

October 22, 2020

Billing guidance for behavioral health telehealth visits

Dear Behavioral Health Providers,

For telemedicine delivered to HPSM Medi-Cal, HealthWorx and CareAdvantage members, please follow CMS guidelines for appropriate billing: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.

Place of Service Code

Place of service code 02 is reimbursed by Medicare at the facility rate. In order to be reimbursed at the non-facility rate, as applicable, for telemedicine please follow the guidance provided by Medicare outlined below.

When billing professional claims for all telehealth services for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been had the service been furnished in-person. If you previously would have provided the service in the office, you should enter the POS code for office on the form, i.e., the Place of Service code for an office visit is 11.

For a list of Place of Service codes, please click here:

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.

Telemedicine Modifier

Modifiers are used to supplement information or adjust care descriptions to provide extra details concerning a procedure or service provided by a provider.

When billing professional claims for all telehealth services for the duration of the Public Health Emergency (PHE), bill Modifier 95, indicating that the service rendered was actually performed via telehealth.

Please be sure to always check the most current billing guidance from Medicare as codes and policies are subject to change.

If you have questions about this notice, please email psinquiries@hpsm.org.

Thank you,

HPSM Provider Services