

TELEHEALTH BILLING GUIDE

Navigating Virtual Care Codes, Modifiers, and Place of Service Rules

TELEHEALTH BILLING FRAMEWORK

Telehealth allows healthcare providers to deliver services remotely using modern communications technology. Outpatient telehealth encounters require tracking specific modifiers and location codes to ensure accurate billing.

PLACE OF SERVICE (POS) DESIGNATIONS

- **POS 02 (Telehealth Non-Home):** Used when the patient receives virtual care at an eligible site that is not their home, like a rural satellite clinic.
- **POS 10 (Telehealth Home):** Used when the patient is located in their own private home during the virtual visit. These claims are paid at the standard non-facility office rate.

ESSENTIAL TELEHEALTH MODIFIERS

1. **Modifier 95:** Synchronous telemedicine service delivered via a real-time, interactive audio and video system. This is mandatory for most commercial plans.
2. **Modifier FQ:** Virtual service delivered using audio-only technology. This is limited to certain behavioral health services or specific geographic exceptions.
3. **Modifier 93:** Synchronous telemedicine service delivered via audio-only communications where explicit state or payer approvals apply.

MANDATORY DOCUMENTATION ELEMENTS

Every telehealth chart note must explicitly document: the provider's physical location, the patient's physical location, the specific HIPAA-compliant platform used, and a clear note confirming that the patient gave verbal or written consent for virtual billing.