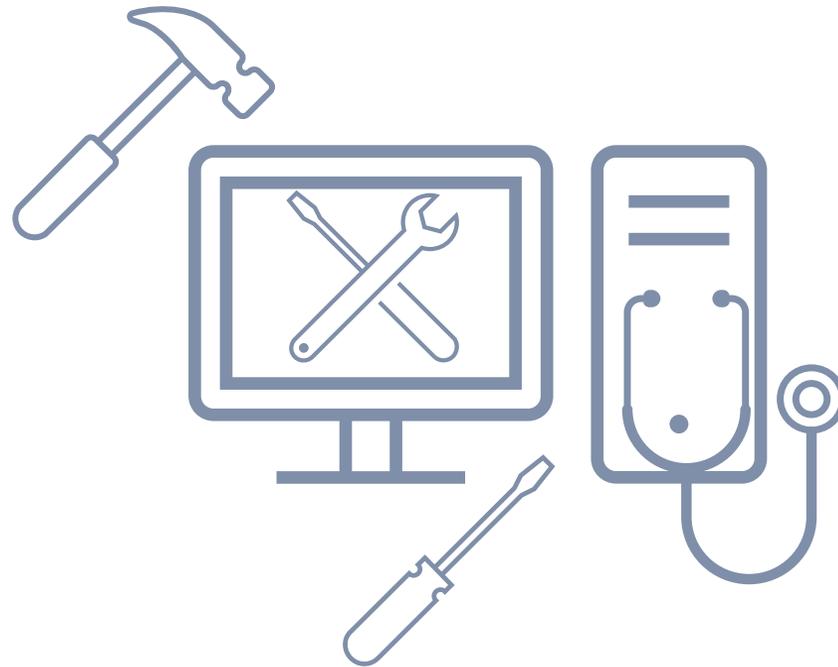


TELEHEALTH TUNE-UP

Oregon State Office of Rural Health

February 3, 2026



Distant Site versus Originating Site

Where we are right now!

Medical Telehealth

Distant site is defined by CMS as the telehealth site where the provider or specialist is “seeing” the patient at a distance.



The RHC Provider is at a distant site away from the patient usually their normal practice location or in their home.

Originating site is defined by CMS as where the patient is located during the telehealth encounter or service.



The location of the patient is the ORIGINATING SITE.

Patient is at a qualified originating site. When a hospital or clinic hosts a patient for a telehealth service with a distant site provider, **the hosting facility is the originating site.**

The patient's home may be the originating site through December 31, 2026

Billing and payment methodology for originating site:

Originating site	Payment methodology	Bill type	Revenue code
Outpatient hospital - includes rural emergency hospitals (REHs)	Outside of outpatient prospective payment system (OPPS)	13X	078X
Inpatient hospital	Outside diagnostic related group codes (DRGs)	12X	078X
Critical access hospital (CAH)	Separate from cost based (80% or the originating site facility fee)	12X or 85X	078X
Federally qualified health center (FQHC) or rural health center (RHC)	Separate from prospective payment system (PPS) or all-inclusive rate (AIR)	77X or 71X	078X
Hospital-based or CAH-based renal dialysis center	In addition to ESRD PPS or monthly capitation payment	72X	078X
Skilled nursing facility (SNF)	Outside of the SNF PPS (not subject to consolidated billing)	22X or 23X	78X
Community mental health center (CHMC)	Not a partial hospitalization service (or used to determine payment for partial hospitalization). Not bundled in per diem	76X	078X

Other Originating Sites:

Outpatient Hospital

Inpatient Hospital

CAH

FQHC

RHC

Hospital based renal dialysis center

Skilled Nursing (Swing bed)

Community Mental Health Center

MLN Matters: MM14315

Related CR 14315

Telehealth Origination Site Facility Fee Payment Update

The Medicare Economic Index (MEI) increase for 2026 is 2.7%. For CY 2026, the payment amount for HCPCS code Q3014 (Telehealth origination site facility fee) is 80% of the lesser of the actual charge, or \$31.85. The patient is responsible for any unmet deductible amount and Medicare coinsurance.

PROVIDER



PATIENT



Distant site is where the provider is located. The distant site is the RHC or the provider's residence through 2026.

Originating site is where the patient is located. Home is an acceptable originating site through December 31, 2026.

**Look for RHC-
Specific Guidance**

Telehealth FAQ Calendar Year 2026

Updated 11/14/25

Q1: Do Medicare beneficiaries need to be located in a rural area and in a medical facility in order to receive Medicare telehealth services?

A1: Through January 30, 2026, beneficiaries can receive Medicare telehealth services anywhere in the United States and territories. Starting January 31, 2026, except for behavioral health services, beneficiaries will generally need to be in a medical facility and in a rural area to receive Medicare telehealth services.

Q2: Are there any restrictions on the types of practitioners who can furnish Medicare telehealth services?

A2: Through January 30, 2026, an extended range of practitioners may bill for Medicare telehealth services. Starting January 31, 2026, physical therapists, occupational therapists,

Q4: How does CMS make payment for telehealth services furnished in RHCs and FQHCs? Can Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) continue to serve as distant sites for the provision of telehealth services?

A4: Any behavioral health service furnished by an RHC or FQHC on or after January 1, 2022 through telecommunications technology is paid under the All Inclusive Rate (AIR) and Prospective Payment System (PPS), respectively. Through December 31, 2026, RHCs and FQHCs may continue to bill for non-behavioral health services furnished through telecommunications technology by reporting HCPCS code G2025 on the claim. The home and any geographic location may continue to serve as a distant site and originating site for beneficiaries receiving telecommunications services furnished by RHCs and FQHCs.

<https://www.cms.gov/files/document/telehealth-faq-updated-11-26-2025.pdf>

**What about Audio
Only Telehealth?**

<https://www.cms.gov/files/document/mln901705-telehealth-remote-monitoring.pdf>

Technology

You must use 2-way, interactive, audio-video technology that allows for communication between the patient and distant site provider. As of January 1, 2025, you may also use 2-way, interactive, audio only technology if the distant site provider is technically capable of using an audio-video telehealth system and the patient is in their home but isn't capable of, or doesn't consent to, using video technology. For behavioral or mental telehealth, you may use 2-way, interactive, audio-only technology, and the patient must be in their home.

<https://www.cms.gov/files/document/telehealth-faq-updated-11-26-2025.pdf>

Q6: Can beneficiaries continue to receive audio-only telehealth services? Are audio-only telehealth services permitted in all originating sites?

A6: Under current law, beneficiaries may continue to receive audio-only telehealth services in their homes through January 30, 2026. Starting January 31, 2026, physicians and practitioners may use two-way, real-time audio-only communication technology for behavioral health services furnished to a patient in their home, provided that the furnishing physician or practitioner is technically capable of using audio-video communication technology and that the beneficiary is not capable of or does not consent to using audio video communication technology. Audio-only can be used for both new and established patients. Beneficiaries who are receiving remote mental health services, as defined in the CY 2023 and 2024 OPPS Final Rules, furnished by hospital-employed staff in their homes may also receive these services via audio-only communication technology.

AUDIO-ONLY TELEHEALTH IS PERMITTED WHEN THE CONSTRAINT IS ON THE PATIENT'S SIDE. The patient does not or will not agree to the use of two-way synchronized technology. The reason for the patient's inability should be in the clinical documentation. The provider must always have the capability to use HIPAA compliant 2-way technology.

Claims Scenarios for Medical Telehealth

RHC Reports: G2025



Distant site is where the provider is located. The distant site is the RHC or the provider's residence through 2026.

PATIENT



Originating site is where the patient is located. Home is an acceptable originating site through December 31, 2026.

Claims Scenarios for Mental Health Telehealth

Medicare Mental Health Telehealth

In-Person Visit Requirement

In-Person Mental Health Visit Requirements

These in-person visit requirements apply only to a patient getting mental health visits via telecommunications at home:

- There must be an in-person mental health visit 6 months before the telecommunications visit
- In general, there must be an in-person mental health visit at least every 12 months while the patient is getting services from you via telecommunications to diagnose, evaluate, or treat mental health disorders

- The In-person mental health visit requirement had been waived through 2026.
- However, the current government shutdown has paused this waiver.
- Through out the current government shutdown, you should only see established patients who have previously met the in-person requirement.

Audio Only Mental Health Telehealth

FQ	<p>The service was furnished using audio-only communication technology.</p> <ul style="list-style-type: none">• Use when the patient is unable to use audio and video communications.• Note: This modifier should only be used by RHCs and FQHCs. Report modifier for mental health visits using audio-only technology
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<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00144501>

2022 Mental Health Telehealth Example

These visits are different from telehealth services provided during the Public Health Emergency (PHE). Don't bill HCPCS code G2025 for a mental health visit you provide via telecommunications. See [MLN Matters Article SE20016](#) for information on billing G2025 for professional telehealth distant site services other than mental health visits during the PHE.

RHC Claims for Mental Health Visits via Telecommunications Example

Revenue Code	HCPCS Code	Modifiers
0900	90834 (or other Qualifying Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only) CG (required)

- Mental Health Codes on the QVL
- Revenue Code = 900
- MORE GUIDANCE FROM CMS IS NEEDED!
- New Modifiers for Medicare: 95 for audio/visual and FQ for audio only
- SE22001 Revised on 05/05/2022 : -CG now required
- Is an encounter; pays at the AIR.

RHC Mental Health Telehealth Example

FL 42 Rev Code	FL43 Descriptio n	FL44 HCPCS	FL 45 Date of Service	FL46 Unit s	FL47 Total Charge
0900	Telehealth	90791 CG and either FQ or 95	05/05/2022	1	100.00
0001	Total Charge				100.00

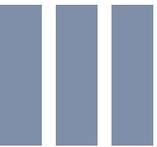
<i>Mental Health Services</i>	
HCPCS Code	Short Descriptor
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx pt&/family 30 minutes
90834	Psytx pt&/family 45 minutes
90837	Psytx pt&/family 60 minutes
90839	Psytx crisis initial 60 min
90845	Psychoanalysis

- Mental Health Codes on the RHC QVL
- Do NOT use –CG on medical telehealth visits-Only on mental health
- New Modifiers for Medicare: 95 for audio/visual and FQ for audio only
- SE22001 MLN
- Reimburse at the AIR; permanent status with CMS.

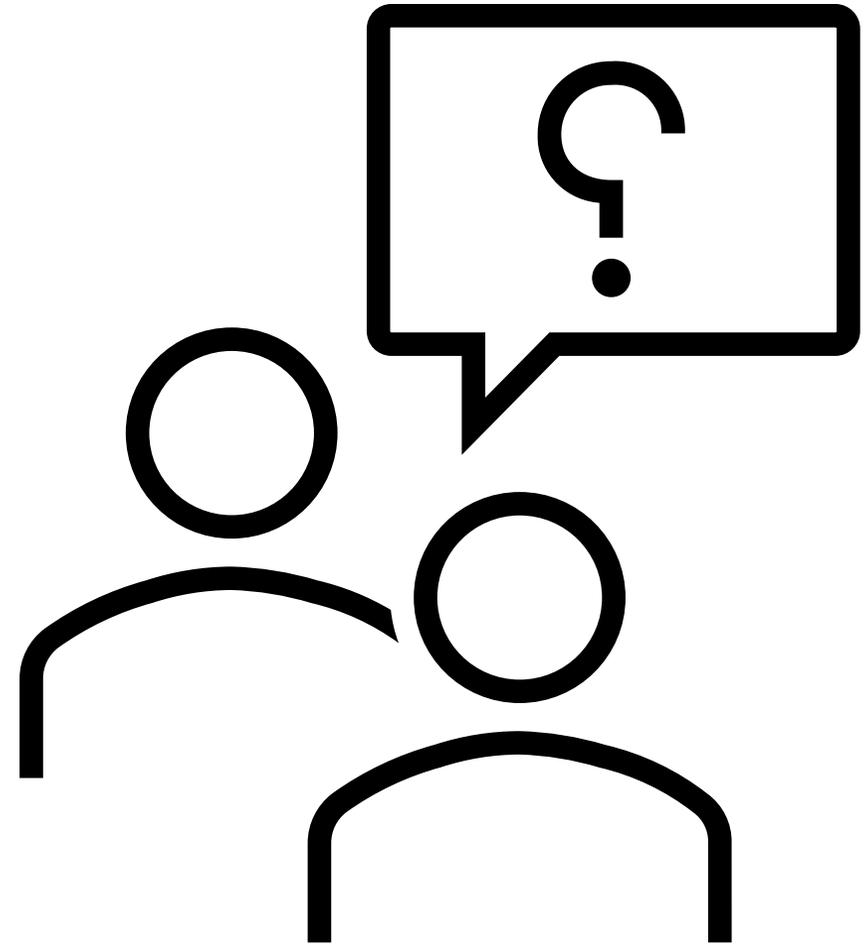
Telehealth Documentation Best Practices

Elements for Clinical Documentation for Telehealth Services

- 1. Patient's Location**
- 2. Provider's Location**
- 3. Verbal Consent**
- 4. Guardian or Patient Representative Present**
- 5. Type of Service**
- 6. Type of Technology Used; Reason for Audio Only**
- 7. Start and Stop Times**
- 8. Time versus Medical Decision Making for coding**
- 9. Clinical Note (SOAP)**
- 10. Emergency Contact for Patient**
- 11. Community Resource Referral, if applicable**



Comments?



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