

Telehealth vs. In-Person Care: Maximizing Billables for Behavioral Health Visits

Behavioral healthcare has undergone a significant transformation in recent years, with telehealth emerging as a popular and effective alternative to traditional in-person visits. As practices adapt to this new reality, understanding the nuances of billing for telehealth versus in-person visits becomes crucial for maximizing revenue and ensuring financial stability.

The Rise of Telehealth in Behavioral Health

Telehealth has become an integral part of behavioral health service delivery, offering convenience and accessibility to patients while allowing providers to expand their reach. Recent studies have shown that behavioral health services provided via telehealth are just as effective as those delivered in person. However, the billing processes for these two modalities differ in key aspects, and not understanding these differences can lead to a host of problems.

Key Differences in Billing: A Minefield of Potential Errors

The shift towards telehealth has introduced a complex web of billing intricacies that can spell real trouble for unprepared healthcare providers. There are a few key areas where telehealth billing diverges from traditional in-person visits, and it is crucial to be aware of these differences so that your practice can avoid any potential pitfalls.

01 Place of Service Codes: A Simple Mistake with Costly Consequences

While it may seem straightforward, the difference between using POS code 11 for in-person visits and codes 02 or 10 for telehealth services can lead to significant financial repercussions. A mistake can trigger a cascade of billing glitches, including claim denials that delay or completely eliminate revenue. Providers face increased administrative burdens, time-consuming resubmission processes, and the looming threat of potential audits and compliance investigations. The stakes are high, and the margin for error is razor-thin.

02 Modifiers: A Labyrinth of Codes

Telehealth billing introduces a new layer of complexity with its required modifiers. The use of modifiers like 95, GT, and GQ might seem like a minor administrative detail, but their impact is profound and potentially devastating. Incorrect modifier usage can instantly transform legitimate claims into rejected submissions, leading to underpayments and financial strain. The complexity of selecting the right modifier for each service exponentially increases the likelihood of errors, especially when different payers maintain varying requirements.

03 Covered Services

Services covered for telehealth vary dramatically between payers, creating a moving target that challenges even the most diligent healthcare administrators. Providers must maintain constant vigilance, meticulously verifying coverage for each service and payer to avoid claim denials and lost revenue. This administrative maze consumes valuable time and resources, distracting healthcare professionals from their primary mission of patient care.

The cumulative effect of these differences creates a perfect storm of potential billing errors, financial losses, and compliance risks. As telehealth continues to grow in importance, the need for a robust, reliable solution to navigate these complexities becomes increasingly critical. Healthcare providers desperately need a way to confidently manage telehealth billing that ensures accuracy, compliance, and optimal reimbursement.

Maximizing Billables: Best Practices

To optimize revenue for both telehealth and in-person behavioral health visits, consider the following strategies:

- **Stay Updated on Payer Policies:** Regularly review and understand the telehealth policies of major payers, including Medicare, Medicaid, and private insurers.
- **Implement Robust Documentation Practices:** Ensure thorough documentation for all visits, including the mode of delivery (telehealth or in-person), duration, and services provided.
- **Utilize Appropriate Technology:** Invest in HIPAA-compliant telehealth platforms that integrate with your electronic health record (EHR) system for seamless documentation and billing.
- **Train Staff on Telehealth Billing:** Provide comprehensive training to billing staff on the nuances of telehealth billing to reduce errors and improve claim acceptance rates.
- **Conduct Regular Audits:** Periodically review billing practices to identify and correct errors promptly, ensuring compliance and maximizing reimbursement.

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