

Coding RHC Telehealth Visits

Tracking Telehealth Service Detail

Most of us in the RHC/FQHC community have been spending a large amount of our COVID mitigation energy navigating Telehealth billing guidance. We all know how challenging this has been. The author of this article has written several Telehealth billing “keys”, only to have them become obsolete the next day!



Our latest RHC/FQHC Distant Site guidance from CMS was released on April 30, 2020. ([MLN SE20016 Revised](#)) MLN 20016 outlines how to use G2025 for RHC/FQHC Distant Site Telehealth Visits. This same guidance also allowed telephone-only visits to be billed as Telehealth visits. These could only be billed as Virtual Check-Ins, previously.

G2025 is to be used for billing RHC/FQHC distant site Telehealth services. G2025 is an RHC/FQHC-specific HCPCS code. CMS does NOT want additional service detail to accompany the Distant Site Telehealth claims. For example, if Dr. Jones (fictitious) at North Country RHC (also fictitious) performs an Annual Wellness Visit via telehealth, G0439 is not to be submitted on the claim.

This presents many problems. First, there is no service detail for the Medicare Coordination of Benefits system to capture. Medicare will not “know” that Dr. Jones performed an Annual Wellness visit for that patient. Second, how will Medicare know that this service was preventive and should not have co-insurance or deductible amounts applied. Third, how will our ACOs or other entities know that the RHC is meeting quality measures? Next, Dr. Jones’s compensation is based on RVUs (Relative Value Units). How would these services be captured on our cost report? How will that work?

The answer to all of these is “not easily”. There are a wide-variety of EHR-PM systems deployed throughout the RHC/FQHC community. We also have a multiple, electronic claim clearinghouse sitting between our billing systems and Medicare. Each system and clearinghouse functions differently. How each of us handle coding for RHC claims will depend on the billing system and clearinghouse in use.

North American HMS is posting service detail but suppressing all line items except the G2025. We are also using Modifier-95 consistently. This will facilitate tracking and reporting. Remember: Modifier CG is only required through June 30. Modifier-95 is NOT required but is optional.

The example below is a **suggestion!** (G0439 or other CPT detail should NOT go out on the claim). This method is only a suggested method of capturing service detail.

Claim Submission

Rev CD	Desc	HCPCS/CPT	DOS	Units	Total Charge
0521	RHC Distant Site	G2025CG95	4/1/2020	1	\$ 94.00
0001	Total Charge				\$ 94.00

Service Detail Posted to the System (G0439 should NOT go out on the claim!)

Rev CD	Desc	HCPCS/CPT	DOS	Units	Total Charge
0521	RHC Distant Site	G2025CG95	4/1/2020	1	\$ 94.00
0521	Subsequent AWV	G043995			(Suppressed)
0001	Total Charge				\$ 94.00

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The G2025 is temporary for now. Distant Site RHC services are only payable through the Public Health Emergency. There is resistance to making these changes permanent. The problems that billing solely G2025 represents, especially with the Common Working File and Coordination of Benefits, make it likely that additional changes will be necessary. Stay tuned.

In the meantime, each organization will have to determine how to best capture service detail. This will be driven entirely by organizational requirements, provider compensation, practice management system capabilities, electronic claims clearinghouses, and the relevant Medicare Administrative Contractor.

As always: We MUST make our voices heard for a more palatable permanent solution. See you online!!

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