

Telehealth and Telephonic Payment & Billing Cheat Sheet

Updated on May 8, 2020

Program	Service	Eligible Services	Payment	Billing Guidance
Medicare				
Traditional Medicare	Telehealth - Originating site	Facility fee	FFS	<ul style="list-style-type: none"> Revenue code 0780 and HCPCS code Q3014
	Telehealth – Distant site	<p>Current eligible telehealth services</p> <p>Effective March 1, 2020, telehealth services include audio-only telephone evaluation and management services (CPT codes 99441, 99442, and 99443)</p>	FFS @ \$92.03	<p>Rural Health Centers:</p> <ul style="list-style-type: none"> Jan 27, 2020 – Jun 30, 2020: Use HCPCS G2025 with CG modifier <ul style="list-style-type: none"> Claims will be paid at the AIR rate and automatically reprocessed beginning on July 1, 2020, at the \$92.03 rate Jul 1, 2020 – End of COVID-19: Use HCPCS G2025 <ul style="list-style-type: none"> Claims will be paid at the \$92.03 rate <p>Federally Qualified Health Centers:</p> <ul style="list-style-type: none"> Jan 27, 2020 – Jun 30, 2020: For telehealth distant site services that are also FQHC qualifying visits, FQHCs must report three HCPCS/CPT codes: <ul style="list-style-type: none"> the FQHC Prospective Payment System (PPS) specific payment code (G0466, G0467, G0468, G0469, or G0470); the HCPCS/CPT code that describes the services furnished via telehealth with modifier 95; G2025 with modifier 95. Claims will be paid at the PPS rate and automatically reprocessed beginning on July 1, 2020, at the \$92.03 rate. When furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should hold these claims until July 1, 2020, and then bill them with HCPCS code G2025 Jul 1, 2020 – End of COVID-19 PHE: Use HCPCS code G2025 <ul style="list-style-type: none"> Claims will be paid at the FFS rate of \$92.03
	Virtual Communication	Brief communication	FFS @ \$24.76	<ul style="list-style-type: none"> HCPCS code G0071
Medicare Advantage (Part C)	Telehealth/Virtual Communications visits	Varied	Varied	<ul style="list-style-type: none"> Check with your Medicare Advantage Plan
Medi-Cal*				
Medi-Cal Managed Care	Telehealth – Synchronous & Asynchronous	Covered Medi-Cal services	Medi-Cal PPS	<ul style="list-style-type: none"> Bill MCP plan per plan policy, and bill wraparound using appropriate all-inclusive billing code sets and related claims submission requirements. For example: <ul style="list-style-type: none"> Wrap claim for FQHC/RHCs: 0521/T1015 SE
	Telephonic – Meets documentation requirements	Covered Medi-Cal services	Medi-Cal PPS	<ul style="list-style-type: none"> Bill MCP plan per plan policy, and bill wraparound using appropriate all-inclusive billing code sets and related claims submission requirements. For example: <ul style="list-style-type: none"> Wrap claim for FQHC/RHCs: 0521/T1015 SE
	Telephonic – Does not meet documentation criteria	Covered Medi-Cal services	Varied	<ul style="list-style-type: none"> Check with your Medi-Cal managed care plans

Medi-Cal Fee for Service**	Telehealth – Synchronous	Covered Medi-Cal services	Medi-Cal PPS	<ul style="list-style-type: none"> Follow same billing process as in-person visits, using appropriate all-inclusive billing code sets and related claims submission requirements. For example: <ul style="list-style-type: none"> Medical visit: 0521/T1015 Mental health (psychologist): 0900/T1015 AH Dental: Code 3
	Telehealth – Asynchronous	Only teledentistry, teledermatology and teleophthalmology	Medi-Cal PPS	<ul style="list-style-type: none"> Same as Medi-Cal FFS synchronous telehealth
	Telephonic – Meets documentation criteria	Covered Medi-Cal services (dental telephonic visits are not PPS eligible)	Medi-Cal PPS	<ul style="list-style-type: none"> FQHC/RHCs/HIS-MOAs bill using the applicable revenue code, and HCPCS code on the payable line, as well as the corresponding CPT code [99201-99205 (new patient)/ 99211-99215 (established patient)] on the informational line.
	Telephonic – Does not meet documentation criteria	Covered Medi-Cal services – including all dental telephonic services	FFS @ \$13.69	<ul style="list-style-type: none"> G0071 (do not include CPT codes)
Medi-Medi/ Dual Eligible	Telehealth	Covered Medi-Cal Services	Medi-Cal PPS	<ul style="list-style-type: none"> Bill Medicare per CMS guidelines (see traditional Medicare Distant Site above) CPCA is seeking guidance from DHCS on how to bill Medi-Cal for dual eligible patients.
	Telephonic – Meets documentation criteria	Covered Medi-Cal Services	Medi-Cal PPS	<ul style="list-style-type: none"> Bill Medicare per CMS guidelines (see traditional Medicare Distant Site above) CPCA is seeking guidance from DHCS on how to bill Medi-Cal for dual eligible patients.
	Telephonic – Does not meet documentation criteria	Covered Medi-Cal Services	FFS @ \$13.69	<ul style="list-style-type: none"> G0071 (do not include CPT codes); EOMB is not required

**This cheat sheet only applies to PPS eligible services, and does not apply to special programs such as Family PACT. FPACT telehealth guidance can be found [here](#).*

***Do not include POS 02 or 95 modifier when billing Medi-Cal.*

Medi-Cal Resources: [DHCS COVID-19 Guidance on Telehealth and Telephonic Services](#); [Medi-Cal Manual: FQHC/RHC Services](#); [Medi-Cal Manual: FQHC/RHC Billing Codes](#); [Medi-Cal Manual: IHS-MOA Services](#); [Medi-Cal Manual: IHS-MOA Billing Codes](#)