

# Telehealth Billing Update

## Behavioral Health vs Clinical Services

There are many questions percolating in the RHC-FQHC community about telehealth services and what will happen to the flexibilities granted for COVID-19. The Public Health Emergency (PHE) Telehealth Flexibilities allowed in [MLN SE20016](#) have become Standard Operating Procedure.

The terms Distant Site and Originating site had been rendered moot during the Public Health Emergency. We are accustomed to billing G2025 for ALL telehealth services, and NOT being paid the All-Inclusive Rate (G2025 is currently paid at \$97.24). Will these flexibilities remain? Will providers be able to render distant site services to RHC patients post-PE? Which telehealth services will as RHC encounters, and which will not? Recent legislation and CMS rules have provided some answers to these questions.

### Behavioral Health rendered via Telehealth

Behavioral Health services via Telehealth, rendered by RHC providers on a distant site basis, are now payable at the all-inclusive rate, as RHC encounters. The Medicare Physician Fee Schedule Final Rule made this permanent. See [SE22001](#) for details. There IS an in-person visit requirement for which exceptions MAY be documented. Audio-only visits ARE allowed. Here are the billing guidelines:

- Audio-video visits: Use modifier 95 (Telemedicine Service Rendered via Audio and Video)
- Audio-only visits: Use new service-level modifier FQ.

As SE22001 says: “These visits are different from telehealth services provided during the Public Health Emergency (PHE). Don’t bill HCPCS code G2025 for a mental health visit you provide via telecommunications.”

Revenue Code	HCPCS Code	Modifiers
0900	90834 (or other Qualifying Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only)

### Clinical Services Rendered via Telehealth (G2025)

G2025 was created for RHCs to provide distant site services, of any type, during the PHE. According to MLN SE20016, “Any health care practitioner working for you within your scope of practice can provide distant site telehealth services. Practitioners can provide distant site telehealth services.”

The reimbursement amount for G2025 is the national average of all 272 Medicare Physician Fee Schedule services payable when rendered via Telehealth. G2025 is NOT an encounter paid at the AIR. Since G2025 services are NON-encounters, they must not be counted on the Cost Report as visits. This is the major distinction: the Behavioral Health services rendered via Telehealth ARE encounters. They ARE included in the cost report as visits. G2025 codes are not counted as visits for cost reporting purposes.

MLN SE20016 (see January 23, 2022 update [here](#)) outlines current G2025 rules as “Telehealth Flexibilities granted to address COVID-19”. According to MLN SE20016, “Effective January 1, 2022, the payment rate for distant site telehealth services is \$97.24.” Here is the claim detail:

Revenue Code	HCPCS Code	Modifiers
052X	G2025	95 (optional)

The recent [Consolidated Appropriations Act of 2022](#) extended current RHC Telehealth flexibilities for 151 days beyond the end of the Public Health Emergency.

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