

Telehealth services help ensure patients get the right level of service in the right place of service. During the COVID-19 National Public Health Emergency, [CMS has implemented guidance](#) to expand the ability of Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to provide telehealth services.

## Allowable Telehealth Visits

Medicare requires telehealth services to have real-time, interactive audio and video communication between providers and patients. Certain services are allowable via telehealth, including regular office visits and many preventive care services. During the PHE, CMS is temporarily expanding allowable telehealth services, and allowing some services to be provided in audio-only visits. For the most up-to-date information about allowable telehealth and audio-only visits, visit the [CMS website](#). It is important to note that audio-only E/M services are not on the approved Medicare telehealth service list. Audio-only E/M may be provided in RHC and FQHC beginning March 1, 2020. You can find guidance about providing and billing these services [here](#).

## Consent and Technology Platforms

- Consent for a video and audio visit must be documented. Verbal consent meets requirements. Once documented, consent is good for services provided within a year.
- Consent may be obtained at the time the services are furnished.
- Consent may be obtained by ancillary staff under general supervision.
- Services must be provided on a HIPAA compliant technology platform\*\*\*

## Allowable Providers and Locations

- During the PHE, Medicare is temporarily allowing RHCs and FQHCs to be the distant site for telehealth services.
- Telehealth services may be provided by any health care practitioner working within their scope of practice.
- Providers may furnish services from any location, including their home, during their work for the RHC/FQHC.
- Patients may be located in their own home when receiving telehealth services.



### Technology & Consent Documentation

You may wish to create a smart phrase or other quick method of documenting technology and consent in your EHR.

(insert the technology platform you use):

*"This visit was completed via <technology platform> due to the restrictions of the COVID-19 pandemic. All issues as below were discussed and addressed but no physical exam was performed unless allowed by visual confirmation on <technology platform>. If it was felt that the patient should be evaluated in clinic then they were directed to visit."*

Learn more about conducting a [physical exam via telehealth](#).

Adapting workflows to accommodate telehealth visits can be challenge. See our guidance [here](#).

## Coding, Billing, and Payment

---

Coding, billing, and payment rules will vary based on the clinic type and date of service. However, Medicare telehealth billing rules require a face-to-face visit with the provider during the telehealth service. Audio interaction with the provider should be delivered with audio-only services.

The revenue code for RHC and FQHC telehealth and audio-only service claims is **052X**. During the PHE, only distant site telehealth services are authorized for payment to RHCs and FQHCs. Payment rates have been set through December 31, 2020. If the PHE is still in effect, new payment rates will be determined for 2021.

### Rural Health Clinics

For approved audio-only and distant site telehealth services furnished January 27, 2020-June 30, 2020

- Use code **G2025** and modifier **CG**
- Modifier 95 is optional
- RHC payment is set at the all-inclusive rate (AIR)
- In July, claims will be automatically reprocessed under the new payment for **G2025** when the Medicare claims processing system is updated. No action is required on behalf of the RHC to resubmit claims.

For approved audio-only and distant site telehealth services furnished July 1, 2020 and after

- Use code **G2025**
- Modifier 95 is optional
- RHC payment is set at **G2025** payment rate: \$92.03

### Federally Qualified Health Centers

For FQHC qualifying visits furnished as approved audio-only or distant site telehealth services from January 27, 2020 - June 30, 2020, three HCPCS/CPT codes must be reported simultaneously:

- the FQHC PPS specific payment code (**G0466 - G0470**)
- the HCPCS/CPT code that describes the service furnished via telehealth with modifier 95
- **G2025** with modifier 95
- These claims will be paid at the FQHC PPS rate until June 30, 2020. Beginning July 1, 2020, claims will automatically be re-processed at the **G2025** payment rate. No action is required on behalf of the FQHC to resubmit claims.

For non-qualifying visits furnished via approved audio-only or distant site telehealth from January 27, 2020 - June 30, 2020, hold claims until July 1, 2020 and then submit using code **G2025**. Modifier 95 is optional.

For FQHC visits furnished via approved audio-only or distant site telehealth from July 1, 2020 through the end of the PHE

- Use code **G2025**
- Modifier 95 is optional



\*\*Services must be provided on a HIPAA compliant platform. However, during the COVID-19 National Public Health Emergency, HIPAA requirements will not be enforced for providers delivering telehealth services in good faith.

For more information and suggested technology platforms, please refer to [HHS guidance](#).

See our guidance for helping patients prepare for a [telehealth visit in their home](#).

**Originating Site:** location of the patient during the telehealth visit

**Distant Site:** location of the provider during the telehealth visit

A list of FQHC PPS specific payment codes can be found [here](#).

For guidance on setting up your EHR or Practice Management software to bill new codes and modifiers, see our guidance [here](#).

### Suggested Citation:

Showalter, G. (2020, May 04). Telehealth Services in Rural Health Clinics and Federally Qualified Health Centers. Loengard, A., Findley, J. (Eds.). <https://caravanhealth.com/>