# Understanding Telehealth Billing in 2025: What You Need to Know

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Telehealth is no longer just a pandemic-era solution—it’s a permanent fixture in healthcare delivery. From virtual therapy sessions to remote chronic care management, providers across all specialties are embracing telehealth to improve access and flexibility. But as virtual care evolves, so do the billing rules that govern it.

In 2025, billing for telehealth services is more complex than ever, with changing payer policies, CPT updates, and state-specific regulations. Whether you're just getting started or refining your current process, here’s what you need to know to ensure accurate and timely reimbursement.

## 1. Stay Current With CMS and Commercial Payer Guidelines

The Centers for Medicare & Medicaid Services (CMS) continues to update its list of approved telehealth services each year. Some services are now permanently covered, while others remain under temporary waivers or pilot programs. Commercial payers also vary widely—what’s reimbursed by one insurer may not be by another.

**Tip:** Create a payer matrix that outlines what codes and modifiers are accepted for telehealth by each major insurer you work with.

## 2. Use the Correct Place of Service (POS) and Modifiers

Billing errors often occur due to incorrect POS codes or missing modifiers. For most telehealth claims, POS code **10** (Patient's Home) or **02** (Other than the Patient’s Home) is required. Commonly used modifiers include:

* **Modifier 95** – Synchronous telehealth service rendered via real-time interactive audio and video
* **Modifier GT** – Via interactive audio and video telecommunication systems (used by some private payers)

**Mistake to avoid:** Using in-person POS codes for telehealth visits can lead to automatic denials.

## 3. Document Telehealth Visits Just Like In-Person Visits

Payers expect complete and compliant documentation, including:

* Patient consent for telehealth services
* Technology used (video/audio platform)
* Duration of the visit
* Medical necessity of the service

Even though the visit is virtual, the clinical documentation requirements remain the same.

## 4. Verify Patient Location and State Licensing Requirements

Many states require providers to be licensed in the state where the patient is located during the telehealth visit. This is especially important for multi-state practices and telehealth companies offering national services.

**Solution:** Implement a system that captures the patient’s location at the time of service and flags licensing requirements accordingly.

## 5. Know Which Services Are Eligible for Virtual Delivery

Not all services can be billed as telehealth. Evaluation and management (E/M) visits, behavioral health, chronic care management, and some physical therapy services are commonly allowed—but procedures requiring direct physical interaction are not.

**Tip:** Review CMS’s current list of covered telehealth services and check for updates at least quarterly.

## Final Thoughts

Telehealth billing is a moving target, but it’s worth getting right. As payers refine their virtual care policies, providers who stay compliant and agile will see smoother reimbursements and stronger patient engagement. Whether you're a solo provider or managing a large group practice, a proactive telehealth billing strategy is essential in 2025 and beyond.

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