



# 14 Steps to Telemedicine Revenue

1. Confirm provider is licensed in the state where patient is receiving services (origination site)
2. Confirm provider is enrolled with payers: State, Federal & Commercial (watch for behavioral health carve outs, various state applications and processes)
3. Confirm all provider locations are enrolled with Medicare via 855's
4. Document provider associated addresses (home, office, hospital) and set up in EMR with logic created for multiple locations
5. Confirm your commercial payor contracts cover telemedicine services
6. Confirm your telemedicine service is covered and be aware of any behavioral health carve outs
7. Learn, track and stay current on telemedicine payer policies
8. Ensure the origination site and billing logic are in your EMR (Place of service 02, Medicare Eligible Site, Modifiers GT/95)
9. Ensure provider documentation is the same as an in-person encounter, with added telemedicine documentation requirements
10. Establish internal and external process for patient registration
11. Establish manual billing process for sites not in your EMR
12. Establish EMR charge review and claim edits for telemedicine services (based on payer telemedicine billing policies)
13. Watch denial work queues closely and challenge denials (payer education/appeals) Track denials, appeals, outcomes and look for trends to ensure payer policy is consistent with published policy and state legislation.
14. Create billing metrics to track and define your success