

# Telehealth superbill — sample & field guide

Save this PDF for reference while you complete your insurer’s out-of-network claim form. The example below is fictional (patient “Jane Q. Sample”) and is for illustration only — it is not a fillable form and cannot be submitted as a real claim.

## 1. What to include when you submit

Most commercial Ohio plans ask for the same five items. Gather all of them before you upload or mail your claim — missing pieces are the #1 reason claims get bounced.

- **The superbill itself** — the PDF we issue from your client portal. Submit the most recent version; do not retype or reformat it.
- **Proof of payment** — card receipt, bank statement line, or portal receipt showing the amount you paid for each visit on the superbill.
- **Patient and member info** — patient’s legal name and date of birth, subscriber’s name + DOB + member id exactly as printed on the insurance card (plus group number if your plan uses one).
- **Your insurer’s out-of-network claim form** — signed and dated; download the current version from your insurer’s member portal.
- **Diagnosis / medical-necessity notes — only if requested.** The ICD-10 diagnosis is already on the superbill; never email session notes yourself. Message us through the portal if your insurer asks for a letter of medical necessity.

## 2. Sample CMS-1500 layout (telehealth)

Below is the layout the CMS-1500 form uses. Bold values are the telehealth-specific fields most insurers check first.

<b>1a. Insured’s ID #</b>	<b>2. Patient’s name</b>	<b>3. Birth date / sex</b>
ABC123456789	SAMPLE, JANE Q	05 / 14 / 1988 F
<b>5. Patient’s address</b>		
123 MAIN ST, COLUMBUS OH 43215		
<b>21. Diagnosis (ICD-10) — relate A–L to box 24E</b>		
A. F41.1    B. F33.1    C. —    D. —		
A = Generalized anxiety disorder · B = Major depressive disorder, recurrent, moderate		

### 24. Service lines (one row per visit)

A. Date	B. POS	D. CPT / Modifier	E. Dx	F. \$ Charges	G. Units
04/03/26	10	90791 · 95	A	\$220.00	1
04/10/26	10	90834 · 95	A, B	\$165.00	1
04/17/26	02	90837 · 95	A, B	\$200.00	1

POS 10 = patient’s home · POS 02 = any other telehealth location · Modifier 95 = synchronous audio + video

25. Federal tax ID	28. Total charge	29. Amount paid
XX-XXXXXXX	\$585.00	\$585.00
32. Service facility (telehealth = patient's location)		
PATIENT HOME — COLUMBUS OH 43215		
33. Billing provider info & NPI		
NOBLEMIND COUNSELING • NPI 1234567890		

### 3. Where each telehealth field goes

Box	Field	What goes there
21	Diagnosis (ICD-10)	Up to 12 codes lettered A–L. Each service line in box 24 points back to one or more letters here.
24A	Date of service	One row per visit; do not roll multiple visits into one line.
24B	Place of Service	10 = patient's home • 02 = any other telehealth location. The single most-checked telehealth field.
24D	CPT + Modifier	Same therapy CPTs as in-person (90791, 90834, 90837) followed by modifier 95 for sync audio + video. Some payers still want GT — call to confirm.
24E	Diagnosis pointer	The letter(s) from box 21 that justify this service line. Don't point to a code you didn't list in 21.
24F & 28	Charges and totals	24F is the per-line charge; 28 is the sum. Box 29 (amount paid) usually equals box 28 for patient-submitted out-of-network claims.
32	Service facility	For telehealth, the patient's physical location at the time of the visit (Ohio address) — not the clinician's office.
33	Billing provider + NPI	Practice name, address, and 10-digit NPI. Pre-filled on every superbill we issue.

### 4. Typical reimbursement timeline

Ranges across major Ohio commercial plans. Member-portal submissions tend to be 1–2 weeks faster than mail.

When	What happens
Day 0	You submit the superbill + claim form via your insurer's member portal.
Day 1–3	Acknowledgment: portal shows 'received' or 'in process.'

Day 7–21	Adjudication: reviewers check diagnosis, POS, modifier, deductible, medical necessity. ~1 in 5 claims pause for an info request here.
Day 14–30	EOB posted to your portal showing allowed amount, deductible applied, and reimbursement.
Day 21–42	Payment to you (direct deposit if set up; otherwise paper check).
Day 30+	Still nothing? Call member services with your claim number. We can reissue a corrected superbill within 2 business days.

## 5. Important disclaimers

This document is a patient-facing reference, not legal, billing, or medical advice. The official CMS-1500 (02/12) form is published by the National Uniform Claim Committee; always download the current version from your insurer's member portal or NUCC if you need a fillable copy. Sample patient name, member id, NPI, and tax ID are fictional.

Need a corrected or expanded superbill, a CMS-1500 export, or a letter of medical necessity? Message us through your client portal — never email session notes yourself.

SAMPLE