

New CPT® Modifier for Telemedicine Services

New for 2017, the American Medical Association (AMA) created a CPT® modifier for use with specific CPT® codes to indicate a service was provided using interactive, real-time, synchronous telemedicine technology.¹ According to the official AMA coding guidelines, Modifier 95 – *Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System* may only be appended to a specific set of CPT® codes. Those codes are listed in *Appendix P, CPT® Codes that May Be Used for Synchronous Telemedicine Services*, of the 2017 CPT® code book. In addition to being listed in Appendix P, codes appropriate for use with modifier 95 are indicated by a star symbol (★) throughout the CPT® code book.

The new AMA modifier is not applicable for Medicare telemedicine services. When submitting claims for services under the Medicare Physician Fee Schedule, claims should still be submitted using the appropriate CPT® or HCPCS code for the professional service along with the telemedical modifier GT – *via interactive audio and video telecommunications systems*. Medicare guidance states that when using the GT modifier this indicates the provider is certifying “the beneficiary was present at an eligible originating site” at the time the telemedical service was provided.

Clinical Example: Subsequent visit on third day of hospitalization for a 60-year-old female recovering from an uncomplicated pneumonia.²

Report Code 99232 – *Subsequent hospital care, per day, for the elevation and management of a patient...*with appropriate modifier as follows:

- Medicare Claim: 99232-GT.
- Commercial insurance carrier or other payer: 99232-95.

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¹ Current Procedural Terminology (CPT) is copyright of the American Medical Association, 2017.

² Clinical Example excerpted from the 2017 CPT® Professional Edition Code book, *Appendix C – Clinical Examples*, page 763.

³³ Disclaimer: Given the inherent subjectivity of choosing the most appropriate CPT® code, HCPCS code, modifier or ICD-10 diagnosis and procedure codes for services provided to patients, the clinical example provided is for informational purposes only. Readers must use their independent, professional judgment in making coding decisions. IDSA assumes no risk in providing coding information and all risks are assumed by the provider, physician, or other qualified healthcare professional.