DSM5 history to elucidate autism symptoms from other developmental behavioral concerns that may present at this age. Additionally, direct behavioral observation is obtained using the STAT (Screening Tool for Autism in Toddlers), scored and interpreted, took 25 minutes. The nurse receives the early intervention evaluation report including notes from speech, occupational and physical therapy. This document is reviewed, and a diagnosis of autism is made. Total time spent with child including pre and post clinic components 80 minutes (excludes time spent in separately reported screening service).

ICD-10-CM	CPT
F84.0 Autistic disorder	**99215 25** (first 54 minutes) **99417** x 2 (additional 26 minutes) **96110** (STAT)

Note: The STAT is a subjective and objective instrument to screen/test for Autism. It could qualify under the developmental testing codes 96112-96113, however, in this case the time threshold was not met (ie, 31 mins).

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Telemedicine for Adolescent Health Care

Vignette 1

18-year-old established patient is doing a telehealth visit to follow up on initial implant placement for birth control. Patient is stable. Implant was placed 4 weeks ago. Patient is stable and has not had any major concerns. Patient did well with the implant and is having some irregular but mild vaginal bleeding which is tolerable for now.

Patient did a follow up pregnancy test as directed yesterday and it was negative. Patient shows physician her arm and it is observed that it is well healed, and the implant is easy to feel under the skin of her left arm. Importance of condoms for infection prevention and yearly follow up well visits is discussed. Patient is encouraged to take a woman's vitamin with folic acid every day. Signs of STIs were discussed briefly, as patient is sexually active. STI screening test results were reviewed with patient, results are negative. Total time spent is 15 minutes

ICD-10-CM	CPT
Z30.46 Encounter for surveillance of implantable subdermal contraceptive	**99212** (based on MDM or time)

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Vignette 2

14-year-old female established patient scheduled for annual exam via telehealth. Age-appropriate history and exam were completed as allowed. Standardized screening for depression, substance use, and food insecurity were administered and documented. During her assessment it was noted that she is sexually active, and the patient was requesting to start birth control. Prior to prescribing, the physician recommended she be tested for sexually transmitted infections. She also reported (and was confirmed on screening) being depressed and her family needed food support.

She was subsequently seen for follow up in-person visit. This visit was conducted confidentially (parents waited outside). At this visit, a script for STI testing including Chlamydia and Gonorrhea, as well as HIV and Syphilis screening labs, were provided. The patient stated that on occasion she had irregular or missed periods, and her last menstrual period was > 4 weeks prior. A pregnancy test was done in-house, and the results were negative. The physician consulted with the patient on birth control options, and given the patient had no medical contraindications, it was agreed that a combined hormonal birth control pill would be a good method to both regulate her menses as well as provide birth control. Subsequently, a combined hormonal birth control pill was prescribed. It was also noted that the anti-depressant medication considered for treatment of her depression had no drug interactions with her birth control pill option. Given the patients current depressed mood, it was agreed that a telehealth visit would be arranged to assess her depression symptoms after starting both anti-depressant medication and birth control.

Her parents came into the room to discuss her depression symptoms, and medication for depression was initiated as was a referral for counseling made. Total time spent was 35 minutes, including 15 minutes of time with the patient, 10 minutes of time with patient and parents, and 10 minutes of non-direct follow-up work with the counselor.

As all children should ideally receive all comprehensive components of the PMS visit, the American Academy of Pediatrics strongly recommends a second (in-person) visit, wherever and whenever feasible, to complete components that were not able to be accomplished during the telemedicine PMS visit. Payment for this second visit will be included (bundled) in the initial full PMS payment. While guidance for the reporting of CPT and ICD-10-CM codes is included below, we defer to individual payer policy regarding Place of Service (POS) codes and telemedicine modifier application.

Initial Telehealth Encounter

ICD-10-CM	CPT
Z00.121 Routine well child exam	**99394** (Preventive Service 12-17 years)
Z13.31 Encounter for screening for depression **F32.A** Depression, unspecified	**96127**(Screen for depression)
Z00.121 Routine well child exam	**96160 59** (Screen for substance use)
Z00.121, Z59.41 Food insecurity	**96160 59** (Food insecurity screen)

No modifier should be required on the 99394, however, your payer policies may differ.

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

In-Office Visit

ICD-10-CM	CPT
F32.A Depression, unspecified **N92.6** Irregular menstruation, unspecified **Z30.011** Encounter for initial prescription of contraceptive pills	**99214** (based on 35 mins of time)
N92.6 Irregular menstruation, unspecified **Z30.011** Encounter for initial prescription of contraceptive pills	**81025** (Urine pregnancy test)

Telehealth for Mental/Behavioral Health

Vignette 1

An 8-year-old established patient with a history of early speech delay is struggling in 2nd grade and is going to be retained presents on a telehealth visit. He often does not finish tests and sometimes does not pay attention at school. Homework is a fight every day and he has meltdowns at home when parents try to start homework. During homework, he spends significant amounts of time writing and rewriting answers. Each school year he struggles to get back into a school routine, including asking to stay home and refusing to leave the car at school drop off. Four Vanderbilt report forms were sent out to gather information from parents and teachers to look at attention, activity, and impulsivity. The parent returned 3 forms, and on scoring, inattentive symptoms are high at school while parents endorse symptoms of defiance; no hyperactivity or impulsivity is seen in either environment. Physician asks the mom and patient to complete an anxiety screening instrument for anxiety today, available online. These are significantly elevated. Patient was diagnosed with generalized anxiety disorder based on history and results from the anxiety screening and a yet to be determined learning disability. Physician additionally counsels the parents around steps for requesting school psychoeducational evaluation. The entire appointment (not including time spent scoring screens) is 35 minutes duration.

ICD-10-CM	CPT
F41.1 Generalized anxiety disorder	**99214** (based on 35 mins of time)
F41.1 Generalized anxiety disorder	**96127** x 2 (standardized emotional/ behavioral assessment)

Note: Although 5 emotional/behavioral health assessments were scored and documented, most payers will not allow more than 2 per day. If your payer allows more, report all 5, 2 per line and 3 per line.

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Vignette 2

In-Office Encounter:

9-year-old established patient comes in for her annual physical and flu shot. Mom discusses how hard it is to get her to go outside because she is scared of getting COVID-19. Since COVID started patient is having a hard time falling asleep and worries about her family and friends getting sick. Patient is still eating ok and gets

good grades, however, she is finding it harder and harder to pay attention in school. As part of the routine well visit, an emotional and behavioral problems checklist screen was filled out and was positive for internalizing symptoms.

The physician completes the age-appropriate history and exam and provides anticipatory guidance. Physician counsels and orders the annual flu vaccine.
In addition, the physician addresses the positive subscale of the emotional/behavioral checklist and chief concern of scared going outside and worrisome behaviors.

Patient complains of belly pain, no associated symptoms, nl bms, PE nl, growth normal.

Pediatrician discusses techniques to try at home such as belly breathing and worry box and suggests patient going outside for 2 minutes at a time setting a timer. Patient is sent home with an anxiety rating scale and is to follow-up via telemedicine visit in 2 weeks. An additional 10 minutes was spent talking with the mom and patient about normalizing her fears and working on overcoming. The mom also talks alone with the physician to discuss signs of suicide ideation for an additional 5 minutes. Patient talked more about issues with concentration at school and thinks her worry might be causing it. Physician diagnoses the patient with signs and symptoms until the scales can be completed and a follow-up done.

In-Office Encounter

ICD-10-CM	CPT
Z00.121 Routine well child exam	**99393 25** (preventive medicine, age 9-11)
R45.82 Worries **R41.840** Attention and concentration deficit	**99212 25** (15 mins of time)
R45.82 **R41.840**	**96127** (emotional/behavioral checklist)
Z23 Vaccine encounter	**90460** (Vaccine administration) **90672** (Influenza product)

Telemedicine visit

Pediatrician asked mom where the worry box was and if the patient was going outside, as suggested. Mom wasn't consistent with the worry box and tried having patient go outside for 30 seconds but the patient would get very upset. Pediatrician referred the patient for cognitive behavioral therapy (CBT) and discussed continuing brief interventions and return in 8 weeks.

The total telemedicine face-to-face visit time is 15 minutes and pediatrician spend 5 minutes writing note later that day. Pediatrician also spent 5 minutes prior to the encounter reviewing and scoring the anxiety rating scale and researching CBT therapists in their community earlier that same day. Patient was diagnosed with anxiety disorder unspecified based on history and anxiety rating scale information. The total physician time of 25 minutes on the date of the encounter.

ICD-10-CM	CPT
F41.9 Anxiety disorder, unspecified	**99213** (based on 25 mins of time)
F41.9	**96127** (anxiety rating scale)

Report the Place of Service (POS) Code (eg, 02, 10, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99202-99215) telemedicine visits.

Additional Resources:

Coding fact sheets for general adolescent health services and mental health services (eg, ADHD, anxiety, depression) can be found here.