


# The Always-Up-to-Date Telehealth Billing Guide



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What was once a niche model of healthcare, telehealth has gone mainstream. In fact, by one account, there was approximately a 3,000% increase in telehealth adoption from 2019 to 2020. That means healthcare providers have had to quickly learn how to bill for telemedicine.

Telehealth services might be an attractive option for your practice, but the billing part can often seem complex and confusing. The good news is that it's not as hard as it looks.



If you don't know how to bill for telemedicine, this telehealth reimbursement guide covers everything you need to feel confident offering and billing for telehealth services.

## What Is Telehealth Billing?




Telehealth is the delivery of health-related services remotely via technology. Reimbursement for provider services happens through telehealth billing. Telehealth and telemedicine are often used interchangeably but technically have different meanings.


Telemedicine is specific to the diagnosis and treatment of patients. Telehealth encompasses a broader range of virtual healthcare-related activities, including treating patients, education, remote patient monitoring, and more.

For this article, we will use the term telehealth to talk about services provided by a healthcare provider to a patient.


You may be glad to know that many telemedicine rates are the same as in-person rates. Though, telehealth reimbursement widely varies from state to state. It is also based on payor coverage and patient coverage (more on that later).



For your patients who rely on Medicare and Medicaid, you should know that the pandemic allowed the Centers for Medicare & Medicaid Services (CMS) to [broaden access to Medicare telehealth services](#) under the Coronavirus Preparedness and Response Supplemental Appropriations Act.



The most significant difference between telehealth billing and traditional healthcare billing is the modifiers you add to the billing codes. Otherwise, in most cases, telehealth reimbursement works much like conventional billing.



In all cases, it is the provider's responsibility to be proactive about telehealth billing. And different scenarios require different billing practices, which we'll cover later.



## Common Telehealth Services

Many different types of healthcare providers engage in telehealth services now, including:

- Behavioral health, fee for service, or contracted care, including non-profits
- Independent medical centers
- Rural hospitals
- Family practices
- Federally qualified health centers, including primary care and dentistry

### Common telehealth services by practice area include:



#### Behavioral Health

- Individual psychotherapy
- Psychiatric diagnostic interview examination
- Pharmacologic management of non-controlled substances
- Family psychotherapy
- Psychoanalysis
- Neurobehavioral status examination
- Individual and group health and behavior assessment and intervention
- Individual and group medical nutrition therapy



## Obstetrics and Gynecology

- Prenatal visits
- Postpartum depression
- Gestational diabetes
- Hypertension
- Preeclampsia
- Family planning and preconception care
- Medication management
- Follow up visits
- Lab results
- Postpartum depression
- Pre- and post-op care



## Pediatrics

- Asthma
- Diabetes
- Genetic conditions
- Obesity
- Congenital cardiac conditions
- Epilepsy
- Mental health disorders
- Skin or diaper rash
- Head lice
- Insect bite
- Pink eye
- Sunburn
- Acne
- Breastfeeding mastitis
- Cold, cough, or flu symptoms



## Primary Care

- Cold and flu
- Allergies
- Sinus/ear infections
- Sore throat
- UTIs
- Diarrhea and vomiting
- Medication management
- Follow-up visits
- Lab results
- Chronic care management
- Pre- and post-op care
- Group education and wellness
- Virtual check-ins



### Urgent Care

- Respiratory conditions
- Ear, nose, and throat ailments
- Conditions affecting the skin
- Other urgent, non-emergency complaints

Of course, this is just a sampling of the types of healthcare providers that provide telehealth services. Others include:

- Oncology
- Orthopedics
- Dermatology
- Urology
- Neurology
- Gastroenterology

## Guide to Telehealth Codes and Modifiers

When you are learning how to bill for telemedicine, verify coverage for the specific service when provided via telehealth. Then, determine the correct HCPCS code (Centers for Medicare and Medicaid) or CPT code (American Medical Association) and the appropriate modifier when required.

(You can check out this [list of codes for telehealth services](#), published by the AMA.)

Modifiers provide extra information to payors. There are three potential modifiers for telehealth services, and those are GT, GQ, and 95.

**The “GT” modifier** certifies that the provider delivered the service via an interactive audio and video telecommunications system. This is the most common modifier for telehealth services.

**The “GQ” modifier** certifies that the provider delivered the service via an asynchronous (store-and-forward) telecommunications system. Typically, the patient will capture a video or image, and the provider will evaluate it later. This is commonly used when providers would review something after the service. One example is imaging.

**The “95” modifier** is for interactive, real-time audio and video telecommunications systems. But you can only append it to services listed in Appendix P in the CPT manual. Appendix P is the list of CPT codes for services that are normally performed face-to-face but that you can perform via telehealth. One example is psychiatric and behavioral health services.

For more on this topic, see [Telemedicine Billing: How to Make It Easy](#).



## How to Bill for Telemedicine / Telehealth

Here are some tips when learning how to bill for telemedicine:

### Step 1: Determine the Scenario

Several billing scenarios exist for telehealth providers, whether in-network, out of network, or self-pay. Here's how you would handle each of them:

#### In-Network

If you are an in-network provider, three different scenarios exist:

1. Your patient has a health plan that covers telehealth
2. Your patient has a health plan that does not cover telemedicine
3. The payor does not yet support telemedicine

The first step is to have the code modifiers added to your practice's payor contracts.

Once you have verified the benefits for the patient, you submit a claim with the billing codes and the modifier.

If the patient doesn't have benefits or the payor doesn't yet support telemedicine, the patient would remit a self-pay rate according to the practice fees.

#### Out-of-Network

Here, the patient can sign a consent of financial responsibility. Your practice can charge self-pay rates according to the practice fees.

#### Self-Pay

Handle self-pay the same as out of network, where the patient can sign a consent of financial responsibility. Then your practice can charge self-pay rates according to the practice fees.



## Step 2: Know How to Bill Third-Party Payors

It's essential to understand coverage and reimbursement rules for each specific patient's health insurer.

Some commercial payors offering telehealth coverage include Aetna, Cigna, Blue Cross Blue Shield, Humana, and United Healthcare. Most other major commercial plans have some telemedicine coverage.

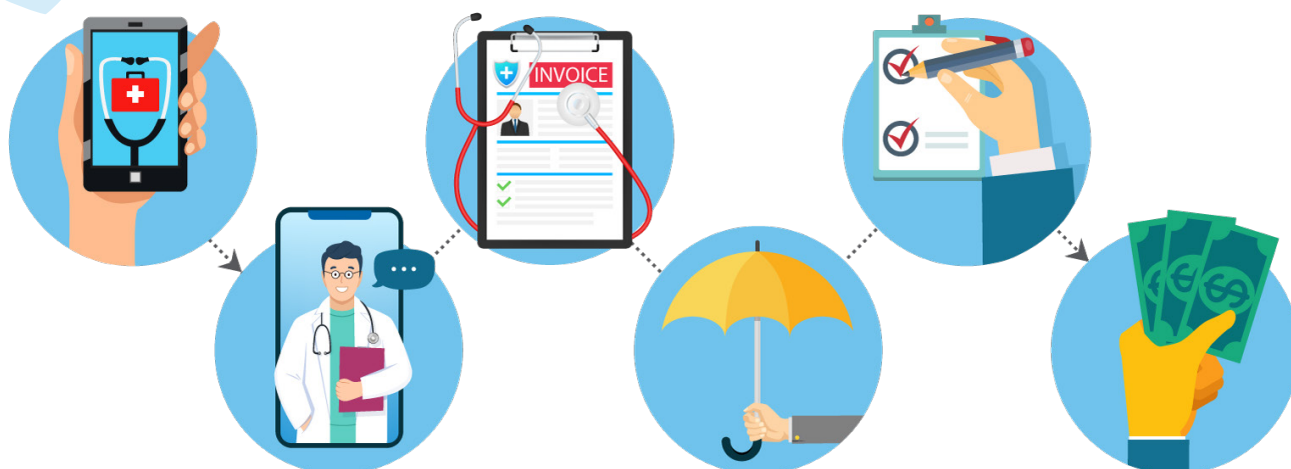
However, telehealth reimbursement varies from plan to plan, even within the same insurance company. The best way to address telehealth billing on the commercial side is to call the specific plan. Go through a list of questions to identify if reimbursement for the telemedicine visit exists.

When you are ready to call with questions about coverage, here are some you might consider asking:

- Is whatever service you are calling about covered? If yes, does it need pre-authorization?
- Do you recognize the GT modifier with this service?
- Do you recognize the GQ modifier with this service?
- Do you recognize the 95 modifier with this service?
- Is there coverage for an E/M code with a GT or GQ modifier?
- Does this patient's benefit plan impose a cap on telemedicine visits?
- Does the reimbursement rate for this service with a GT modifier equal the in-person rate?
- Do you need to include any specific notes in the documentation for the telemedicine visit?

When contacting an insurer to verify benefits, be sure to document your conversation. Ask for a reference number (which can be good if you need to challenge a denial).

In all cases, several factors determine coverage. This includes the type of telehealth service, the location of the patient, and the type of practitioner. (You can check out our handy telehealth reimbursement chart below for more specifics.)



## Telehealth Reimbursement Chart by Payor

Here's a helpful chart that goes over the everyday situations where telehealth coverage is available and how:

Payment Source	Telemedicine Covered?	Considerations
<b>Traditional Medicare</b> (Part B fee for service)	<b>Limited</b>	<p>In March 2020, Medicare started paying for office, hospital, and other visits furnished via telehealth across the country and in patients' places of residence.</p> <p>A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer telehealth to Medicare patients.</p> <p>Services include telehealth visits, virtual check-ins, and e-visits.</p> <p>In addition, Medicare patients can participate in group psychotherapy services, some home visits for an established patient, and care planning services.</p> <p>Temporary coverage for certain services through the end of the 2021 calendar year includes coverage for high-intensity home visits, emergency department visits, specialized therapy visits, and nursing facility discharge day management, among others. <a href="#">Learn more here.</a></p>



Telehealth Reimbursement Chart by Payor (continued)

Payment Source	Telemedicine Covered?	Considerations
<b>Traditional Medicaid</b> (Fee for Service)	<b>Limited</b>	<p>Available in 48 states, but coverage rules vary from state to state.</p> <p>Some states cover store and forward or remote patient monitoring (RPM) modalities in addition to real-time audio-video.</p> <p>Some states impose originating site restrictions, but others allow the patient to be at their home when receiving telemedicine services.</p> <p>Consult the specific telemedicine coverage rules of the state Medicaid program you participate in for details.</p> <p>In 2021, CMS made changes to allow for flexibility through various state laws, including:</p> <ul style="list-style-type: none"> <li>• Audio-only reimbursement in the Medicaid Program</li> <li>• Medicaid reimbursement when the home is the originating site</li> <li>• Relaxed standards for provider and service types that are reimbursable under the Medicaid Program</li> </ul> <p><a href="#">Find out more here.</a></p>
<b>Medicare Advantage</b>	<b>Yes ✓</b>	<p>All Medicare Advantage plans are free to contract with providers to cover telehealth services.</p> <p>They can do so as a supplemental healthcare benefit for their members.</p> <p>Specific coverage varies from plan to plan. Verify the patient's eligibility and understand the plan's coding rules (e.g., using a GT or GQ modifier).</p>
<b>Medicaid Managed Care</b>	<b>Yes ✓</b>	<p>Most Medicaid-managed care plans are free to contract with providers to cover telemedicine services (some are required to do so).</p> <p>They can do so as a basic benefit or an expanded supplemental benefit for their members.</p> <p>Specific coverage varies from plan to plan. Verify the patient's eligibility and understand the plan's coding rules (e.g., using a GT or GQ modifier).</p>

Telehealth Reimbursement Chart by Payor (continued)

Payment Source	Telemedicine Covered?	Considerations
<b>Commercial Health Plans</b>	<b>Yes ✓</b>	<p>Many major commercial plans (BCBS, Aetna, United, Cigna) offer telemedicine coverage, though not in every state.</p> <p>Twenty-nine states plus DC have laws requiring commercial health plans to cover telemedicine services.</p> <p>Specific laws vary from state to state, just as coverage varies from plan to plan.</p> <p>Verify the patient's eligibility and understand the plan's coding rules (e.g., using a GT or GQ modifier).</p>
<b>TRICARE</b>	<b>Yes ✓</b>	<p>The TRICARE benefit includes some coverage of telemedicine services.</p> <p>Recent rule changes allow TRICARE enrollees to receive certain telemedicine services when they are located at their homes.</p> <p>Verify the patient's eligibility and understand the TRICARE coverage and coding rules (e.g., using a GT or GQ modifier).</p>
<b>Patient Self-Pay</b>	<b>Yes ✓</b>	<p>Patients, including Medicare beneficiaries, can agree to self-pay out-of-pocket for non-covered services.</p> <p>If a provider is in-network with a patient's commercial health plan, the provider must be aware of and adhere to balance billing rules under state law and the terms of the contract with the health plan.</p>



## Final Thoughts

The pandemic has fueled the adoption of telehealth, an already growing segment of healthcare. Knowing how to bill for telemedicine and telehealth reimbursement is a newer concept for many healthcare providers. But it's not as complicated as it seems.

That said, it's worth learning a new skill in exchange for the value that telehealth can bring to your practice and your patients.

### About Mend:

Mend is an enterprise-grade patient engagement and telehealth platform designed to help healthcare organizations profitably scale their practice and care for more patients. Founded in 2014, Mend is on a mission to revolutionize healthcare delivery, so every patient can receive extraordinary care. Mend makes it easy for healthcare providers to securely and efficiently communicate with their patients (and with each other), without concerns of violating HIPAA compliance or misplacing patient information. Nearly 20,000 providers across 90 specialties leverage Mend to tailor and streamline their in-office and virtual care workflows, providing integrated experiences and care to more than 4 million patients.

Mend's comprehensive platform works hand-in-hand with all major EHR and PMS software to facilitate more than 400,000 telehealth visits per month, increase patient satisfaction by up to 23%, reduce no-show rates as low as 4%, radically improved staff productivity, and help providers drive more revenue through better patient attendance.

To find out more about how your practice can create new opportunities for delivering care and expanding revenue streams with Mend, [schedule a free demo](#).

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**or call us at 1-866-933-2362**