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# Telehealth Place of Service Coding

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## **TELEHEALTH WORKGROUP**

An overview of coding options for identifying the Place of Service for telehealth services in claims and eligibility and benefits transactions.

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## PURPOSE

The purpose of this paper is to provide an overview of options for coding with the Place of Service (POS) code set for telehealth services for claims and eligibility and benefits transactions. Also included are findings from the recent WEDI survey of current POS coding practices by health care providers and health plans or payers. The goal of this paper is to demonstrate available options for telehealth POS coding and share information from the survey on how organizations are coding the POS.

## INTRODUCTION

There are primarily two options for coding the POS for telehealth services. The first option is to use the POS codes designated for telehealth services along with a procedure modifier to identify the type of telehealth technology used. The second option is to use the POS code for the location of the patient with a procedure modifier, again, identifying the telehealth technology used. The procedure modifiers are from either the Current Procedural Terminology (CPT)<sup>1</sup> or Healthcare Common Procedure Coding System (HCPCS)<sup>2</sup> code sets. These POS coding options will be further explained.

Health plans and payers are the receivers of the POS codes in the professional claim and eligibility and benefits inquiry transactions. Some health plans and payers establish the requirements for which POS codes are reported. Providers should always follow the instructions provided by the health plan or payer for reporting the POS codes.

## SCOPE

The scope of this paper is to provide information on the options for coding POS for telehealth services. This document does not establish any requirements for what providers must send or what health plans or payers must accept for POS coding in claims or eligibility and benefits transactions.

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<sup>1</sup> CPT® information is available at: <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>. It is maintained by the American Medical Association (AMA).

<sup>2</sup> HCPCS information is available at: <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>. It is developed and maintained by CMS.

## PLACE OF SERVICE CODES

The POS code set is a list of locations where health care services are provided to patients. The code set is maintained by the Centers for Medicare & Medicaid Services (CMS). While the code set establishes standard codes and descriptions of the service locations, health plans and payers set the instructions and policies for which POS codes they accept. The current list of POS codes is available at: <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>.

The POS codes are used in the professional claim and eligibility and benefits transactions to identify the location of where the services were rendered or intend to be rendered. Procedure modifiers are reported with the procedure code to provide additional information about the procedure.

In the X12 Health Care Claim: Professional 005010X222 Technical Report Type 3 (837P)<sup>3</sup>, POS is reported in the claim (CLM) segment or service (SV1) segment, depending on whether it is the same POS or different for each of the services reported in the claim. The procedure modifier is also reported, along with the procedure code, in the service segment.

In the inquiry transaction of the X12 Health Care Eligibility and Benefit Inquiry and Response 005010X203 Technical Report Type 3 (270/271)<sup>4</sup>, POS is reported in the additional inquiry information (III) segments separately for the subscriber or dependent. The procedure modifier is reported with the procedure code in the eligibility or benefit inquiry (EQ) segment, again, for either the subscriber or dependent.

In the eligibility and benefit response transaction, the POS and procedure modifier are reported back to the requester for the subscriber or dependent, as submitted in the inquiry. The POS is reported in the eligibility and benefit information (III) segment. The procedure modifier is reported along with the procedure code in the eligibility benefit information (EB) segment.

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<sup>3</sup> Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N. Health Care Claim: Professional (837), 005010X222. Washington Publishing Company, May 2006. <<http://www.wpc-edi.com>>.

<sup>4</sup> Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N. Health Care Eligibility Benefit Inquiry and Response (270/271), 005010X203. Washington Publishing Company, February 2007. <<http://www.wpc-edi.com>>.

## POS CODING OPTION 1: Telehealth Specific POS Codes

For the first coding option, Table 1 shows the POS codes available for telehealth.

Table 1: Telehealth specific POS codes

Code	POS Name	POS Description
02	Telehealth Provided Other than in Patient's Home	The location where the 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.
10	Telehealth Provided in Patient's Home	The location where the 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.

The POS codes identify that the patient was either at their home or in another location at the time the telehealth service was performed.

Table 2 is the list of most frequently used telehealth procedure modifiers. They identify whether the service was performed in an interactive audio-only or audio and video format. Payers set the requirements for which procedure modifiers they will accept.

Table 2: Telehealth procedure modifiers

Procedure Modifier	Procedure Modifier Description
93 (CPT)	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system
95 (CPT)	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
GT (HCPCS)	Via interactive audio and video telecommunications systems

## Professional Claim Examples

Example 1: Mary is scheduled for a follow-up appointment with her neurologist on Wednesday morning. The weather forecast is predicting a snowstorm starting on Tuesday evening. The neurologist's office scheduler calls Mary on Monday and asks her if she would like to switch her in-person appointment to an audio-video telehealth appointment to avoid driving in the snow or cancelation of the appointment. Mary accepts the switch and has her appointment from home on Wednesday as scheduled.

This service would be coded in the claim as:

POS: 10 (telehealth in home)  
Procedure modifier: 95 or GT (audio-video)

Example 2: John is traveling for work. He wakes up in the morning at the hotel with a red, swollen eye. He schedules an on-demand, audio-video telehealth visit. During the visit, he was diagnosed with an eye infection and prescribed an antibiotic eye drop.

This service would be coded in the claim as:

POS: 02 (telehealth other than home)  
Procedure modifier: 95 or GT (audio-video)

Example 3: Bob has chronic depression and sees a psychiatrist weekly. During the pandemic, his psychiatrist's staff changed the appointments to audio-only via telehealth due to the shut-down of in-person visits and an inability for Bob to go without treatment.

This service would be coded in the claim as:

POS: 10 (telehealth in home)  
Procedure modifier: 93 (audio-only)

## Eligibility and Benefits Examples

Example 1: Mary has routine follow-up appointments with her neurologist. The office location is 45 minutes from her home. To limit the number of times she must drive to the office, she asks if any of her appointments can be provided via an audio-video format while she is at home. The office staff checks Mary's eligibility and benefits for audio-video telehealth services and receives a response from the health plan that she is covered for this service.

This service would be coded in the eligibility inquiry and response as:

POS: 10 (telehealth in home)  
Procedure modifier: 95 or GT (audio-video)

Example 2: Bob sees his psychiatrist weekly for chronic depression. While most weeks he sees his physician in-person in the office, some weeks he has conflicts in his schedule that prevent him from leaving his office and driving to the physician's office. He asks the office scheduler if he can periodically have his visits switched to audio-only telehealth to avoid rescheduling or canceling on the days he is unable to be in-person. The scheduler checks Bob's eligibility and benefits and receives a response from the health plan that this audio-only telehealth services is covered.

This service would be coded in the eligibility inquiry and response as:

POS: 02 (telehealth other than home)  
Procedure modifier: 93 (audio-only)

## POS CODING OPTION 2: Location Specific POS Codes

The second option for coding the POS for the telehealth service is to use any of the specific locations of the patient paired with the procedure modifier identifying that a telehealth service was performed. The same procedure modifiers (93, 95, and GT) apply in this option and identify how the service was performed, i.e., interactive audio-only or interaction audio-video.

Table 3 provides a sample of some POS codes that can be used for this option. Other POS codes may also be applicable for this option.

Table 3: Sample of POS codes

Code	POS Name	POS Description
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
99	Other Place of Service	Other place of service not identified above.



## Professional Claim Examples

Example 1: Mary is in a car accident late at night and is taken to the nearest Emergency Department. She is experiencing neurologic symptoms of a headache and numbness in her arms. There is no neurologist on call at the hospital, but they have a set-up to provide neurology consults via interactive audio-video technology, which is completed.

This service would be coded in the claim as:

POS: 23 (emergency room)  
Procedure modifier: 95 or GT (audio-video)

Example 2: John has end-stage lung cancer and is in a hospice-care facility. He has routine audio-only telehealth visits with his oncologist.

This service would be coded in the claim as:

POS: 34 (hospice)  
Procedure modifier: 93 (audio-only)

## Eligibility and Benefits Examples

Example 1: Mary is having hip replacement surgery. She will be discharged from the hospital to an inpatient rehab facility. As part of the overall check for eligibility and benefits, the surgeon's administrator checks to see if the patient has coverage for interactive audio-video telehealth services in case the surgeon wants to follow up with the patient via telehealth while she is still at the inpatient rehab facility.

This service would be coded in the eligibility inquiry and response as:

POS: 61 (inpatient rehab)  
Procedure modifier: 95 or GT (audio-video)

Example 2: Bob is being admitted to a skilled nursing facility. During the admission process, the administrator checks his eligibility and benefits for coverage of audio-only telehealth services with his psychiatrist for his ongoing therapy for chronic depression.

This service would be coded in the eligibility inquiry and response as:

POS: 31 (skilled nursing facility)  
Procedure modifier: 93 (audio-only)

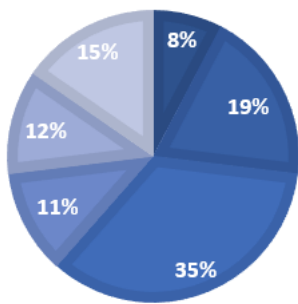
# WEDI POS SURVEY RESULTS

From January to February 2024, WEDI conducted a survey about POS coding. The survey was targeted specifically to health care providers and health plans or payers. The total number of responses was 52 and was evenly split with 26 providers and 26 health plans or payers.

Because the number of responses to this survey is limited, the results are not representative of how POS coding is done across these groups. The results are, however, interesting anecdotal information about how POS coding is being done.

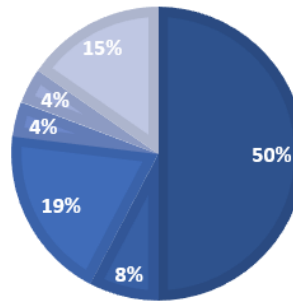
Figure 1: Provider and health plan or payer respondents

## HEALTH CARE PROVIDERS



- Hospital, single location
- Health system, multiple facilities and locations
- Group practice, more than one clinician or specialty
- Single clinician practice
- Dental provider
- Other

## HEALTH PLANS OR PAYERS



- Private/Commercial
- Medicare
- Medicaid
- Federal program, other than Medicare or Medicaid
- Workers' compensation, property and casualty
- Other

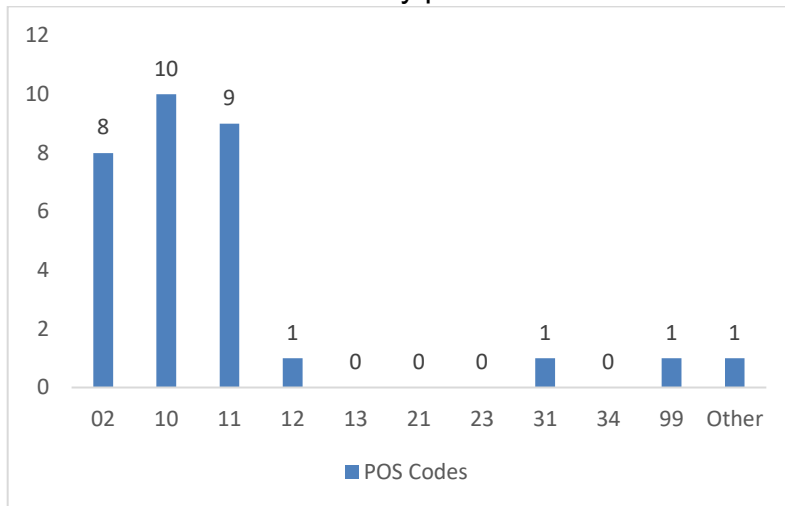
The “other” providers were medical specialty societies and a chain treatment provider. The “other” health plans or payers had multiple lines of business and one was a clearinghouse.

## Provider Survey Results

### Claim:

Of the 26 provider responders, 22 submit claims for telehealth services. Of those 22, 12 have received specific instructions from their health plans or payers on POS codes and procedure modifiers to use when submitting telehealth claims. Three responded they had not received specific instructions. Table 4 shows the POS codes the responders submit for telehealth claims.

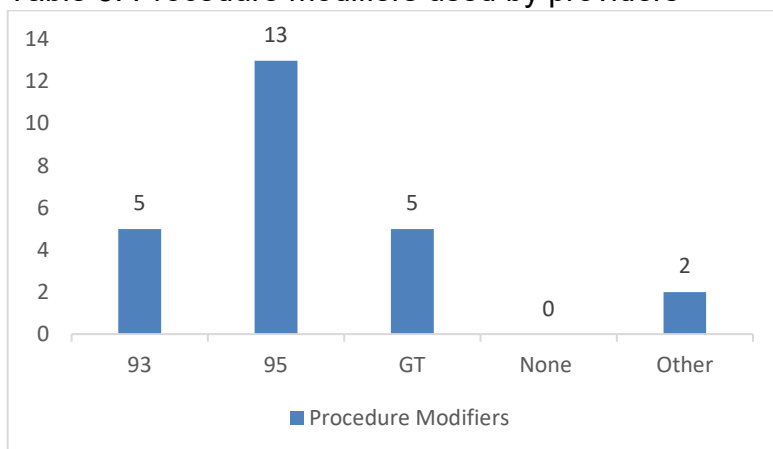
Table 4: POS codes used by providers



The other response was POS 65 – End State Renal Disease Treatment Facility.

Table 5 shows the use of procedure modifiers by the responding providers.

Table 5: Procedure modifiers used by providers



The “other” responses were: 1) tele-dentistry and 2) not sure.

### Benefit and Eligibility:

Of the 15 provider responders, only four responded that they submit POS codes in benefit and eligibility transactions. Three responded to the question about whether their health plans or payers have provided instructions for which POS code to submit. The responses were two have and one has not. The POS codes instructed to be submitted were 02 (telehealth other than home), 10 (telehealth in home), 11 (office), and 31 (skilled nursing facility). Of the three providers that responded about claim denials, all three have not had a claimed denied because the POS code in the eligibility and benefit transaction was different than the one submitted in the claim.

## Health Plan or Payer Survey Results

### Claim:

Of the 26 health plan or payer responders, 25 accept claims for telehealth services. Of those 25, 10 provide specific instructions to providers on POS codes to use when submitting telehealth claims. Five responded they do not provide specific instructions. Table 6 shows the POS codes the responders accept for telehealth claims.

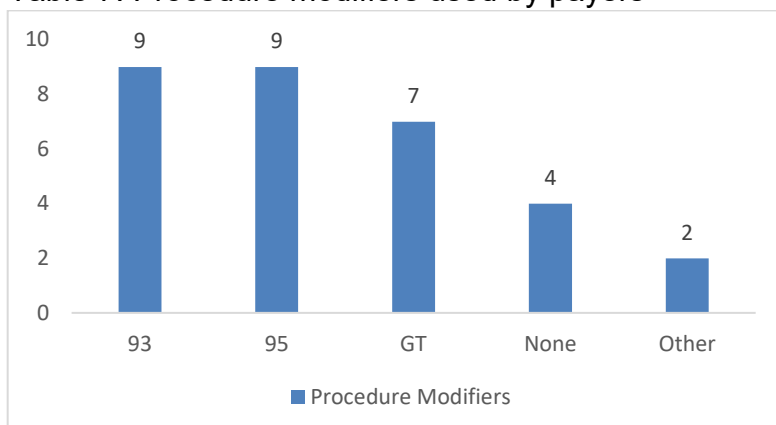
Table 6: POS codes used by health plans or payers



The two “other” comments were: 1) they could accept any of the above POS codes and 2) they crosswalk the POS codes to their internal place of treatment codes.

Eight health plans or payers responded that they provide specific instructions to providers on which procedure modifiers to use when submitting telehealth claims. Seven responded they do not provide these specific instructions. Table 7 shows the procedure modifiers the responders accept for telehealth claims.

Table 7: Procedure modifiers used by payers



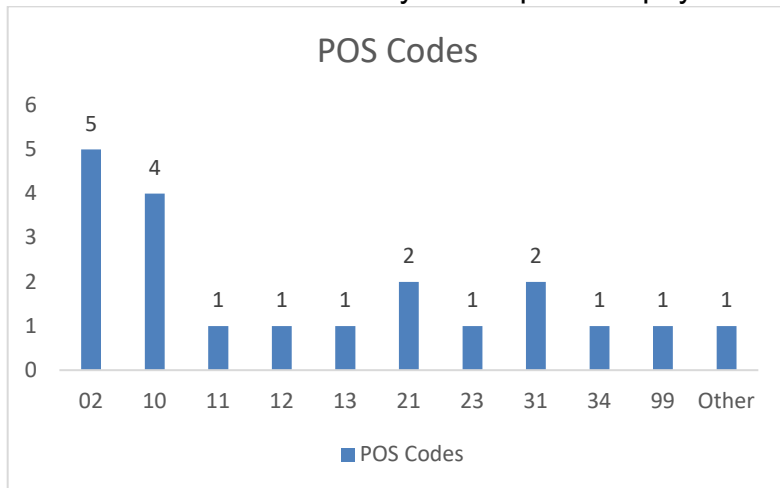
The two “other” responses were that they also accept the following HCPCS procedure modifiers:

- FQ (The service was furnished using audio-only communication technology)
- FR (The supervising practitioner was present through two-way, audio/video communication technology)
- G0 (Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke)
- GQ (Via asynchronous telecommunications system)

### Benefit and Eligibility:

When asked if the health plan or payer requires a POS code be submitted in the eligibility and benefits transaction, six answered yes and 10 answered no. Of the six that require a POS code, three provide instructions to their providers and two do not. The POS codes accepted are shown in Table 8.

Table 8: POS codes used by health plans or payers



The “other” response was that they can use all POS codes to check a patient’s benefits.

On the question of whether a health plan or payer denies a claim because the POS code reported in the claim differs from the one submitted in the eligibility inquiry, there were five responses. Three responded that they do deny the claim and two responded that they do not.

### Additional information:

Survey respondents were asked if they had any additional information they wished to share about POS coding. One response was received from a provider stating that health plan requirements vary greatly, and it would be nice to have a standard way of submitting POS in claims.

## SUMMARY

There are two overall options for how to code POS in claims and eligibility and benefit transactions. Both are reasonable options and are similar in data reporting effort. The decision as to which option to use will depend on the requirements of the health plan or payer.

The results of the WEDI survey, while not large enough to be representative of the industry at-large, show that both options are in use, as evidenced by more than POS codes 02 and 10 being sent by providers and accepted by health plans or payers. A more in-depth survey or study would be needed to better understand the data needs related to POS and interpretation of the relationship of the POS codes for eligibility and benefits compared to the later service's claim.

## ACKNOWLEDGEMENTS

The Telehealth Workgroup co-chairs thank the WEDI members for their interest and participation in WEDI's telehealth work.

## APPENDIX - ABBREVIATIONS

CMS – Centers for Medicare & Medicaid Services

CPT – Current Procedural Terminology

HCPCS – Healthcare Common Procedure Coding System

POS – Place of Service