

# Telehealth Billing for Therapists: The Definitive Guide [2020]

Telehealth billing for therapists is complex, requiring the correct medical claims coding cpt codes, modifiers, and place of service code. Our exhaustive guide to telehealth billing for therapists will teach you how to code your mental health insurance claims for telehealth billing as the process to ensure you get paid every time. We will also go through major insurance brands like Medicare, Medicaid, etc, and their telehealth billing guidelines.

## Telehealth Billing for Psychotherapy: An Introduction

Telehealth billing for therapists is an obvious need. Providers want to help clients who are unable to attend in person therapy for whatever reason: fear, disability, distance, or simply for ease of scheduling.

For whatever reason, insurance companies have pushed back against telehealth for psychotherapy.

Our guide will show you how to ensure you get approved for telehealth billing for mental health claims, how to bill the claims with the right mental health CPT codes for telehealth, telehealth modifier, and place of service code.

If you're struggling with getting paid for telehealth sessions and don't want to deal with the hassle, consider reaching out about our mental health [billing service](#). We handle this headache for you.

# How to Always Get Approved for Mental Health Telehealth Billing

To ensure you get reimbursed for providing telehealth psychotherapy, always call each client's insurance plan and ask about approval for telehealth therapy.

**Billing Pro Tip:**

**Always Verify Benefits**

We have an exhaustive script on [how to verify eligibility and benefits](#), but here are the highlights:

1. Gather the necessary information: the client's demographic and insurance information, your NPI and Tax ID.
2. Review the back of the client's insurance card. Call the Provider customer support number or mental health number. It might also be listed as pre-certification or the number for eligibility and benefits.
3. Ask to check "eligibility and benefits for outpatient mental health benefits".
4. Give them your NPI, tax ID, and office location.
5. Give the client's Name, date of birth, and Subscriber ID.
6. Ask if you are in-network or out-of-network with the client's plan.
7. Ask if they have approval for telehealth sessions. If they do, ask about and write down the modifier that insurance company requires you to use (either 95 or GT).
8. If they do not have approval, ask how to obtain approval for telehealth sessions.
9. Confirm the claims submission information: claims address and payer ID.
10. Ask for a reference number for your phone call. Record the date, time, representative's name, and reference number for the call.

## Telehealth Billing for Therapists Checklist

Every insurance company processes telehealth billing for therapists differently, so make sure to ask which CPT code and telehealth modifier to use.

Authorization may be required; if so, also ask for the authorization number associated with the telehealth sessions.

Almost all insurance companies utilize Place of Service code 02 for telehealth but this is also worth confirming.

This is *the only way to guarantee* you will be reimbursed for telehealth billing for mental health therapy.

If this process sounds excessive, we do this for you for free as part of our **mental health billing service for therapists**.

## Telehealth CPT Codes for Psychotherapy

This is a common misconception! While there are technically legacy CPT codes for telehealth therapy, *these are not often used*:

- **98968** – Telephone therapy (non-psychiatrist) – limit 3 units/hours per application.
- **99443** – Telephone therapy (psychiatrist) – limit 3 units/hours per application

We strongly recommend *against* using these telehealth CPT codes for therapy when billing.

Instead, you want to utilize normal mental health procedure codes listed below and use the appropriate CPT code modifier (95 or GT) with the correct place of service code (02).

These codes are approved for mental health telehealth billing by both the current procedural terminology (CPT) and the Centers for Medicare Services (CMS):

- **99201 – 99215** – Evaluation and Management Service Codes
- **90791 & 90792** – Diagnostic Interview
- **90832** – Psychotherapy for 30 Minutes
- **90834** – Psychotherapy for 45 Minutes
- **90837** – Psychotherapy for 55+ Minutes
- **+90836** – Add On CPT Code for Individual Psychotherapy
- **+90838** – Add On CPT Code for Individual Psychotherapy when Performed with Evaluation and Management Services
- **90845** – Psychoanalysis
- **90846** – Family Psychotherapy without the patient present
- **90847** – Family Psychotherapy with the patient present

(Source)

If you're not sure which CPT code to use, consider hiring our **billing service** to demystify the process.

## Telehealth CPT Code Modifiers: 95, GT, GQ, G0

The correct insurance billing modifier to use for telehealth billing for therapists depends on the guidelines of the insurance company you're billing.

We'll cover the four telehealth modifiers for insurance billing with an emphasis on the two most popular codes, "95" and "GT".

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Un CPT/HCPCS MODIFIER)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	SUPPLIER INFORMATION
	From MM DD YY	To MM DD YY	MM	DD	YY	YY										
1																
2																
3																

### CPT Code Modifier 95

The American Medical Association (AMA) launched in 2017, this CPT code is the most common modifier used by commercial insurance policies. (Source)

This modifier's description is for "Synchronous Telemedicine Services Rendered via Real-Time Interactive Audio and Video Telecommunications Systems".

Quoting Page 730 of the American Medical Associations "CPT 2017 Professional Edition":

*Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.*

*The totality of the communication of information exchanged between the physician or other qualified healthcare professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.*

*Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT<sup>®</sup> codes for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.*

What's important to note here is that this code was created to *replace* CPT modifier "GT" but quite often "GT" is still utilized.

Synchronous telemedicine services are real-time and interactive, meaning they are describing the services mental health providers are rendering via 99.9% of telehealth billing cases.

This differs from asynchronous services which would be the utilization of telecommunication to transfer medical information from one system to another (yes, they somehow have a code for this).

Telehealth psychotherapy is always synchronous. Here us a list of CPT codes that where Modifier 95 can be utilized: [list](#).

## CPT Code Modifier GT

Utilizing telehealth billing modifier GT is exactly the same as modifier 95 in the services it describes. This is simply a legacy code that many insurance companies still utilize.

Medicare originally utilized the GT CPT code modifier but in November of 2017 announced they no longer require *any* telehealth modifier to be added to their claims (instead just post Place of Service code 02) ([Source](#)).

CPT Code Modifier GT describes Synchronous Telemedicine Services provided in real time in the same manner as a typical face-to-face session.

The CPT code that you choose describes the procedure taking place in session. The modifier you use designates that this session took place via a real-time audio or video telecommunications system.

Not sure if you should use GT or 95? [We can help](#) find out for you for free.

## CPT Code Modifier GQ

This modifier is used for “store and forward” technologies or asynchronous telemedicine services that are not provided in real time. We can safely say this is never a modifier you’ll use for telehealth billing for mental health.

Most often this is for forwarding over X-rays, MRIs, lab results, audio clips, and text.

[Source](#)

## CPT Code Modifier G0 (G and Zero)

The G0 telehealth modifier is used in incredibly rare cases specifically to describe the assessment of a stroke at a distance. [Source](#)

## Telehealth Place of Service Code

The place of service code for most sessions are set in an office as “11” but for telehealth sessions the place of service code is “2”. The place of service code is posted on the CMS1500 under Box 24 section B.

24. A. DATE(S) OF SERVICE										23. PRIOR AUTHORIZATION NUMBER					
From						To									
MM	DD	YY	MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPICDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1						02								NPI	
2														NPI	

## How to Code Telehealth Insurance Claims for Mental Health: Visual Guide

Include all normal CMS1500 claim information but on Box 24, utilize the the more accurate CPT codes, place of service code, and modifier depending on the guidelines of your insurance company.

24. A. DATE(S) OF SERVICE										23. PRIOR AUTHORIZATION NUMBER					
From						To									
MM	DD	YY	MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPICDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	20	01	01	20	2		90791	95				NPI	
2														NPI	
3														NPI	
4														NPI	

This example shows an intake session (CPT code 90791) taking place on 1/1/2020 with the Place of Service code “02” and the modifier “95”. Again, if your insurance company requires using GT instead of 95, use GT. Always call to ask per insurance company so you know how to code your claim perfectly.

- Eligibility & Benefits Verification (in 2 business days)
- EOB & Payment Accounting
- Appeals, Rejections, Denials
- Appointment Reminders (Email or SMS)
- Appointments Calendar
- EAP / Medicare / Medicaid / TriCare Billing
- Credentialing Services
- Network status verification.
- Month-by-Month Contract: No risk trial period
- Free Account Setup - we input your data at signup.
- [Learn more..](#)

You can call, text, or email us about any claim, anytime, and hear back that day.



## **MENTAL HEALTH CPT CODE GUIDES**

[Family Therapy \(90847\) Billing Guide](#)

[Intake / Evaluation \(90791\) Billing Guide](#)

[Extended Sessions Billing Guide](#)

[Crisis Therapy \(90839\) Billing Guide](#)

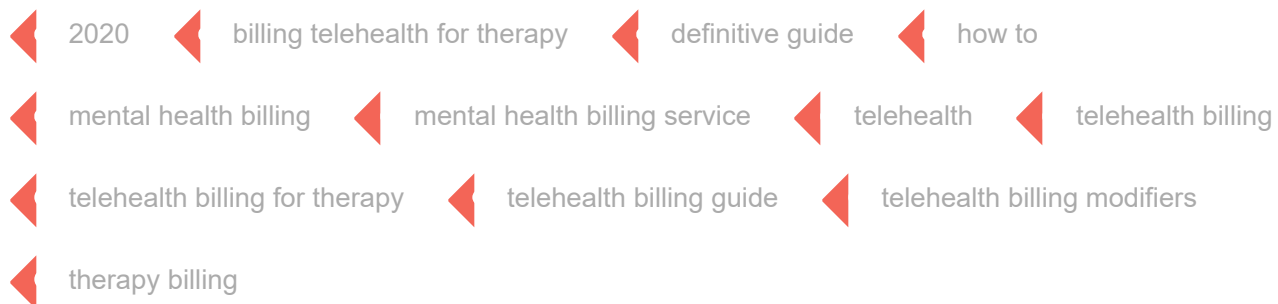
[Group Therapy \(90853\) Guide](#)

[CPT Code 90837 vs 90834 \(When To Use\)](#)

[Evaluation with Medical Assessment \(90792\)](#)



And of course, if you are fed up with telehealth billing for therapists like yourself, which modifier to use, how to code your claims, or just dealing with insurance in general, feel free to inquire about our **mental health billing service** at TheraThink. We take care of all of these situations for you!



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## WE HANDLE YOUR INSURANCE BILLING

Let us handle **handle your insurance billing** so you can focus on your practice.

Get Billing Help

*Note: We only work with licensed mental health providers.*

## OUR MENTAL HEALTH BILLING SERVICES

- Daily Claims Filing & Submission
- Daily Claims Processing
- Claim Tracking & Updates
- EFT & ERA Forms Processing

# Billing Isn't In Your Job Title




## Denny

Denny has interviewed hundreds of mental health practitioners to better understand their struggles and solutions, all with the goal of making the professional side of behavioral health a little easier, faster, and less expensive.

He co-founded a **mental health insurance billing service** for therapists called TheraThink in 2014 to specifically solve their insurance billing problems.

[MORE BY DENNY](#)

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## OUR MENTAL HEALTH INSURANCE BILLING SERVICES

Daily Claims Filing & Submission

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Daily Claims Processing

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Eligibility & Benefits Verification (in 2 business days)

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EOB & Payment Accounting

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Appeals, Rejections, Denials

---

Appointment Reminders (Email or SMS)

---

Appointments Calendar

---

EAP / Medicare / Medicaid / TriCare Billing

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Credentialing Services

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Network status verification.

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Month-by-Month Contract: No risk trial period

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Free Account Setup - we input your data at signup.

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Claim Tracking & Updates

---

EFT & ERA Forms Processing

---

Free 30 Day Trial

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[Learn more..](#)

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You can call, text, or email us about any claim, anytime, and hear back that day. We are your billing *staff* here to help.

## AFFORDABLE & TRANSPARENT SERVICE

We charge a percentage of the allowed amount per paid claim (only paid claims)

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No per claim submission fee

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No annual or monthly subscription fee

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No hidden fees

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ICD10 Ready, HIPAA Compliant

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## RELIABLE & DEDICATED TO CUSTOMER SERVICE

Our mental health insurance billing staff is on call Monday – Friday, 8am-6pm to ensure your claims are submitted and checked up on with immediacy.

We understand that it's important to actually be able to speak to someone about your billing. Every provider we work with is assigned an admin as a point of contact. You'll always be able to get in touch.

## Secure

Your access portal for updated claims and reports is secured via our HTTPS/SSL/TLS secured server. Our data is encrypted and backed up to HIPAA compliant standards.

## **INQUIRE ABOUT OUR MENTAL HEALTH INSURANCE BILLING SERVICE**

### EXPRESS YOUR INTEREST IN OUR BILLING SERVICE

Learn how we can handle your mental health insurance billing and credentialing headache:

Your first name

Your email address

A good phone number

**GET IN TOUCH**

We'll email you to discuss your billing situation asap. *Note: We only provide services to licensed mental health providers.*

### GET YOUR BILLING HANDLED!

It's our goal to ensure you simply don't have to spend unnecessary time on your billing.

You want to get paid quickly, in full, and not have to do more than spend 10 or 15 minutes to input your weekly calendar.

You want to know you can call your billing admin, a real person you've already spoken with, and get immediate answers about your claims.

You want to not have to deal with it!

Learn how to **offload your mental health insurance billing** to professionals, so you can do what you do best.

“As private practitioners, our clinical work alone is full-time. Add in the unnecessarily difficult insurance billing system and we run the risk of working way over full-time. TheraThink provides an affordable and incredibly easy solution. My daily insurance billing time now is less than five minutes for a full day of appointments. My cost is a percentage of what is insurance-approved and it's my favorite bill to pay each month! Denny and his team are responsive, incredibly easy to work with, and know their stuff. I cannot capture in words the value to me of TheraThink. Thank you. You free me to focus on the work I love!”



**Karen Wyome LICSW, WA**

**Billing Isn't In  
Your Job Title**

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