

CODING BASICS

Introduction

The following definitions will be helpful as you progress through the coding basics section.

Service Code: To receive payment for health care services, providers must submit a healthcare common procedure coding system (HCPCS) code that describes the service provided. There are two levels of codes called CPT Codes and HCPCS codes. The latter are technically named Level II HCPCS codes (but are commonly referred to as HCPCS codes even though CPT codes are also HCPCS codes). These serve as a common digital language for communication between health care providers, payers, and regulators. This standardized digital system helps all parties to understand the services provided. Standardized coding systems are essential so Medicare, Medi-Cal, and other health insurance programs can process claims in an orderly and consistent manner.

Modifier Code: In addition to codes that describe services, there are several different types of modifiers added to the service codes:

- A modifier is added to the service codes to indicate that the service was delivered via interactive video.
- A modifier is added when telehealth is delivered using audio-only communication between a clinician and a patient.
- A modifier that identifies whether the service was asynchronous.
- A modifier signifying that a service was delivered by a federally qualified health center or rural health clinic.

Place of Service Code: There are sites of service codes (also referred to as place of service codes (POS)) that can apply to telehealth as well as other virtual services.



TIP

When in doubt, always consult the beneficiary's plan and/or government health program. Different health care programs and insurance companies may deviate from established coding and modifier conventions.