

Telehealth Billing and Reimbursement Tip Sheet

Updated 10/21/2022

Medicare

1. During the public health emergency (PHE), FQHCs may provide **any** telehealth services in the [CMS List of Telehealth Services](#), including those that have been added on an interim basis during the PHE.
 - a. The PHE was renewed October 13, 2022, extending the order by 90 days [through January 11, 2023](#).
 - b. Medicare telehealth services can be furnished and paid for 151 days after the declared end of the PHE. This means, at the earliest, FQHCs will continue with the flexibilities until June 12, 2023.
2. All qualifying telehealth services are billed and reimbursed with FQHC specific G code, G2025, at Calendar Year (CY) 2022 rate \$97.24.
 - a. [CMS List of Telehealth Services](#) specifies which services are 1) temporary additions 2) can be met audio-only 3) available through December 31, 2023 regardless of when the PHE ends.
 - b. Office/outpatient visit (CPT 99211) is on the list of allowed telehealth services. *Registered Nurses may bill 99211 as G2025 during the PHE. See section 9a-b for more detail.*
 - c. Telephonic E/M (CPT 99441-3) is on the list of allowed telehealth services. *FQHCs may bill a 99441-3 as G2025 during the PHE. See section 9c for more detail.*
3. Mental Health Visit Using Telehealth was made **permanent** for FQHCs after January 1, 2022 for qualifying visits under [FQHC-PPS visit codes](#) G0469 & G0470.
 - a. Audio-only (modifier FQ) is allowed when beneficiary is not capable of or does not consent to audio-video (modifier 95) technology.
 - b. [In-person Mental Health Visit Requirements](#) (e.g., an in-person visit at least every 12 months while patient is getting mental health services via telehealth) won't be required until 151 days after end of the PHE.

Medicaid

4. [MassHealth All Provider Bulletin](#) from October 2022 defines coverage of services provided via telehealth.
 - a. Telehealth will be paid at parity through September 30, 2023, after when policies may change via [future bulletins](#).
 - b. **Claims must include POS code 10 (patient's home) or 2 (setting other than patient's home) with modifiers¹ including:**
 - i. **93: synchronous audio-only telehealth (replacing V3)**
 - ii. **95: synchronous audio-video telehealth**
 - iii. **GQ: asynchronous telehealth**

¹Bulletin 327 distinguishes between 02 and 10 as well as revised modifiers 95, 93, GQ, GT, FQ, and FR which will be implemented through an informational edit period. Between April 16, 2022, and March 30, 2023, MassHealth will not deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers. On or after April 1, 2023, MassHealth will discontinue this informational edit, and will deny claims containing POS code 02 or POS code 10 that are missing one of these modifiers.

Commercial Payers

5. Because telehealth coverage varies by private payer:
 - a. See [NETRC 2022 Private Payer Mental Health Covered Providers](#) for a comparison of major payers.
 - b. Seek out information from the payer about:
 - i. What CPT and HCPC codes can be delivered via telehealth
 - ii. What modifiers are needed
 - iii. What is the correct POS
 - iv. Which providers are eligible
 - v. If there are any other restrictions

Looking Ahead

6. [CY 2023 Medicare Physician Fee Schedule \(PFS\) Proposed Rule](#):
 - a. May make several services that are temporarily available for the PHE available through CY 2023 (12/31/2023), superseding the 151 day post-PHE flexibility.
 - b. May require appropriate POS indicator rather than modifier 95 (audio-video).
 - c. May replace modifier FQ (audio-only behavioral health) with modifier 93 (audio-only telehealth).

Additional Resources

7. [NACHC Telehealth Reimbursement Tip Sheet](#)
8. [NACHC Telehealth Documentation Tip Sheet](#)
9. [Covid-19 FAQs on Medicare FFS Billing](#)
 - a. Section M, question 9 contains language that any health practitioner, including NP, PA, and CNM, working for the FQHC within their scope of practice can furnish telehealth services.
 - b. Section S, question 5 comments on the addition of 99211 to the CMS list of approved telehealth service codes.
 - c. Section N, question 1 defines “online digital evaluation and management” to be “non-face-to-face, *patient-initiated*, digital communications using patient portal that require clinical decision that otherwise typically would be provided in the office.” The codes added for FQHCs cover 5-10 minutes, 11-20 minutes, and 21 or more minutes of E/M services.
10. [NACHC Telehealth E/M Coding Tip Sheet](#)