



# Enhance The Rate Of Reimbursement For Your Chiropractic Practice.

## Top 4 Things To Know About Telemedicine Billing.

Billing for telemedicine has always been a tricky affair. However, now with this Covid-19 pandemic situation, the telemedicine process is changing almost every day, making it difficult for the billers and coders to keep up with the flow. In fact, the telemedicine billing guidelines are still forming by the medical billing associations and councils.

But the **medical billers and coders** are looking for the answers to their queries right now to smoothen their billing process. For example, how to initiate the billing of telemedicine? What codes should be used and how to process the reimbursement claims on telemedicine? What are the restrictions that demand extra caution? Unfortunately, several such queries are fogging their minds.

**Here are the top things that you should be aware of while billing telemedicine.**

### 1. **Always verify whether the patient's insurance covers telemedicine or not.**

The best approach to ensure that you can get the reimbursements for telemedicine is to call and verify insurance coverage with the insurance payer before the patient's first telemedicine appointment. It might take a little time and effort, but you have to confirm it only once for that policy.

When you place a call to the payer, keep the telemedicine insurance verification form handy to document all the payer's answers. Moreover, save the call reference number so that you can use it later to fight for a claim denial. If the representative agrees with the insurance coverage of that particular telemedicine over the phone, and you have the call reference number, then they have to honour their commitment.

- **Know the telemedicine guidelines for every insurance payer.**

It might seem a little daunting task at first, especially if you have to tackle **telemedicine billing** with all the major payers (namely, Medicare, Medicaid, and private payers). However,

the most convenient way to initiate is to call each of these major payers and find the correct information by asking valid questions. Here are a few of the questions that you should ask:

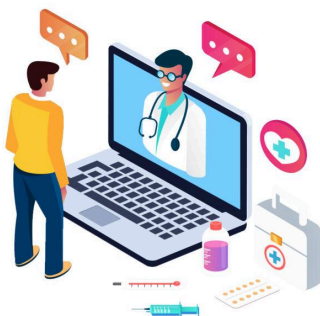
- Which healthcare providers are eligible to bill for telemedicine?
- Which healthcare services can be billed via telemedicine?
- Do you cover live video telemedicine?
- Are there any conditions that must be met for a patient to qualify for telemedicine, such as distance from the healthcare provider, informed written patient consent, established provider-patient relationship, etc.?
- Are there any restrictions on the telemedicine visits number that a patient can have in any given year?
- **Know how to bill a facility fee.**

Most healthcare providers don't need to know about **telemedicine** facility fees. But if you are billing for telemedicine programs via Medicare or sometimes Medicaid, you should know about it.

A facility fee is essentially an amount payable to the local healthcare facility that hosts the patient during a telemedicine visit. For instance, the current Medicare telemedicine model suggests that a patient needs to visit an eligible originating site to start the telemedicine treatment with a healthcare provider based at another distant site. Then, the originating site is eligible to charge a facility fee that covers the cost of hosting the patient visit. For charging the facility fee, you can bill HCPCS code Q3014.



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- **Know when to apply the GT and 95 modifiers with the place of service code.**

The GT modifier indicates the Medicare payer that a healthcare provider delivered the medical service via telemedicine. Medicare requires you to use the GT modifier with the correct Evaluative & Management CPT code while billing the telemedicine. If you are billing the telemedicine to a commercial insurance payer, you have to use a regular E&M CPT code along with a 95 modifier. Moreover, while billing the telehealth services, the healthcare providers must bill the E&M code along with code 02 as a place of service and a GT or 95 modifier. The telehealth services that are not billed with the 02 code will get denied by the insurance payer. This is true for Medicare and other insurance companies.

### **Conclusion.**

Though telemedicine was introduced several decades ago for connecting patients and doctors in remote locations, the gadgets required for the conduct of such remote telemedicine visits remained expensive and complicated. But with the introduction of high-speed, affordable internet and smartphones that boasts high-quality video transmission, telemedicine has gradually evolved as a practical solution for all, especially in this pandemic situation. Undoubtedly, telemedicine is gaining popularity, but the billing for the telemedicine services is still a confusing task for both doctors and their patients. The best solution to this confusion is **[outsourcing telemedicine billing](#)** to the 24/7 Medical Billing Services experts.

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