



PAYMENT

Reimbursement Tips:

FQHC Requirements for Medicare Telehealth Services.

Telehealth refers to delivery of patient services via interactive audio and video telecommunication services to patients in remote sites, including their homes.



Program Requirements

Under the Coronavirus Preparedness and Response Supplemental Appropriations (CARES) Act and Section 1135 waiver authority, the Centers for Medicare and Medicaid Services (CMS) broadened access to Medicare telehealth services and added provisions specific to health centers. *Information provided in this document refers to program guidance under these temporary legislative enactments and waivers.*

For the duration of the COVID-19 crisis, health centers are authorized for Medicare reimbursement as distant sites in visits provided via telehealth. This means qualified FQHC practitioners can be paid for telehealth services provided to patients in their home. Health centers can use telehealth in lieu of face-to-face visits to furnish eligible patient care where allowable.



Patient Eligibility & Consent

Beneficiary consent is required but, during the Public Health Emergency (PHE), may be obtained at the same time the telehealth service is furnished. Consent for telehealth services may be obtained via general supervision. It is important for health centers to understand what consent requirements and flexibilities exist during the PHE for each telehealth service they offer. Under the temporary waiver provisions, the requirement that a provider have a prior established relationship with the patient has been removed.

Coinsurance does not apply to those evaluation and management (E/M) services which are related to COVID-19 testing, whether they are furnished in person or via telehealth and modifier "CS" must be used to identify these waived cost share services. Coinsurance will otherwise apply to telehealth services.



Timeframe & Services

CMS/Medicare covers visits delivered via telehealth in accordance with the time requirements associated with the visit type. A telehealth visit must use an interactive audio and video telecommunications system that permits two-way, real-time communication

between the provider and patient; however, this definition has been expanded under the COVID-19 Public Health Emergency (PHE) to allow for some "audio only" visits. FQHCs may furnish any service via telehealth that is listed on the [CMS Telehealth Services List](#), including those listed as "audio-only".

For telehealth services, two terms are commonly used to describe how the services are being provided.

Originating site: the **location of the patient** at the time the service is being provided.

Distant site: the **location of the provider** delivering telehealth services.

Generally, the originating site must be a health care facility (e.g., health center) located in a geographically remote area and the patient at the health center receives services furnished via telehealth by a provider at a (different) distant site location. Waivers and changes in the law relating to the COVID-19 period allowed CMS to temporarily recognize other originating site locations, including patient's homes and facilities in urban locations. This means providers can be located in the health center or even in their home (working on behalf of the health center) and deliver telehealth to patients in their homes. For FQHC distant site telehealth services furnished during the COVID emergency, the list of covered services is not limited to FQHC services.

In the Medicare Final Rule, CMS expanded the definition of a patient's home to include temporary housing such as hotels, homeless shelters, or places a patient may need to go for privacy that are a short distance from the actual home. A home does not include a hospital or other facility where the patient receives care in a private residence.

Under the waiver, CMS has temporarily lifted rules that otherwise restrict Medicare from paying for services rendered by clinicians practicing in a state other than where they are licensed. However, state law, licensure, and scope of practice definitions must be considered.



New vs Established Patients

New as well as established patients may be seen via telehealth. There are no frequency limitations on Medicare telehealth.

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Authorized Provider/Staff

Throughout the PHE, CMS has clarified guidance pertaining to the use of telehealth services. Evaluation and Management (E/M) telehealth services, including those which are permitted to be furnished via audio-only technology, can only be furnished by an authorized Medicare FQHC practitioner. Other telehealth services may be furnished by any health care practitioner or clinical staff member, under the direct supervision of the physician, working within the limits of their state license and scope of practice (see table below). They must be working for the health center either as an employee or under direct contract.

Direct supervision requires the physician to be present in the office suite and immediately available to furnish assistance and direction during a patient visit. It does not require the physician to be in the same room as the patient and staff member. CMS has also modified the direct supervision requirements during the PHE to allow for virtual supervisory presence via interactive audio and video telecommunications technology. In Section E of the Interim Final Rule, entitled “Direct Supervision by Interactive Telecommunications Technology”, CMS explains that services which do not have to be personally performed by an FQHC practitioner (i.e., non-E/M services), including face-to-face and non-face-to-face services, may be provided by qualified nursing or auxiliary personnel under the billing practitioner’s appropriate virtual, or in-person, supervision.

TREATING (BILLING) PROVIDER				Certified Registered Nurse Anesthetists*	Registered Dietitians or Nutrition Professional*	Clinical Psychologists*	Licensed Clinical Social Workers*	Any FQHC practitioner working within scope of practice*
Physicians (MD or DO)	Non-Physician Practitioners							
		NP	PA	CNM				
X	X	X	X	X	X	X	X	X

Medical Doctor (MD) or Doctor Osteopathy (DO)

Non-Physician Practitioners include: Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM).

A CNS is not an FQHC Practitioner; however in a FFS setting a CNS is eligible to provide and bill for telehealth services.

*Clinical psychologists (CPS) and licensed clinical social workers (LCSWs) cannot bill for psychiatric diagnostic interview exams at the same as medical services or medical evaluation and management services.

+Any health care practitioner working for the FQHC within their scope of practice. This could, for example, include an RN, MA, CHW or other staff working within their scope of practice and whom the billing practitioner authorizes and deems qualified to perform a service under his/her direct supervision, including virtual supervision.

Documentation

Documentation of telehealth visits follows the same documentation practices in place for in-person visits. Visits should be documented in a certified electronic medical record. For example, the Outpatient E/M Guidelines for documenting and billing E/M services must be followed. Documentation for any type of non-face-face service should also include the method of telehealth, provider and patient locations, clinical participants, and patient consent.

In the PHE, “the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communication technologies such as FaceTime or Skype.” [CMS Medicare Telemedicine Fact Sheet](#). Providers should document the modality of communication (e.g., Skype, Zoom, FaceTime, Updox, Doxy.me, etc.) in the patient record.

Coding & Billing

In June 2022, the Department of Health and Human Services issued [new guidance](#) on the use of audio-only communication services. The guidance will come into effect at the end of the PHE.

FQHC distant site telehealth billing may be applied to services rendered on/after January 20, 2020, up until the end of the emergency period as defined in the law. FQHCs must use HCPCS code G2025, a new

code created in 2020 for FQHC billing of distant site telehealth services. G2025 is used by health centers for any CMS approved telehealth service, including PPS FQHC qualifying visits that are part of the traditional FQHC PPS reimbursement, as well as for non-PPS visits.

FQHCs may also provide audio-only E/M services defined under CPT codes 99441, 99442, and 99443. These audio-only services are also billed under G2025. In order to bill for an audio-only E/M service, the physician or Qualified Health Professional (QHP) must provide at least 5 minutes of telephone E/M services to an established patient, parent, or guardian. They cannot bill if the services stem from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the subsequent 24 hours or soonest available appointment. It is important to review the CMS approved list of [telehealth codes](#) to see which services are telehealth permissible and which must be audio/visual versus audio-only.

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In MLN Matters article [SE20011](#), CMS also explains that under the Families First Coronavirus Response

Act, cost-sharing under Medicare Part B is waived for Medicare patients who receive COVID-19 testing and testing related services, including those services provided to determine the need for a test. As testing related services may be offered via telehealth, the CS modifier would be appended to the G2025 code. In addition, CMS identified preventive services for which cost-share is waived. See the CMS approved list of telehealth codes for the applicable services.

For services included in the CMS approved telehealth list where cost-share is waived, Medicare will adjust the coinsurance and payment calculation to reflect the Physician Fee Schedule (PFS) methodology. This means that the coinsurance is 20% of the lesser of the allowed amount (\$97.24) or actual charges, and the payment itself is 80% of the lesser of the allowed amount (\$97.24) or actual charges. CMS notes that before the adjustment, distant site coinsurance was 20% of the actual charges and the payment was the allowed amount (\$97.24) minus the coinsurance.

WHAT PROVIDER CODES	Services	What FQHC bills to CMS	CMS/Medicare 2022 Fee
Any CMS permitted telehealth code	Any CMS Telehealth covered services	G2025*	\$97.24

*On or after July 1, 2020 until the end of the COVID PHE

There is tremendous variation of telehealth coding, billing, payment and cost share waivers by various payers. It is important that FQHCs check with each payer for the coding and billing requirements. In addition, CMS continues to urge FQHCs to check with local MAC(s) to mutually understand expectations regarding claim format, use of modifiers, and other nuances related to reimbursement.

Modifiers

Medicare requires that codes for services furnished via telehealth be appended with an appropriate modifier. During the PHE, modifier 95 should be appended to G2025 for all telehealth services.

- **Modifier FQ** (new in 2022) is to be used to identify any service provided via audio-only technology. This modifier is related to mental health telecommunications visits (see [Mental Health Telecommunications Reimbursement Tips](#)).

- **Modifier FR** (new in 2022) is used to indicate that a supervising practitioner was present through a telehealth (two-way, audio/video, communication technology) visit.
- **Modifier GT** is a HCPCS code modifier used to identify services rendered via interactive audio and video telecommunications systems. Historically used for Medicare and Medicaid, it's more often now seen on institutional claims. However, payer requirements on its use vary.
- **Modifier 95**, similar to GT, is a CPT® code modifier used to identify a "synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system." These services are typically rendered face-to-face, but may be furnished via an audio-video technology. Appendix P in the AMA's CPT® Manual lists these services requiring modifier 95 when provided as audio-visual visit. CMS specifically states in the Medicare Final Rule (65209) that modifier 95 is to be appended to mental health services furnished via audio-visual technology.
- **Modifier GT or Modifier 95?** Which modifier to use is dependent upon each health center's payer requirements. Payers typically create their own criteria for modifier use.

Place of Service (POS) Codes for Telehealth

During the PHE, the POS code is the place of service where the service would have been provided if it was provided in person. Prior to the PHE, POS 02 was used to identify telehealth provided at all patient locations. For calendar year 2022, Medicare issued a revision to POS code 02 and created a new POS code 10.

- **POS 02:** Telehealth Provided Other than in Patient's Home
This POS code is to be used for health services and health related services provided via telecommunications technology to, or received by, patients who are not in their home.
- **POS 10:** Telehealth Provided in Patient's Home
This POS code is to be used for health services and health related services provided via telecommunications technology to, or received by, patients in their home.

Medicare has stated that they do not have a need for POS 10, but created it to support the needs of the health care industry. Medicare will adjudicate claims with this code; otherwise, it has been left up to the MACs to instruct health centers on which POS code to use. For Medicare, the effective date of the POS codes

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is April 4, 2022 or the end of the PHE, whichever is sooner. Other payers began implementing the POS code changes January 1, 2022.

Note: FQHC institutional claims do not require a POS code when billing to Medicare. It's always important to first check with your payer before making changes to your coding and billing systems.

The [Center for Connected Health Policy](#) provides information pertaining to telehealth policies at the federal and state levels. Their findings show that each state offers some level of telehealth coverage via Medicaid and that most private payers are required by state law to reimburse for some level of telehealth services. It is important for health centers to know state and private payer coverage policies.

End of PHE Telehealth Flexibilities

In March 2022, the Consolidate Appropriations Act (CAA) issued extensions to certain FQHC telehealth flexibilities beyond the end of the PHE. The extension is for a 151-day period that will begin the first day after the PHE ends. The extension applies to distant site, originating site, and audio-only waivers and flexibilities.

The Secretary of the Department of Health and Human Services (HHS) has the authority to declare a PHE and to end or allow it to expire. The Secretary must provide states with 60 days' notice prior to ending the PHE. As each declaration has a 90-day effective time period, the Secretary has renewed the PHE multiple times since it was first declared in January 2020. At the time of this writing, the PHE is in effect until July 15, 2022.

It is important to note that there are services which, regardless of the date the PHE expires, are only available up to December 31, 2023. This timeline is offered to allow stakeholders more time to determine if the service should be permanently added to the list.

A complete list of the Coronavirus waivers and flexibilities can be found on the CMS website: <https://www.cms.gov/coronavirus-waivers>.

Please refer to the new "FQHC Requirements for Mental Health Telehealth" Payment Reimbursement Tips for information about these CMS approved services.

References

- American Medical Association, CPT® 2022 Professional Edition.
- [CMS-1744-IFC: Policy & Regulatory Revisions in Response to the COVID-19 PHE](#)
- [CMS FAQs on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to Coronavirus Disease 2019 \(COVID-19\)](#)
- [CMS FQHC Center](#)
- [CMS List of Telehealth Services](#)
- [CMS Medicare Learning Network Connects: 2020-04-07-MLNC-SE](#)
- [CMS Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [CMS MLN CY2022 Telehealth Update MM12549](#)
- [CMS New and Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE](#)
- [CMS Telehealth Medicare Learning Networks Connects Fact Sheet](#)
- [COVID-19 FAQs](#)