

# Billing for Providers – What Should I Know?



Medical billing is the backbone of the health care revenue cycle, and it is important to know how reimbursement works for telehealth services.

There are three types of telehealth services: [Asynchronous](#), [Synchronous](#), and [Remote Patient Monitoring](#). Each type is connected to specific billing and reimbursement rules.

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- ▶ The following tips are designed for health care providers, practice owners, and administrators to better understand the medical billing process in the context of delivering care via telehealth.

## Who do I bill for telehealth services?

### ▶ Federal – Medicare:

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- During the COVID-19 public health emergency, any health care provider who is eligible to bill Medicare can bill for telehealth services regardless of where the patient or provider is located.
- Keep current with the latest [Physician Fee Schedule](#) that annually updates Medicare payment policies and payment rates, and [list](#) of telehealth services and billing codes from the Centers for Medicare and Medicaid.
  - More information about [Medicare billing](#) is available for safety net providers.
  - [Medicare Administrative Contractors](#) are another helpful resource to learn more about processing claims with the Medicare Fee-For-Service program.

### Telehealth Billing Example

A health system [or provider] uses telehealth to connect with patients with diabetes living in rural areas. Telehealth helps increase access to specialists, virtual medical nutritional therapy, and remote patient monitoring of glucose levels

Telehealth billing codes for diabetes:

Diabetes care evaluation and management with telephone	99441, 99442, 99443
Diabetes self-management training	G0108, G0109
Medical nutrition therapy	97802, 97803, 97804, G0270
Remote patient monitoring of blood glucose levels	99453, 99454, 99091

### ▶ States – Medicaid Programs:

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- All state Medicaid programs reimburse for telehealth synchronous services. Reimbursement for other types of telehealth services vary by state Medicaid programs with more information available here: [Medicaid telehealth coverage](#)

### ▶ Private Payors

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- The majority of states have a private payor policy that requires parity, meaning coverage and/or reimbursement is comparable for in person visits.

**Understand parity:** There are two types of parity requirements when it comes to telehealth.

- **Coverage:** Requires that telehealth services be covered the same as it would be in person.
- **Payment Parity:** Requires that telehealth be reimbursed at the same payment rate as an in person service. Information about parity policy can be found by [state](#).

Curious about what telehealth services your state Medicaid program covers and the private payor parity law in your state? See the [telehealth policy finder](#) to find out.

Contact the [Center for Connected Health Policy](#) for any questions about billing Medicaid and private payors.

## Did you know that telehealth can manage and treat common chronic conditions?

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- According to the [Centers for Disease Control and Prevention](#), the majority of Americans have been diagnosed with at least one [chronic condition](#), such as asthma, diabetes, and long-haul COVID-19.

Telehealth has the potential to revolutionize care for chronic conditions, but in order to so, billing for telehealth needs to become part of your business operations, work-flow, and strategic plan.

Your regional [Telehealth Resource Center](#) is a reliable source for the latest information on frequently changing federal and state telehealth billing policies.