



## CMS Revises Telehealth Distant Site Guidance

### *Audio-Only Visits Now Considered Full Telehealth Distant Site Visits*

On April 30<sup>th</sup>, 2020, CMS significantly updated their telehealth guidance for RHCs and FQHCs.

There are two massive changes.

First, ALL distant site telehealth visits must be billed with HCPCS code G2025. For distant site services rendered between January 27<sup>th</sup>, 2020, and June 30<sup>th</sup>, 2020, RHCs must bill G2025 with modifier CG. After July 1, RHCs will no longer need modifier CG. Furthermore, modifier 95 is completely optional for all G2025 claims.

This is a major departure from the telehealth coding policy issued last week where RHCs were instructed to bill the normal HCPCS codes with modifier 95 until June 30<sup>th</sup>.

Second, audio-only services such as the audio E/M services 99441, 99442, and 99443, may now be billed as G2025 services.

Previously, audio-only services were shoehorned into our G0071 code as a remote evaluation service. However, as of today, these audio-only E/M service can and should be billed as G2025 services. Here is the full language from the guidance on this:

***In addition, effective March 1, 2020, these services include CPT codes 99441, 99442, and 99443, which are audio-only telephone evaluation and management (E/M) services. RHCs and FQHCs can furnish and bill for these services using HCPCS code G2025. To bill for these services, at least 5 minutes of telephone E/M service by a physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian. These services cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.***

To be clear, all G2025 claims between now and June 30<sup>th</sup>, must be billed with modifier CG and will reimburse at the RHC's all-inclusive rate. In July, all these claims will be reprocessed to \$92.03. After July 1<sup>st</sup>, the CG modifier is no longer needed, and these claims will pay \$92.03 from the onset.

There will undoubtedly be questions about this new policy. We will be working to get further clarification from CMS soon.

The full revision of MLN Matters SE 20016 can be seen here: <https://www.cms.gov/files/document/se20016.pdf>