



Telemedicine Conditions and Codes for Payment

Quick Reference Guide

For TRICARE West Region Providers

Key Points

- Provides guidance on codes to use when billing telemedicine appointments
- Includes synchronous and asynchronous environments



Introduction

This Quick Reference Guide (QRG) informs providers about the proper codes to use when billing a telemedicine appointment through synchronous and asynchronous appointments, as well as the proper code for Applied Behavior Analysis (ABA) conducted through a telemedicine appointment.

Synchronous Telemedicine Services

1. These are real-time appointments that take place with audio and visual communication. Both the provider (distant site) and beneficiary (originating site) must be present and participating for this to qualify.
2. Use Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPS) codes with a **GT** or **95** modifier for the distant site.
3. Use Place of Service **POS 02** in conjunction with a **GT** modifier.
4. Use **Q3014** for the originating site.

Asynchronous Telemedicine Services

1. These services do not require face-to-face contact or real-time interactions.
2. Consulting provider renders interpretive or clinical services to the referring provider.
3. Use CPT or HCPCS codes with a **GQ** modifier.
4. Use **POS 02** in conjunction with a **GQ** modifier.
5. No facility fee paid when beneficiary's home is the originating site.

ABA Telemedicine Services

1. TRICARE covers telemedicine care for ABA parent or caregiver guidance services under the Autism Care Demonstration (ACD).
2. ABA telemedicine services for **CPT code 97156** are allowed after the initial six-month authorization, which must occur face-to-face.

Note: CPT code 97156 is the only ABA code that is allowed for telemedicine. All other codes are excluded.