

**February 18, 2026**

## **Place of Service (POS) Codes for Telehealth Services Guidance**

Dear provider,

This notice aims to provide clarification regarding the required Place of Service (POS) codes when submitting claims for telehealth services. Accurate POS coding ensures timely and appropriate claims payment and alignment with CMS and Medi-Cal billing guidelines.

Telehealth POS Coding Requirements:

- 1. POS 02 – Telehealth Provided Other Than in Patient’s Home:** Use POS 02 when the patient is not located in their home at the time of the telehealth service. Examples include: a physician’s office; hospital outpatient department; nursing facility (when not considered the patient’s home); school or community setting.
- 2. POS 10 – Telehealth Provided in Patient’s Home:** Use POS 10 when the patient is physically located in their home at the time of the telehealth visit. “Home” includes: patient’s permanent residence; temporary lodging such as a hotel, shelter, or family member’s residence; any location considered the patient’s dwelling.
- 3. Modifiers for Telehealth:** Some telehealth claims also require modifiers depending on the service type. See Medi-Cal/Medicare guidelines. Common Telehealth Modifiers:
  - a. **Modifier 95** – Synchronous telemedicine service rendered via real-time interactive audio and video.
  - b. **Modifier FQ** – Audio-only telehealth.
  - c. **Modifier FR** – Two-way audio-video telehealth for home dialysis evaluation.  
*Note:* Apply modifiers consistent with the service rendered and guidance from CMS or state-specific programs.
- 4. Documentation Requirements:** Providers must maintain documentation in the medical record indicating:
  - Patient location at the time of service.
  - Technology used (e.g., audio-video, audio-only).
  - Clinical appropriateness for telehealth.
  - Consent for telehealth, when required.

- 5. Claim Submission Reminders:** To avoid claim denials or reprocessing, ensure the POS code matches the patient's location at the time of the encounter. Make sure to also include all required modifiers.

Please direct other questions to HPSM Claims Services at [ClaimsInquiries@hpsm.org](mailto:ClaimsInquiries@hpsm.org) or **650-616-2106**.

Thank you,  
The Health Plan of San Mateo