

# Guidance for Billing Telehealth Services in Rural Health Centers and Federally Qualified Health Centers

Beginning July 1, 2020, all distant site telehealth services in RHC/FQHC will be billed using a single code: **G2025**. How will the clinic, CMS, and secondary payers distinguish between the types of services provided? For instance, how will CMS know that the patient had an Annual Wellness Visit? How will secondary payers receive correct codes on cross-over claims?

Most Electronic Medical Records (EMR) or Practice Management (PM) software can be configured to manage these coding conundrums by allowing alternative codes to go out to payors for set periods of time. This approach has a few limitations:

- Requires some time investment to set up
- May need to be re-visited should the Public Health Emergency extend past 12/31/2020, or if CMS offers additional guidance on billing distant site telehealth services
- May require input from IT and HIM

This approach assists clinics by:

- Allowing time period end date to be placed on the use of temporary telehealth code
- Facilitating tracking of how many telehealth services and the types of services provided during the time period
- Seamlessly providing alternate codes to other payers when necessary
- Some software will also allow users to set differing default modifiers for individual (line-level) services based on payer requirements, avoiding claim-level user interventions

The setup is focused on proper billing for Medicare while supporting billing other payers and allowing the clinic to run reports and queries.

1. Use the alternate codes to control what CPT/HCPCS code is sent to Medicare for an existing service
2. Use the time period start/stop (or effective/end date) feature to limit the use of the alternative code to the duration of the approved use period (for G2025, that is July 1, 2020- December 31, 2020).

Example:

Existing Code	Existing Description	New Telehealth code	New Description (provider sees this)	Code set effective date	Code set termination date	MCR/MA HCPCS TH code 7/1/2020	Commercial payer code <sup>1</sup>	Medicaid Code <sup>1</sup>
G4039	Annual Wellness Visit, Subsequent	G4039T	Telehealth AWV, Subsequent	7/1/2020	12/31/2020	G2025	S0612	99397

<sup>1</sup>Codes are for example only and not representative of correct coding for these payers.