

IntegraNet Telehealth Claims – for Amerivantage

Preferred Method

- Providers should bill with modifier 95 when using POS where service would have been if rendered in person

IntegraNet will accept

- Providers should not bill POS 02 with modifier 95
 - When billing POS 02, all standard modifier requirements will still apply

Modifiers

95: Telehealth services provided via real-time interactive audio and video should be billed with the place of service (POS) code that would have been used had the service been provided in person, such as POS=11 (private practice) instead of 02 (telehealth).

Append modifier 95 to all telehealth services billed using POS 11.

Modifier -95 should not be used with virtual visits (G2012) or the digital evaluations (99421-99423). It is for use with all other telehealth codes that use synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.

CS: Use on applicable claim lines subject to the cost-sharing waiver (i.e., COVID-19 testing-related services). Medicare beneficiaries should not be charged for any coinsurance or deductible for those services. The -CS modifier will signal the IntegraNet Claims Department to pay 100% of the Medicare-approved amount for the service. Physicians should contact the Claims Department and request to resubmit applicable claims with dates of service on or after March 18, 2020, that were submitted without the -CS modifier. **The -CS modifier should not be used for services unrelated to COVID-19.**

Reconsiderations and Appeals:

INTEGRANET HEALTH - HOUSTON
1900 N. LOOP WEST
HOUSTON, TX 77018

Claims Reconsideration Form

Phone: (832) 320-7220

Fax: (832) 320-7221

<https://inetclaims.zendesk.com>

GQ: Clinicians participating in the federal telemedicine demonstration programs in Alaska or Hawaii must submit the appropriate CPT or HCPCS code for the professional service along with the modifier GQ, “via asynchronous telecommunications system.”

G0 (zero): Use of telehealth for purposes of diagnosing stroke.

Note: Medicare stopped the use of modifier -GT in 2017 when the place of service code 02 (telehealth) was introduced. GT-will always be denied on professional claims and is valid for Method II CAH only.