



Telehealth Billing Guide for Providers

Please submit all claims as per Optum Claims Submission Guidelines. For telehealth claims, use the contracted CPT/HCPCS/Revenue code for the service performed, and include the appropriate modifier and/or Place of Service code to indicate the service was performed virtually. Optum follows CMS and state Medicaid telehealth billing guidelines for Medicare and Medicaid members respectively.

Please be sure to use the modifier or Place of Service code that most accurately describes the telehealth service you provided.

Optum accepts the following modifiers and Place of Service codes for telehealth billing:

Modifier or Place of Service Code	Definition
GT	Via interactive audio and video communications
95	Synchronous telemedicine service rendered via a real-time, interactive audio and video communications system
GQ	Via an asynchronous (i.e., not live) telecommunications system
02	Telehealth Provided Other than in Patient's Home Required by CMS for Medicare members
10 *New in 2022	Telehealth Provided in Patient's Home Effective 1/1/22; required by CMS for Medicare members effective 4/1/22
93 *New in 2022	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system Effective 1/1/22
FQ *New in 2022	Counseling and therapy services using real-time audio-only communication technology Effective 1/1/22