



## Rural Health Clinics & Federally Qualified Health Centers: Billing Distant Site Telehealth Services

Related Change Request (CR) Information	
<b>Number:</b> <a href="#">14468</a>	<b>Release Date:</b> May 27, 2026
<b>Effective Date:</b> October 1, 2026	<b>Implementation Date:</b> October 5, 2026
<b>Transmittal Number:</b> R13776OTN	
<b>Title:</b> Billing of Distant Site Telehealth Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	

### Affected Providers

- Rural health clinics (RHCs)
- Federally qualified health centers (FQHCs)

### Action Needed

Make sure your billing staff knows that RHCs and FQHCs must bill the individual CPT or HCPCS code for distant site telehealth services they provide instead of HCPCS code G2025, effective October 1, 2026.

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## Key Updates

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For dates of service on or after October 1, 2026, RHCs and FQHCs must bill the individual CPT or HCPCS codes that describe the distant site telehealth service they provide instead of HCPCS code G2025. CMS publishes these codes annually along with CY Physician Fee Schedule (PFS) rule.

RHCs and FQHCs must report the appropriate revenue code along with 1 of the following modifiers:

- 93 – Synchronous Telemedicine Service Rendered via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
- 95 – Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System

For non-behavioral health distant site telehealth services payment to RHCs and FQHCs, we:

- Update the payment rate annually
- Base the payment rate on the average amount for all PFS telehealth services on the [telehealth list](#), weighted by volume for those services reported under the PFS
- Don't adjust the payment rate for geographic locality
- Apply patient coinsurance and deductible to RHC services
- Apply patient coinsurance to FQHC services
- Base the coinsurance on the lesser of the payment rate or submitted charges
- Waive coinsurance and deductibles for preventive services

## Background

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Section 6209(c) of the [Consolidated Appropriations Act, 2026](#) extended telehealth service flexibilities that allow RHCs and FQHCs to serve as distant site providers of telehealth services until January 1, 2028. Through CY 2027, section 1834(m)(8)(B)(i) of the [Social Security Act](#) requires us to make a payment for distant site telehealth services that's similar to the national average payment rates for comparable telehealth services under the PFS.

In accordance with section 1834(m)(8)(B)(ii) of the Social Security Act, we don't use costs associated with distant site telehealth services to determine the payment amount under the FQHC Prospective Payment System and under the all-inclusive rate methodology for FQHCs and RHCs, respectively.

RHCs and FQHC practitioners can provide distant site telehealth services:

- That are within their scope of practice and approved as distant site telehealth services under the PFS
- From any location during the time they're working for the RHC or FQHC

Currently, RHCs and FQHCs bill Medicare Part B for non-behavioral health, distant site telehealth services that are RHC and FQHC services by reporting HCPCS code G2025.

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## More Information

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We issued CR 14468 to your Medicare Administrative Contractor (MAC) as the official instruction for this change. For more information, find your [MAC's website](#).

## Document History

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Date of Change	Description
May 27, 2026	Initial article released.

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