

5 Coding Tips for Telemedicine

1 DON'T ASSUME ALL PAYORS COVER THE SAME THINGS

Always check with individual payors about whether a service is covered. In some cases, they may cover something that Medicare does not.

2 DOCUMENTATION, DOCUMENTATION, DOCUMENTATION

Thorough documentation helps your coders know how to bill for services and can help claims get approved. [Use this checklist to help with documentation for telemedicine services.](#)

3 BE AWARE OF DIFFERENT MODIFIERS REQUIRED BY EACH PAYOR

For example, Medicare requires modifier 95 for telemedicine services but others may require modifier QT instead.

4 EDUCATE YOURSELF ON THE CODES COVERED FOR TELEMEDICINE

Knowing the best codes to use for each case will ensure you get the best reimbursement rate for services. [Use the Concussion Care Billing Guide](#) to help.

5 CHOOSE TO BILL BY TIME OR MEDICAL DECISION MAKING (MDM) ON A CASE-BY-CASE BASIS

In cases with high time spent but low complexity, you will likely get a better reimbursement rate billing by Time. In cases with low time spent but high complexity, you will likely get a better reimbursement rate billing by MDM.