Recommended Telehealth Codes

GUIDANCE DOCUMENT – RECOMMENDED TELEHEALTH CODES FOR GENERAL PRACTICE

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About this resource:

The recommended codes outlined in this document are provisional and will be continuously reviewed in collaboration with key stakeholders, including Collaborative Aotearoa member PHOs, the New Zealand Telehealth Forum, the Research, Audit and Evaluation (RAE) group, and Data Standards (DS).

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Acknowledgement

Collaborative Aotearoa extends their gratitude to the dedicated members whose commitment has significantly enriched an array of resources and would like to express appreciation to each member, PHO Digital and Data teams, and Collaborative Leads who has generously shared their time, expertise, and passion to create a comprehensive pool of resources, that empower and uplift our communities.

Background

Telehealth is now recognised as a healthcare encounter and mode of service in Aotearoa | New Zealand, however, its data is often not systematically captured in general practice due to:

- Unclear standardised codes
- Variations in practice management systems (PMS)
- Preferences for traditional coding methods
- Workflow or incentive challenges

Efforts to standardise telehealth coding are essential for improving data quality, consistency, and integration into national health reporting frameworks.

Telehealth Coding Stocktake (2024)

In 2024, Collaborative Aotearoa conducted a telehealth coding stocktake across key partners, which revealed that some telehealth codes are already in use. These codes have been identified through PHOs, the New Zealand Telehealth Forum, the Research, Audit and Evaluation (RAE) group, and Data Standards (DS) as meaningful and consistently accepted across the primary care sector.

Proposed Telehealth PMS Service Codes

For accurate recording and billing in PMS, distinct service codes for video and telephone consultations should be implemented. The suggested codes in Table 1 (e.g., VC for GP Video Consultation) serve as a guideline and can be customised to fit specific PMS and practice needs. It is recommended that these service codes apply to standard 15-minute video and phone consultations for roles working in general practice.

Implementing Standardised Telehealth Codes

Adopting these standardised service codes in general practice will:

- Improve the quality of telehealth service delivery
- Ensure accurate billing
- Contribute to better tracking of continuity of care and improved patient outcomes

Currently, there is no distinct SNOMED CT code differentiating between video and telephone consultations—both use the same SNOMED CT concept.

Phone Clinical Triage Codes

This guidance also includes Phone Clinical Triage codes for Health Care Home practices (table 2) currently tracking resolution and non-resolution calls. Mapping these triage reasons to SNOMED CT codes enhances standardised documentation and interoperability.

Set up and fees associated to Telehealth

Costing associated with telehealth services is determined by each practice. For guidance specific to Clinical Triage, practices can refer to Collaborative Aotearoa. If teams require support in setting up codes, they should consult their affiliated PHO or PMS provider.

Table 1: Recommended Telehealth Service Codes for General Practice Aotearoa | New Zealand

Service Description	Recommended PMS Service Code	PMS Service Description	SNOMED CT Code	ACC Service Code and Description
Practitioner team				
Consultation via video	**VCGP**	GP video consultation and follow up		GPT1 GP – regular consult over 14yrs
Consultation via telephone	**TCGP**	GP Telephone Consultation and follow up		
Consultation via video	**VCNP**	Nurse Practitioner Video Consultation		NUT1 NP – regular consult over 14yrs
Consultation via telephone	**TCNP**	Nurse Practitioner Telephone Consultation		
Registered Nurse				
Consultation via video	**VCRN**	Registered Nurse Video Consultation		NCT1 RN – regular consult over 14yrs
Consultation via telephone	**TCRN**	Registered Nurse Telephone Consultation		
Extended Care Team				
Consultation via video	**VCPA**	Paramedic Video Consultation		PM1 (over 14 yrs) PM14 under 14 yrs) PMCS (CSC)
Consultation via telephone	**TCPA**	Paramedic Telephone Consultation		
Consultation via video	**VCPH**	Physiotherapist Video Consultation		PHT2
Consultation via telephone	**TCPH**	Physiotherapist Telephone Consultation		
Specialist				
Consultation via video	**VCSP**	Specialist Video Consultation		MST1 Medical specialist – initial consult
Consultation via telephone	**TCSP**	Specialist Telephone Consultation		
Follow–up consultation via video	**VCFUS**	Follow–up Video Consultation		MST3 Medical specialist – follow–up consult
Follow–up consultation via telephone	**TCFUS**	Follow–up Telephone Consultation		
Other Telehealth Codes (includes non–ACC funded Extended Care teams)				
Consultation via video	**VCEX**	Extended Care Team Video Consultation		N/A
Consultation via telephone	**TCEX**	Extended Care Team Telephone Consultation		N/A
Consultation with multiple health providers	**MHPC**	Consultation with a patient with at least one participant on video for consumer health care		N/A

This is a Draft consultation – please send any feedback to ny.brunenberg@collab.org.nz

Service Description	Recommended PMS Service Code	PMS Service Description	SNOMED CT Code	ACC Service Code and Description
Consultation with multiple consumer/whānau	MCWC	multiple patient/whānau present in a video consultation with a health provider, may include a support person or translator.		N/A
Asynchronous virtual communication	AVC	Asynchronous (digital) communication related to the health care of a patient, includes text messages, portals, emails, voice messages, document transfer (e.g.: video/image/text/audio and remote monitoring)		N/A

Note: ACC approves telehealth where clinically appropriate but does not specify telehealth codes for paramedics. Providers should use standard codes (PM1, PM14, PMCS) for telehealth invoices unless otherwise directed.

Consultations must meet ACC's telehealth criteria, with documentation confirming telehealth use and clinical appropriateness. Refer to ACC's guidelines for details. For detailed information on ACC telehealth codes and their associated rates can be found on the ACC's official website acc.co.nz.

Table 2: Phone Triage Coding Framework with SNOMED CT Mappings

Note: The duration of clinical triage calls is based on a 3–5minute call-back service provided by Health Care Home practices. Non-Health Care Home practices may also adopt these codes as needed.

Service description / Triage Form Name	Service Code / Triage Form	Category	SNOMED CT Code	SNOMED CT Term
Resolution				
GP/clinician advice given	**TRC**	Resolution		Telephone triage encounter (procedure)
Appointment booked (in-person)	**TRA**	Resolution		Patient referral to physician (procedure)
Appointment booked (telehealth)	**TRAV**	Resolution		Telephone follow-up (procedure)
Repeat prescription processed	**TRX**	Resolution		Prescription of drug (procedure)
Referral made (specialist)	**TRR**	Resolution		Referral to specialist (procedure)
Referral made (social or community service)	**TRS**	Resolution		Referral to social worker (procedure)
Laboratory/imaging ordered	**TRLAB**	Resolution		Laboratory procedure (procedure)
Emergency escalation (ED/Ambulance)	**TRED**	Resolution		Referral to emergency department (procedure)
Symptom monitoring advised	**TRSM**	Resolution		Observation of patient (procedure)
Non-Resolution Reason *(codes may differ depending on PMS triage forms being used)*				
Patient declined advice/appointment	NRES-01	Non-Resolution		Refusal of treatment by patient (situation)
Call disconnected/patient unresponsive	NRES-02	Non-Resolution		Telephone call not completed (situation)
No appointments available	NRES-03	Non-Resolution		Appointment not available (situation)
Patient requested GP callback	NRES-04	Non-Resolution		Telephone follow-up (procedure)
Administrative query only	NRES-05	Non-Resolution		Administrative procedure (procedure)
Patient needs to contact another service	NRES-06	Non-Resolution		Referral to specialist (procedure)
Requires home visit (pending confirmation)	NRES-07	Non-Resolution		Patient referral to physician (procedure)
Awaiting test results	NRES-08	Non-Resolution		Laboratory procedure (procedure)
Requires interpreter/support person	NRES-09	Non-Resolution		Interpreter required (finding)
Insufficient information to proceed	NRES-10	Non-Resolution		Incomplete clinical information (finding)