

Telehealth Payer Verification Guide

Calling a payer to get telehealth coverage confirmation can be tricky. Here's a handy list of what information you'll need and what questions you should ask once you get a representative on the phone.

INFO CHECKLIST:

- NPI
- Tax ID
- Your office location*
- A call-back number
- The client's subscriber ID, date of birth and name
- Client's address and phone number*

*not always needed.

QUESTIONS FOR THE PAYER:

If you don't know your status:

1. Can you please confirm my network status?

If you are not paneled with them:

2. Does this client have out-of-network benefits?

3. Is telehealth a covered benefit?

4. What specific payer ID should claims be routed to?*

5. Which CPT or HCPCS codes should I use to bill for telemedicine services?

6. Should I affix any modifiers (e.g., modifier 95 or GT) to those codes?

7. Are there any restrictions or requirements around the location of the patient or the provider?

8. Which types of practitioners (e.g., LCSW, LMFTs) are eligible to provide telemedicine services?

9. Are there any special documentation requirements associated with billing for telemedicine services?

10. Is the reimbursement rate for telemedicine services the same as the rate for in-person services?

**When billing electronically the payer ID is what matters here, not the specific address or plan name, so keep that in mind when setting up the insurance in SimplePractice.*