**Purpose**

To ensure that the provision of telemedicine services is financially sustainable.

**Policy**

The practice bills telemedicine services to the patient, or to the patient’s insurance, whichever is appropriate. The patient-responsible balance is collected at time of service.

**Procedure**

* Staff bill telemedicine visits to the patient’s insurance, if determined to be a covered benefit when completing the insurance verification process.
* If not a covered benefit, or if the patient does not have insurance, the practice bills the patient directly for services rendered.
* Inform the patient that telemedicine services are not covered by insurance; offer the patient the option to continue with the telemedicine visit on a cash-pay basis or to schedule an in-person visit instead.
* If the patient opts to continue with the telemedicine visit, collect payment at the time of the visit.
* If the patient has Medicare, and requirements for telemedicine visits outlined by the Centers for Medicare & Medicaid Services (CMS) are not met, staff provide the cost of the visit and request that the patient sign an advance beneficiary notice (ABN) prior to beginning the visit.
* Staff offer the patient the option to continue with the telemedicine visit on a cash-pay basis or to schedule an in-person visit instead.
* If the patient opts to continue with the telemedicine visit, staff collect payment at the time of the visit.
* Staff submit billing using the appropriate CPT and HCPCS codes for services furnished via telemedicine.
* The practice serving as the originating site, meaning the patient is on site but the clinic is not providing the medical care, the practice may bill for administrative expenses associated with the telemedicine patient encounter. Staff use code Q3014, Telehealth Facility Fee, for Medicare and some other payers, checking with individual payers for confirmation of the
appropriate code for the facility fee.
* The provider at the distant site administering the medical care will bill for medical services rendered.
* If technical difficulties occur during the telemedicine visit and an appropriate standard of care is not achievable, the originating site and/or distant site will not bill for the telemedicine visit.