

Telehealth Billing

During the public health emergency, FQHCs may bill for any telehealth services in the [2023 CMS List of Services](#)



TIP FROM CHRISTINA

Once you have telehealth documentation and coding down, billing for telehealth is about correct place of service and modifiers for commercial payers!

Each payer may require a specific modifier or place of service that may be different from CMS or your State's Medicaid plan. During the PHE, many payers are allowing either place of service 02 or 10, or the POS that would have been on the claim if the visit occurred in person and the appropriate modifier.

MODIFIERS

93

Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunication system*

G0

Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of systems of an acute stroke

FR

A supervising practitioner was present through a real-time, two-way audio/video communication technology

95

Synchronous telemedicine service rendered via real-time audio and video communication system

GQ

Asynchronous 'store and forward' technology in federal telemedicine demonstration programs in Alaska or Hawaii

GE

This service has been performed by a resident without the presence of a teaching physician under the primary care exception

GT

Via interactive audio and video telecommunication system**

FQ

Audio-only behavioral health visit*
2023 PFS replaces the FQ with the standard 93 Modifier for Audio Only. Some payers may not have updated their edits so early in the year.

GC

This service has been performed in part by a resident under the direction of a teaching physician

*Effective January 1, 2022; implemented April 1, 2022

**Except for institutional claims, Medicare stopped using this modifier in 2017 after POS-02 was introduced. Use this modifier if billing CAH Optional Payment Method II.

PLACE OF SERVICE (POS) CODES

POS 02

Telehealth service provided somewhere other than in the patient's home

POS 10

Telehealth service provided in the patient's home

Sample Medicare FQHC Claim for Mental Health Visit via Telecommunication

Example Revenue Code	HCPCS Code	Modifiers
0900	G0470 (or other appropriate FQHC Specific Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only)
0900	90834 (or other FQHC PPS Qualifying Mental Health Visit Payment Code)	N/A

Note: Section 304 of the Consolidated Appropriations Act (CAA) of 2022 delayed the in-person visit requirements under Medicare for mental health visits that RHCs and FQHCs provide via telecommunications technology. For RHCs and FQHCs, in-person visits will not be required until the 152nd day after the end of the COVID-19 PHE.

Billing FQHC Telehealth Originating Site Fee Q3014

FQHC Telehealth Originating Site	HCPCS Code
0780	Q3014: Telehealth Originating Site Fee

FQHC Medicare Telehealth Billing During the PHE

PHE: Telehealth Visits	HCPCS Code
0521	G2025



TIP FROM CHRISTINA

Contact your EHR vendor! Payer Telehealth-specific modifiers can be built into the system to automatically append the appropriate telehealth modifier when billing with Telehealth POS 02 or 10.

Also, review your state Medicaid plan for the order of modifiers. Some Medicaid Plans, like LA Medicaid, require the Telehealth modifier to come before the age and specialty modifier.