



Omnibus Extends Telehealth Beyond Public Health Emergency

G2025 Special Payment Rule for Telehealth Continues

Earlier this month, Congress passed the [Consolidated Appropriations Act of 2022](#) which funded the government for the rest of fiscal year 2022. This bill, also known as the “omnibus” was widely viewed as the last major legislative vehicle for health policy changes until after the mid-term elections. While there were serious [legislative efforts](#) to pass significant, and much-needed, telehealth reforms for rural health clinics, ultimately, the final bill simply extended telehealth policies for 151-days beyond the end of the public health emergency (PHE).

“We were cautiously optimistic that Congress would retire the G2025 special telehealth payment rules in favor of *normal* reimbursement rules for RHCs in this omnibus package. Unfortunately, Congress opted to maintain the status quo policy for now,” said Nathan Baugh, Director of Government Affairs for the National Association of Rural Health Clinics (NARHC). “We thank the bipartisan cosponsors of both the Telehealth Extension Act (H.R. 6202) and the Telehealth Extension and Evaluation Act (S. 3593) for their efforts to fix telehealth policy for RHCs, and we look forward to working with the Hill to address RHC telehealth issues at the next available opportunity.”

While the 151-day or roughly 5-month extension of telehealth coverage beyond the public health emergency may not provide much long-term clarity regarding telehealth policy, the de-linking of telehealth coverage from the PHE is notable. It gives providers some assurances that the Medicare telehealth policy will not immediately vanish at the end of PHE while still keeping the pressure on Congress to pass longer-term extensions of telehealth policy.

“It is pretty clear that Congress would like more data on telehealth before committing to a permanent or even a year-long extension of telehealth policy,” said Sarah Hohman, Deputy Director of Government Affairs for NARHC. “But this desire to gather more information is another reason to retire the special payment rule for RHCs as soon as possible. There isn’t much insight to be gleaned from RHC telehealth data if we continue to use the G2025 code to bill for telehealth as it completely obscures and distorts the claims data.”

NARHC will continue to advocate for normal coding, normal cost reporting, and normal reimbursement for telehealth visits. While fee-for-service offices currently have payment parity between their in-person and telehealth services, RHCs and FQHCs continue to receive significantly less for telehealth visits than they would if they performed that visit in person. Unfortunately, the current policy continues to serve as a major disincentive for safety-net providers to invest in telehealth offerings.

The notable exception to the special payment rule, is, of course, the RHC *mental health* telehealth [payment policy](#) which began in 2022. For mental health encounters provided via telehealth, RHCs code normally, bill normally, use normal cost reporting concepts, and are reimbursed at their All-Inclusive Rate. This is exactly the telehealth policy NARHC believes should be extended to all telehealth encounters and is proof positive that Medicare can pay RHC telehealth encounters normally without the special payment rule.

“Projecting forward, the high-level outlook is pretty clear that telehealth is here to stay, and we will not go back to pre-COVID policies,” said Baugh. “However, we are probably a long way away from a permanent Medicare telehealth policy. There are a lot of different opinions on exactly how telehealth should work, and Congress will have to balance these perspectives until a consensus is formed. In the meantime, NARHC will continue to fight for RHCs and RHC patients to ensure that we are treated equitably.”