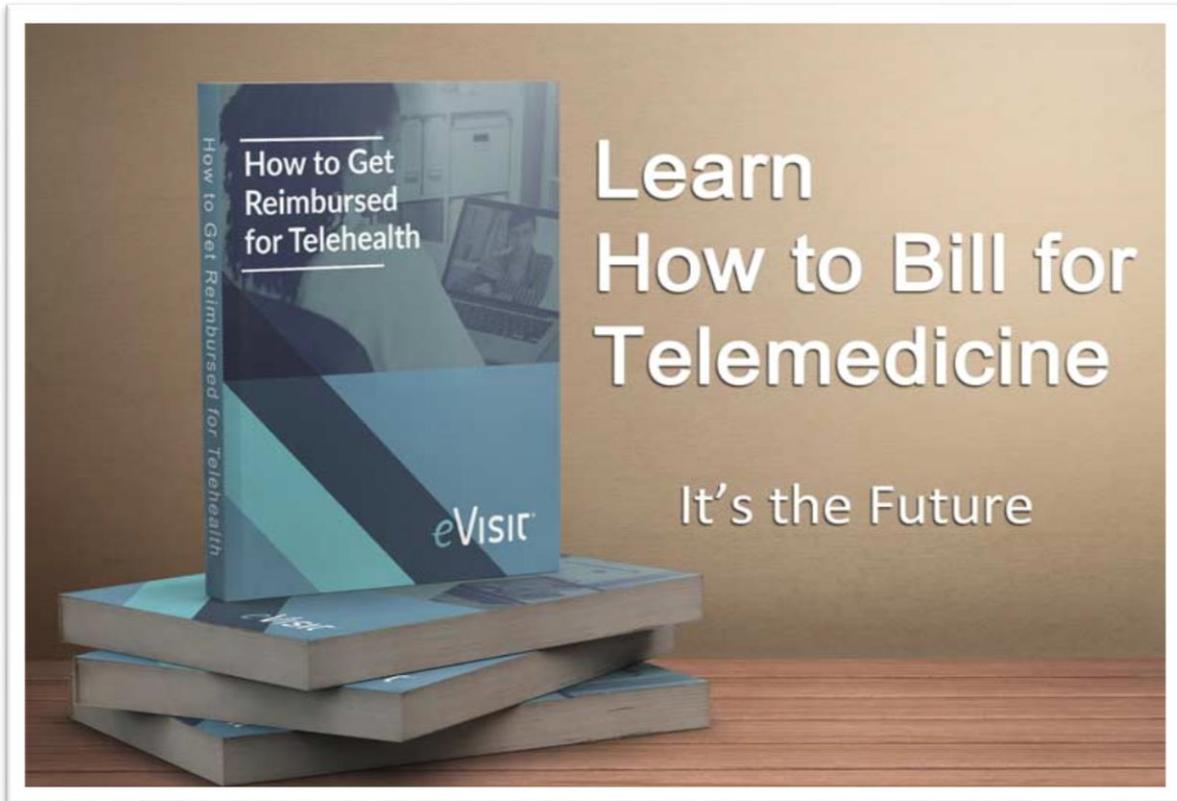


How to Get Reimbursed for Telemedicine Services



5 Tips to Maximize Telemedicine Billing

Although telemedicine, also known as telehealth, services were once considered a passing trend, the demand is now growing exponentially.

Demand for telemedicine services is expected to increase 775% by 2018, in large part due to the increasingly busy lives of patients. As the baby boomer generation ages, the inability to physically travel to the doctor may contribute to the increase in demand as well.

With over half of the nation's hospitals already conducting their own telemedicine programs, it's likely that medical practices will soon begin to implement telemedicine services also.

Before you do though, here are 5 tips to ensure you maximize telemedicine billing in your practice.

1. Determine the type of telehealth services offered and how they will be used.

You need to decide which telehealth services your practice will offer as well as how they will be utilized in the office.

Questions to consider include:

1. Will you use live video feeds?
2. How about asynchronous options, like store-and-forward?
3. Will telemedicine be used for specific patients, perhaps for discharge follow-up care? Or will you extend those services to a larger group of patients within the practice?

2. Understand Medicare's regulations.

As you probably expected, Medicare has very specific regulations when it comes to reimbursing providers for telemedicine services.

For example, Medicare requires the **GT modifier**, which indicates the visit was completed virtually. However, it must be linked with the appropriate CPT code. You can see the [current list of acceptable telemedicine codes here](#).

3. Know which states recognize telemedicine.

Not all states require private payers to reimburse telemedicine services. So far, [only 29 states, plus the District of Columbia](#), have enacted laws regarding this segment of modernized healthcare.

Several other states have proposed legislation though, so it's likely more states will be joining the ranks going forward.

4. Contact your local telehealth resource center.

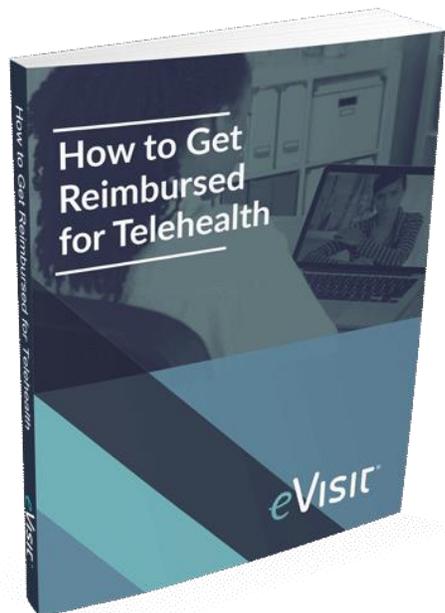
It's expected that you'll have questions when you begin billing for these types of services.

Fortunately, there are 14 regional resource centers that have been established to assist medical practices on this very topic.

[Find your local center](#) and take advantage of all the resources they have to offer.

5. Consider charging patients a convenience fee.

Another option is to make all telemedicine services self-pay, and forgo insurance billing completely. A standard fee ranges from \$30 to \$75 per visit.



Many patients won't balk at this type of fee schedule because the convenience of a remote visit is well worth it to them.

Consider this: A patient schedules their telemedicine visit during their lunch break. Now, instead of spending hours commuting to and from their appointment as well as time waiting in the office, the patient has virtually no lost time. In addition, they'll minimize the time needed off of work too.

For even more telehealth billing tips, check out my friends at eVisit, a telemedicine software company. Their free PDF guide, [How to Get Reimbursed for Telehealth](#), offers a great overview for medical practices who are considering offering telehealth services.

Have you started offering telemedicine services at your practice? How's it going? Please tell me in the comments below!

About the Author



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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**

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