

Coding Policy

Synchronous Audio-Only Telemedicine Services

CODING POLICY NUMBER: 92

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

POLICY STATEMENT

- I. Audio-only telemedicine services are synchronous (real-time) interactive verbal communication evaluation and management (E/M) services provided by a physician or other qualified health care professional.
- II. Audio-only telemedicine services are used in lieu of an in-person service when medically appropriate to address the care of the patient and when the patient and/or family/caregiver agree to this format of care.
- III. The service for CPT codes 98008-98016 must exceed 10 minutes of medical discussion.

- IV. Audio-only telemedicine services (CPT codes 98008-98015, 98016, 98966-98968) may NOT be used to report non-evaluative services such as communication of test results, scheduling of appointments, or other communication that does not include medical evaluation and assessment and/or management.
- V. Unless stated otherwise in this policy, all CPT guidelines for use of these codes must be followed.
- VI. Audio-only telemedicine services may not be billed “incident to.” Only providers credentialed with Company may perform these services and must bill Company directly.

PROCEDURE

GENERAL

CPT CODES 98008-98016

The physician or other qualified health care professional may report the appropriate code based on total time on the date of the encounter or based on medical decision making (MDM) as defined in the CPT book.

The service must exceed 10 minutes of medical discussion to use codes in the range 98008-98015.

Use CPT code 98016 (Brief communication technology-based service) to report audio-only telemedicine services for established patients with 5-10 minutes of medical discussion. **Do not report services of less than 5 minutes of medical discussion.** Do not report CPT code 98016 with CPT codes 98008-98015.

Do not report CPT codes 98008-98015 with CPT codes 93792-93793.

Do not report CPT codes 98008-98015 when using CPT codes 99374-99375, 99377-99380 for the same call(s).

New Patient:

- **98008:** Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **15 minutes must be met or exceeded.**

- **98009:** Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **30 minutes must be met or exceeded.**
- **98010:** Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **45 minutes must be met or exceeded.**
- **98011:** Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **60 minutes must be met or exceeded.**

NOTE: Code 98011 is used for visits of 60 minutes or longer. No additional payment is made for visits longer than 60 minutes. Company does not recognize CPT code 99417.

Established Patient:

- **98012:** Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **10 minutes must be exceeded.**
- **98013:** Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **20 minutes must be met or exceeded.**
- **98014:** Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **30 minutes must be met or exceeded.**
- **98015:** Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, **40 minutes must be met or exceeded.**

NOTE: Code 98015 is used for visits of 40 minutes or longer. No additional payment is made for visits longer than 40 minutes. Company does not recognize CPT code 99417.

- **98016:** Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion

CPT CODES 98966-98968

CPT codes 98966-98968 may be billed by qualified non-physician health care professionals who are credentialed with PHP and who bill PHP directly. **These codes may not be billed as “incident to” services under a different provider’s name.** Codes 98966-98968 are allowed for established patients. All CPT guidelines for use of these codes must be followed.

- **98966:** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **98967:** Telephone assessment and management service (same as above); 11-20 minutes of medical discussion
- **98968:** Telephone assessment and management service (same as above); 21-30 minutes of medical discussion

Note: Code 98968 is used for visits of 21 minutes or longer. No additional payment is made for visits longer than 30 minutes.

DOCUMENTATION

Documentation for CPT codes 98008-98016 and 98966-98968 should model SOAP charting and must include patient history, provider assessment, treatment plan, and follow-up instructions. Documentation must be adequate to support the assessment and plan and must be retained in the patient’s medical record and be retrievable.

PLACE OF SERVICE

Use either location code 02 or location code 10 for audio-only visits, depending on the patient’s location when the service is performed. Modifiers GT, 95, 93, and FQ are not required but will not affect payment if used.

- Location code 02: Patient is located in hospital or other facility when receiving health services or health related services through telecommunication technology. Services billed with location code 02 will be paid at the facility rate.
- Location code 10: Patient is located in any location other than a hospital or other facility when receiving health services or health related services through telecommunication technology. Services billed with location code 10 will be paid at the non-facility rate.

REFERENCES

1. Current Procedural Terminology (CPT)

POLICY REVISION HISTORY

Date	Revision Summary
3/2020	Original policy effective date.
3/2023	Annual review. Converted to new template 5/2023.
9/2023	Changes made to this policy for the PHE have been extended through December 31, 2024.
1/2024	Annual review. No changes to policy.
1/2025	Removed reference to provisions made for the COVID-19 Public Health Emergency. Removed CPT codes 99441-99443, which were deleted effective 12/31/2024. Added CPT codes 98000-98016, which were effective 1/1/2025. Changed title from "Telephone Services" to "Synchronous Audio-Only Telemedicine Services."