

Telemedicine Billing Tips



Top Things You Should Know When Billing Telemedicine

Billing for telemedicine can be tricky, to say the least. As a relatively new care method for the wider patient population, the guidelines for billing telemedicine are still forming. In fact, the rules for billing telemedicine can often vary from payer to payer (Medicare, Medicaid, Private payers...).

Hopefully, we'll soon get the point where there are clear guidelines for billing telemedicine across all payers. For now, eVisit has been diving in headfirst to telemedicine reimbursement to get answers to medical biller questions. How should I bill telemedicine? What codes should I use? What are the restrictions I should watch out for?

Here are the top things you should know when billing telemedicine.

The major private payers all cover telemedicine, but that coverage can be policy dependent

Our eVisit team has called around to the major commercial payers (Blue Cross Blue Shield, Aetna, Humana, Cigna, United Healthcare) and found that they all cover telemedicine. Many of the big commercial payers are also running telemedicine pilot programs right now to see exactly what the care and cost benefits are for telemedicine (hopefully this will translate to better coverage in 2016).

However, the important thing to note is that these payers will sometimes put telemedicine services on their policy exclusions list. So while Blue Cross Blue Shield may say they cover telemedicine, a gold PPO in North Carolina policy may cover it in full, while a cheaper bronze policy in NC may list telemedicine under its exclusions.

Always verify that the patient's insurance covers telemedicine beforehand

The best way to ensure you can bill and get paid for telemedicine is to call and verify coverage with the patient's insurance before their first telemedicine visit. While this takes a little work, you only have to do it once for that policy.

When you call the payer, make sure you have a telemedicine insurance verification form handy to document the representative's answers. If you have everything documented on that form with the call reference number, you can use that later to fight a denied claim. If the payer said over the phone that telemedicine was covered and you have the reference number for the call, they have to honor that.

Know the telemedicine guidelines for each payer

This part can seem a little daunting at first, especially if you're tackling telemedicine billing with all three of the major types of payers (Medicare, Medicaid, Private payers). For a quick overview of telemedicine guidelines, you can download our telemedicine reimbursement guide.

I've found the easiest way to learn what each payer wants for telemedicine is just to call and ask the right questions. Here are some of the things you should ask:

1. Which healthcare providers can bill for telemedicine?
2. What healthcare services can be done via telemedicine?
3. Do you specifically cover live video telemedicine?
4. Are there any restrictions or conditions that need to be met before a patient qualifies for telemedicine (i.e. distance from provider, established provider-patient relationship, informed patient consent in writing)?
5. Are there any restrictions on the number of telemedicine visits patients can have in a given year?

Some payers may have concrete answers to these questions that define their telemedicine coverage. Others may just say they cover telemedicine for certain providers, and not put many restrictions on it. Since these guidelines vary payer-to-payer and state-to-state, be sure to call that payer up and get their guidance.

Ask the payer what CPT codes are eligible for billing telemedicine

We've found that most payers advise providers billing telemedicine to use the appropriate evaluative and management CPT code (99201 – 05, 99211-15) along with a GT modifier (more on that below).

However, Medicare covers a longer list of eligible CPT codes ([see full list here](#)), and some private payers may prefer that you use the telemedicine specific code 99444. It varies based on the payer and the state you live in.

Again, the easiest way to know which codes are eligible is to call up your payer and ask. If they can't give you a list of the covered codes, ask whether the 99444 is covered and whether you can use the E&M CPT codes with a GT modifier.

Know when to use the GT modifier

The GT modifier tells the payer that a provider delivered medical service via telemedicine. Some payers (including Medicare) require you to use a GT modifier with the appropriate Evaluative & Management CPT code when billing telemedicine. Otherwise, there is no way to tell that the service was not done in-person.

If the payer tells you that yes, you can bill telemedicine with a regular E&M CPT code, chances are you need to use that GT modifier. Confirm that with the payer.

Know how to bill a facility fee

Most providers billing telemedicine don't need to know about facility fees. But if you are part of a telemedicine program that bills through Medicare (and sometimes Medicaid), you should.

A facility fee is essentially an amount paid to the local healthcare facility that hosts the patient during a telemedicine visit. In the current Medicare telemedicine model for instance, a patient has to come in to an [eligible originating](#) site to start the telemedicine visit with a healthcare provider at another, distant site. That originating site can then charge a facility fee to cover the costs of hosting the visit.

To charge that facility fee, you can bill HCPCS code Q3014. Look up the HCPCS code for full details about the facility fee. You can also check out [this Medicare handout](#) for more details.

Ready to get started billing telemedicine? Hopefully this gave you the basics you need to get started.

Have more telemedicine billing questions? Feel free to contact me at tiafolla@evisit.com and I'll try my best to help you out. You can also watch eVisit's latest [webinar on telemedicine reimbursement](#), featuring expert medical biller Adella Cordova.

About the Author



Manny Oliverrez

Manny Oliverrez, CPC, is a 20-year healthcare veteran and the CEO and co-founder of Capture Billing, a medical billing services company located outside of Washington, D.C. He teaches the nation's physicians, administrators, and medical practices how to maximize billing and revenue cycle management processes. Manny also frequently posts articles and videos on his [award-winning healthcare blog](#). For more information on Manny and his company, please visit [his website](#), or call (703)327-1800. And if you're on [LinkedIn](#), please look for him there too. **READ MORE**

Follow Us on Social Media



<https://www.facebook.com/CaptureBilling>



<https://plus.google.com/+CaptureBilling/>



https://www.twitter.com/Capture_Billing



<https://www.linkedin.com/company/Capture-Billing-&-Consulting-Inc.>

Capture Billing & Consulting, Inc.

Capture Billing and Consulting, Inc. is one of the top leaders in the medical billing industry. We help busy medical practices drastically reduce patient and insurance accounts receivable, and increase physician reimbursement. Capture Billing's services provides one of the most cost-effective and proficient billing solutions available to healthcare professionals. Eliminating the need for an on-site medical billing staff can allow physicians to focus on their primary passion of providing quality healthcare to their patients. Physicians can leave the stress of doing their own medical billing to us.

We help you collect more money, faster and easier.

Improve your bottom line and peace of mind with our medical billing services.

www.CaptureBilling.com