



New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers

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What's Changed: We updated this Article to show the impact of the end of the COVID-19 public health emergency (PHE). You'll find substantive content updates in dark red on pages 1-4.

Affected Providers

- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

What You Need To Know

To provide as much support as possible to you and your patients during the COVID-19 PHE, both Congress and CMS made several changes to RHC and FQHC requirements and payments. **The COVID-19 PHE ended on May 11, 2023. View [Infectious diseases](#) for a list of waivers and flexibilities that were in place during the PHE.**

Also, view the latest [COVID-19 information for RHCs and FQHCs](#).

Background

New Payment for Telehealth Services

On March 27, 2020, Congress signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). [Section 3704 of the CARES Act](#) authorized RHCs and FQHCs to provide distant site telehealth services to Medicare patients during the COVID-19 PHE.

Section 4113 of the [Consolidated Appropriations Act, 2023](#), extended this authority through December 31, 2024.

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](#) – approved by Medicare as a distant site telehealth service under the physician fee schedule (PFS) – from any location, including their home, during the time that they're working for you.

The statutory language authorizing RHCs and FQHCs as distant site telehealth providers requires that we develop payment rates similar to the national average payment rates for comparable telehealth services under the PFS.

Table 1. RHC and FQHC Telehealth Payment Rates

Date of Service	Payment
January 27-December 31, 2020	\$92.03
January 1-December 31, 2021	\$99.45
January 1-December 31, 2022	\$97.24
January 1-December 31, 2023	\$98.27

These rates are the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS during the given timeframes. Because we made these changes in policy on an emergency basis, we made changes to claims processing systems in several stages.

Claims Requirements for RHCs and FQHCs

Starting July 1, 2020, RHCs and FQHCs should submit G2025 and you may append modifier 95, but it isn't required. Table 2 shows these reporting instructions.

Table 2. RHC and FQHCs Claims for Telehealth Services starting July 1, 2020

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

Cost-Sharing Related to COVID-19 Testing

For services provided between March 18, 2020, **through May 11, 2023, which is the end** of the COVID-19 PHE, we'll pay all of the reasonable costs for specified categories of evaluation and management (E/M) services if they result in an order for or administration of a COVID-19 test and relate to the supply or administration of such test or to the evaluation of a person for purposes of deciding the need for such test. For the specified E/M services related to COVID-19 testing, including when provided via telehealth, you must waive the collection of coinsurance from patients. For services in which Medicare waives the coinsurance, you must put the "CS" modifier on the service line. **Don't collect coinsurance from patients if the coinsurance is waived.**

Claims Example

Table 3. RHC and FQHC Claims for Telehealth Services when we waive cost sharing starting July 1, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	CS (required), 95 (optional)

Other Telehealth Flexibilities

For dates of service through December 31, 2024, you can provide any [Medicare-approved telehealth services](#) under the PFS. Also, effective March 1, 2020, these services included CPT codes 99441, 99442, and 99443, which are audio-only telephone E/M services. You can provide and bill for these services using HCPCS code G2025. To bill for these services, a physician or Medicare provider who may report E/M services must provide at least 5 minutes of telephone E/M service to an established patient, parent, or guardian. You can't bill for these services if they start 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.

Telehealth Services with Cost Sharing

For the CPT and HCPCS codes included in the list of telehealth codes at the link above, we'll adjust the coinsurance and payment calculation for distant site telehealth services you provided to show the method used to calculate coinsurance and payment under the PFS. The coinsurance for these services will be 20% of the lesser of the allowed amount in Table 1 or actual charges. The payment will be 80% of the lesser of the allowed amount in Table 1 or the actual charges.

Before the adjustment, the coinsurance for distant site services you provided was 20% of the actual charges and the payment was the allowed amount in Table 1 minus the coinsurance.

Telehealth Services with Cost Sharing Waived

The list of telehealth codes at the link above includes several CPT and HCPCS codes that describe preventive services that have waived cost sharing. As stated earlier in this Article, bill telehealth services on this list using HCPCS code G2025. To distinguish those telehealth services that don't have cost sharing waived from those that do, like some preventive services, also report modifier CS. We've modified the descriptor of the CS modifier to account for this additional use as follows:

CS – Cost sharing waived for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services provided via telehealth in RHCs and FQHCs during the COVID-19 PHE.

For preventive services provided via telehealth that have cost sharing waived, RHCs must report G2025 on claims with the CG and CS modifiers, and FQHCs must report G2025 with the CS modifier on or after July 1, 2020 – December 31, 2024.

See the above-referenced claim examples for Cost-Sharing Related to COVID-19 Testing. These examples will also apply to preventive services that have cost sharing waived.

More Information

Visit the [coronavirus waivers](#) and the [current emergencies](#) webpages.

View [RHC](#) and [FQHC](#) booklets.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
May 12, 2023	We updated this Article to show the impact of the end of the COVID-19 PHE. You'll find substantive content updates in dark red on pages 1-5.
February 23, 2023	We corrected the 2023 payment rate for distant site telehealth services. You'll find substantive content updates in dark red on pages 2, 3, and 5. Note that Medicare systems have been paying the correct amount.
November 22, 2022	We revised this article to add the 2023 payment rate for distant site telehealth services. You'll find substantive content updates in dark red (pages 2, 3, 5, and 6). All other information is the same.
January 13, 2022	We revised this article to add the 2022 payment rate for distant site telehealth services and information on RHC payment limits. You'll find substantive content updates in dark red font (see pages 2, 3, 5, 6, and 7). All other information is the same.
February 23, 2021	We revised this article to provide the updated rate effective January 1, 2021, for G2025. You'll find substantive content updates in dark red font (see pages 2, 3, and 5). We also updated the rate for G0071 on page 6.
December 3, 2020	We revised this article to provide additional guidance on telehealth services that have cost-sharing and cost-sharing waived. You'll find substantive content updates (see pages 5-6). We also made other language changes for clarity, but these changes didn't change the substance of the article.
July 6, 2020	We revised this article to provide: <ul style="list-style-type: none"> - Additional guidance on telehealth services that have cost sharing waived and additional claim examples - An additional section on the RHC Productivity Standards All other information remains the same.

Date of Change	Description
April 30, 2020	We revised this article to provide: <ul style="list-style-type: none"> - Additional claims submission and processing instructions - Information on cost-sharing related to COVID-19 testing - Additional information on telehealth flexibilities - Information on provider-based RHCs exemption to the RHC payment limit All other information remains the same.
April 17, 2020	Initial article released.

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