



CARES allows RHCs to be distant sites

March 27, 2020:
The President signed the CARES Act (Phase 3 of the COVID-19 Emergency Stimulus Legislation) allowing RHCs to be a distant site for Telehealth purposes. The \$2.2 trillion dollar package also provides accelerated payments to RHCs and Small Business Loans are available that may be forgiven.

• [NARHC Letter announcing the passage of the CARES act on March 26, 2020](#)

CARES Act Signed Into Law
RHCs Now Able to Bill Medicare As Distant Site Providers

This story is developing and we will update this article as more details become available

UPDATE: The CARES Act has officially been signed into law by President Trump. CMS is holding internal discussions on how to operationalize the telehealth provisions and may be able to release guidance soon. RHCs may now provide telehealth visits to Medicare patients with confidence that they will be paid for those visits. Billing details are still forthcoming.

Early Wednesday morning, Senate leaders announced a deal on “phase 3” of the COVID-19 legislation, and it includes a key provision expanding the Medicare telehealth services to rural health clinics as the distant site.

This victory for rural health clinics comes after weeks of pressure on Congress and the Trump Administration from NARHC and the RHC community. It means that as of the date of enactment, RHCs can confidently provide telehealth visits to Medicare patients and know that they will be paid for those telehealth visits.

However, the details of what the exact telehealth payment will be are still to-be-determined. We do know that the payment for the telehealth visit will not be the all-inclusive rate. Instead, CMS will create a specific payment mechanism for RHCs and FQHCs that is based on the average payments under the physician fee schedule. Keep a close eye on NARHC.org for updates, we will be planning a webinar as soon as those specifics are finalized.

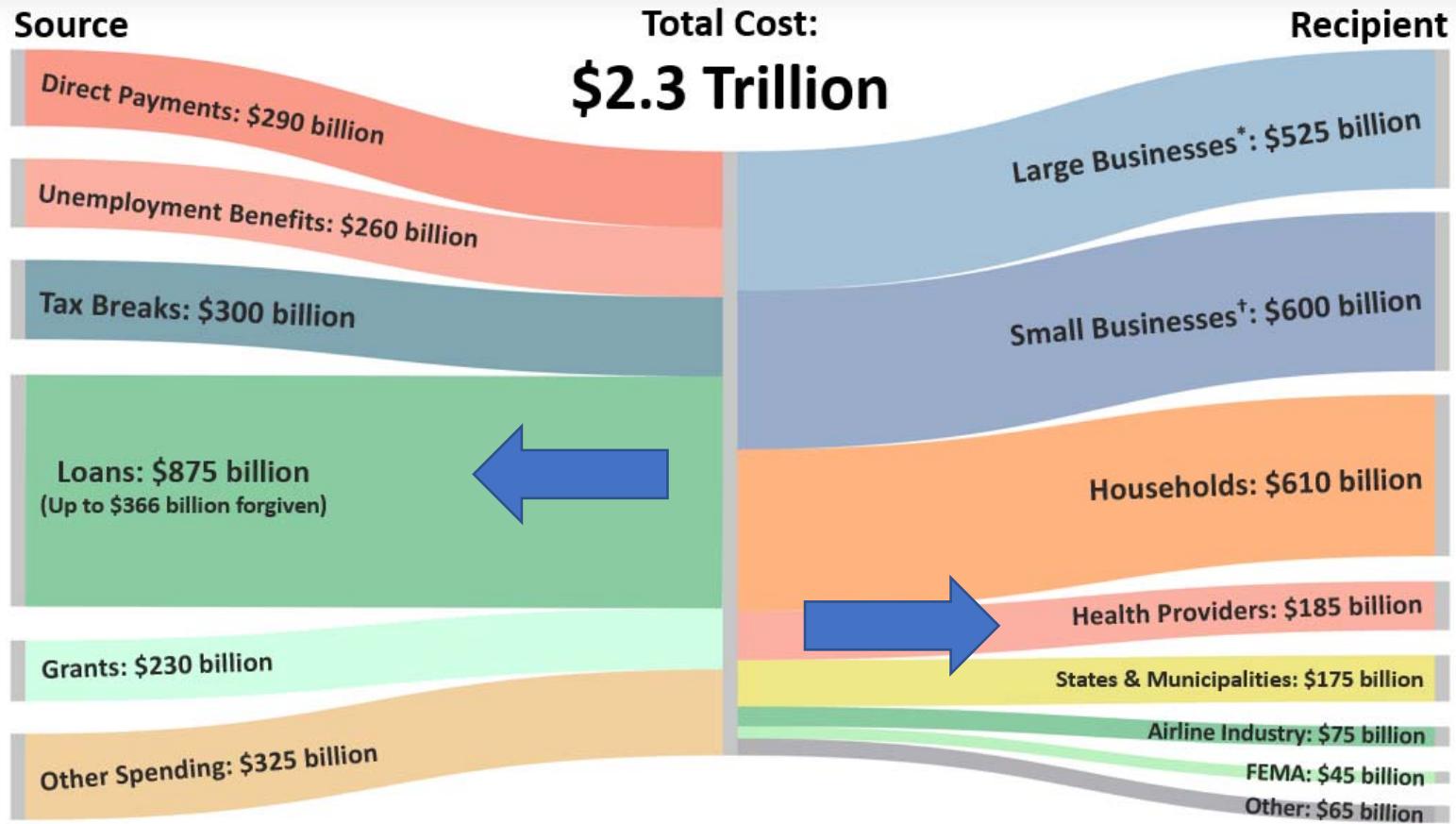
Due to the Coronavirus, CMS and Congress have greatly expanded the Medicare telehealth benefit to allow Medicare beneficiaries to safely seek care through a video-conference style system.

Before this pandemic, telehealth was only available for rural Medicare beneficiaries, and was typically used to get specialty care from specialists in larger towns and cities. Medicare patients still had to physically go to an “originating site” and thus the convenience was limited. Now however, both of these requirements have been eliminated and all Medicare patients can receive a telehealth visit from the comfort of their home.

Congress and the Administration have also waived the requirement that telehealth visits only be with established patients and Medicare is [allowing](#) providers and patients to use popular video chat applications such as Facetime, Facebook Messenger video chat, Google Hangouts video, or Skype.



A Visualization of the CARES Act



Source: Legislative Offices, JCT, bill text, CRFB estimates.

† This includes \$170 billion of tax cuts for businesses other than corporations, some of which are large companies.

* This includes \$454 billion to set up a \$4.5 trillion Fed facility which could support state and local governments as well as companies.

CRFB.org



Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19)

MLN Matters Number: SE20011 Revised

Related Change Request (CR) Number: N/A

Article Release Date: March 20, 2020

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

Note: We revised this article on March 20, 2020, to add a note in the Telehealth section to cover the use of modifiers on telehealth claims and to explain the DR condition code is not needed on telehealth claims under the waiver. All other information is the same.

Telehealth

Note: Unlike other claims for which Medicare payment is based on a “formal waiver,” telehealth claims don’t require the “DR” condition code or “CR” modifier. CMS is not requiring additional or different modifiers associated with telehealth services furnished under these waivers. However, consistent with current rules, there are three scenarios where modifiers are required on Medicare telehealth claims. In cases when a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required. When a telehealth service is billed under CAH Method II, the GT modifier is required.

<https://www.cms.gov/files/document/se20011.pdf>

Finally, when telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, the G0 modifier is required.

Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries:

- Medicare telehealth visits
- Virtual check-ins
- e-visits

KEY 2020 CARES ACT PROVISIONS

RECOVERY REBATES

- Refundable income tax credit against 2020 income of up to \$2,400 for married couples filing a joint return. All other filers begin with a refundable credit of up to \$1,200. The credit amount then increases by up to \$500 for each child a taxpayer has under the age of 17.
- AGI threshold amounts: Married Joint, \$150,000; Head of Household, \$112,500; All Other Filers, \$75,000. Payment reduced by \$50 for every \$1,000 over threshold amounts.
- Individuals must have a work-eligible Social Security number (and not be claimed as a dependent), but they do not need to have had reportable income in 2019 and can also be eligible for other income-benefit programs as well.

CORONAVIRUS-RELATED DISTRIBUTIONS

- Coronavirus-Related Distributions are distributions of up to \$100,000, made from IRAs, employer-sponsored retirement plans, or a combination of both, which are made in 2020 by an individual who has been impacted by the Coronavirus.
- Distributions are exempt from the 10% penalty, not subject to mandatory withholding requirements, are eligible to be repaid over 3 years, and the income may be spread over 3 years.

OTHER PROVISIONS

- Required Minimum Distributions are waived in 2020, and taxpayers who have already taken their RMDs for 2020 have the option of returning them, if they so desire.
- 2020 is ignored for the purposes of the 5-Year Rule that applies to Non-Designated Beneficiaries (e.g., charities, estates, non-Save-Through Trusts) who inherit a retirement account from decedents who die prior to reaching their required beginning date.
- New \$300 above-the-line deduction for "qualified charitable contributions", and the AGI limit for cash charitable contributions has been temporarily repealed.
- Student loan payments deferred until September 30, 2020, and employers can exclude student loan repayments from compensation.

UNEMPLOYMENT COMPENSATION BENEFITS

- 'Regular' Unemployment Compensation is 'bumped' by \$600 per week, and the benefit period is extended by 13 weeks.
- Unemployment benefit will be available the first week of unemployment, waiving the 'normal' one-week waiting period.

SMALL BUSINESS BENEFITS

- Certain small business can qualify for small business loans up to a maximum of the lesser of \$10 million, or 2.5x average payroll costs to cover payroll, rent, utilities, mortgage interest, group insurance premiums, etc.
- Such loans (which have a maximum interest rate of 4%) are eligible for full or partial forgiveness. Eligible amounts must be spent during the first 8 weeks after the loan is made if spent on payroll costs, rent, utilities, and group health insurance premiums, BUT business MUST maintain the same number of employees (subject to certain timeframes).
- Payroll tax credit for qualifying businesses not receiving a covered loan (above).
- Employers are eligible to defer payroll taxes from the date of enactment, through the end of the year, until the end of 2021 and 2022.



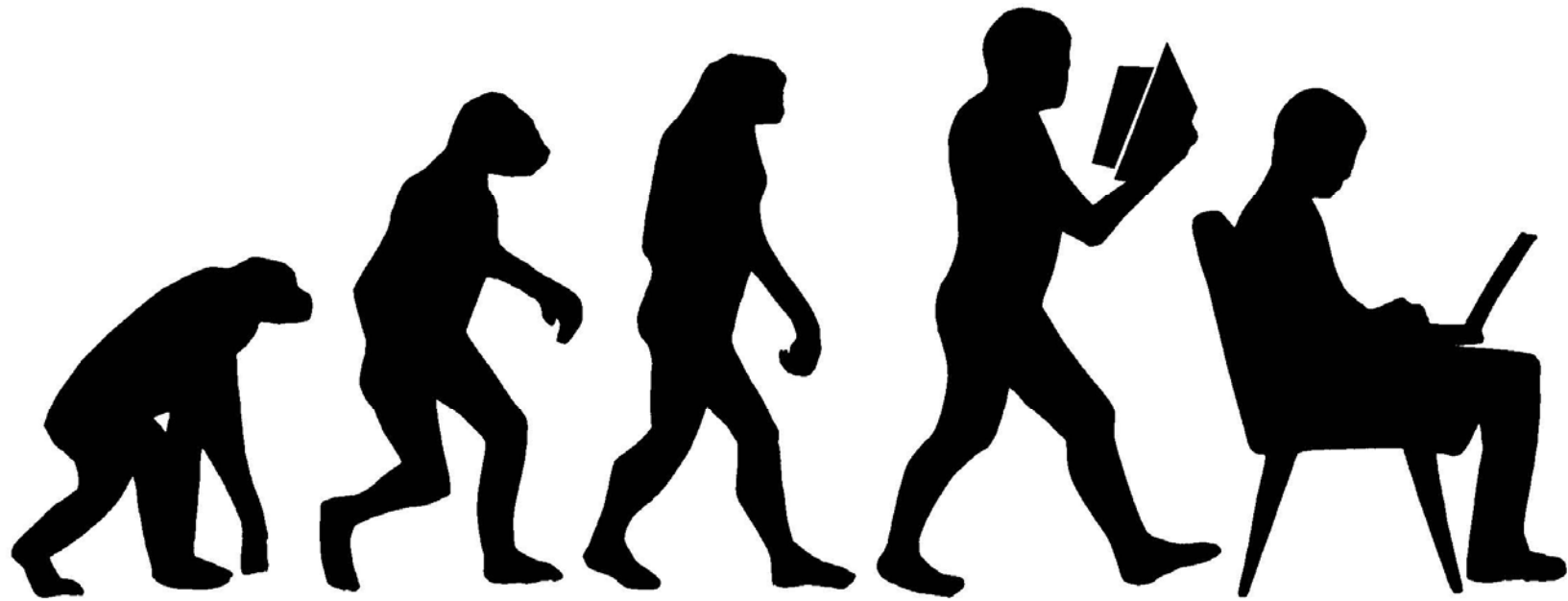
U I O P

Telehealth

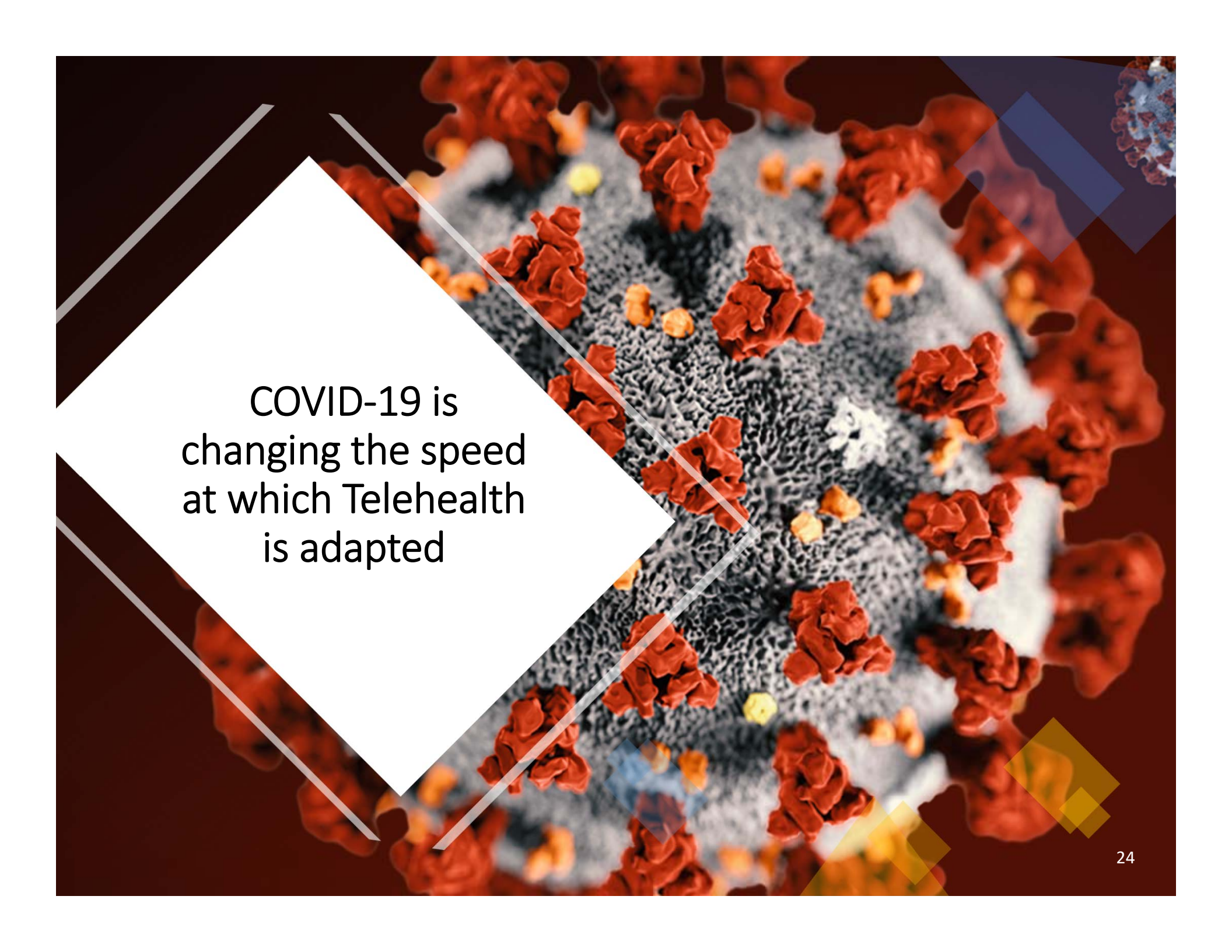
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Telehealth is Changing the way healthcare is delivered



The Purpose of this webinar is to help RHCs adapt to change caused by COVID-19 and the need to rapidly adopt Telemedicine by RHCs

A microscopic image of a coronavirus particle, showing its characteristic spherical shape with a textured surface and numerous red, crown-like spikes. The particle is centered in the frame. Overlaid on the left side is a white diamond shape containing text. The background is dark brown with some blue and yellow geometric shapes in the corners.

COVID-19 is
changing the speed
at which Telehealth
is adapted

We will be talking mostly about Medicare rules
which do not always apply to other payers



He who has the Gold
Makes the Rules

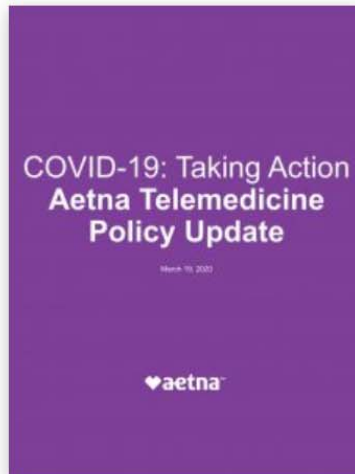


Don't let the
tail wag the Dog

<https://www.cchpca.org/resources/covid-19-related-state-actions>

Insurance Payment Guidance

Aetna Guidance



Cigna Guidance



United Guidance

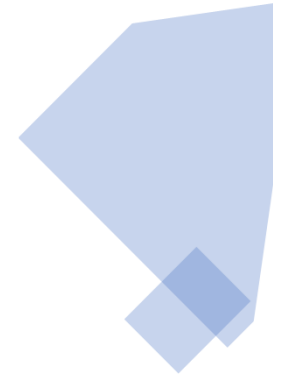


Humana Guidance



<https://vhanhub.com/coronavirus-covid-19-resources/coronavirus-covid-19-resources-practice-operations/telehealth-update/>

Create a Cheat sheet



Schedule of Telehealth Billing Codes
Various Insurance Companies
31-Mar-20

Last updated	Payer/ Plan Type	CPT Codes	Comm Type	Type of Service	Coverage Type	POS	Modifier	Policy Link/ Update Link
3/29/2020	CMS Medicare	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	Blank	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
3/29/2020	CMS Medicare	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
3/29/2020	UHC Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	GT	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html
3/29/2020	UHC Commercial & Medicaid Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	11	95	https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-reimbursement%2FCOMM-Telehealth-and-Telemedicine-Policy.pdf
3/29/2020	UHC All Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html
3/29/2020	BCBS IL	99213 to 99215	Audio/ Video Req	Office or other outpatient visits	All ICD	11	95	https://www.bcbsil.com/provider/education/2020/2020_03_16.html https://www.bcbsil.com/pdf/education/covid19_provider_faqs.pdf
3/29/2020	BCBS IL	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD	11	Blank	https://www.bcbsil.com/provider/education/2020/2020_03_11.html
3/29/2020	BCBS IL	90832 to 90838	Audio/ Video Req	Psychotherapy E/M	All relevant ICD's	11	95	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	GT	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Community Dual Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	GT	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Medicare Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Community Dual Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/30/2020	Medicaid & Medicaid plans	99201 to 99215	Audio/ Video Req	Office or other outpatient visits	All ICD	2	95	https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200320b.aspx
3/30/2020	Medicaid & Medicaid	99441 to 99443	Telephone Allowed	Telephonic Encounter	All ICD	11	Blank	https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200320b.aspx

<http://www.ruralhealthclinic.com/s/2020-Telehealth-Excel-Spreadsheet-of-Telehealth-Place-of-Service-Modifiers-etc-for-various-insurance.xlsx>

Current State Laws & Reimbursement Policies

CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options below cover current laws and regulations for all fifty states and the District of Columbia. The information provided is only for research and informational purposes and should not be construed as legal counsel. Please consult with an attorney if you are seeking a legal opinion. To view the full report, visit the [50 State Report PDF](#).

Current State Laws & Reimbursement Policies

Search by Filter Search by Keyword

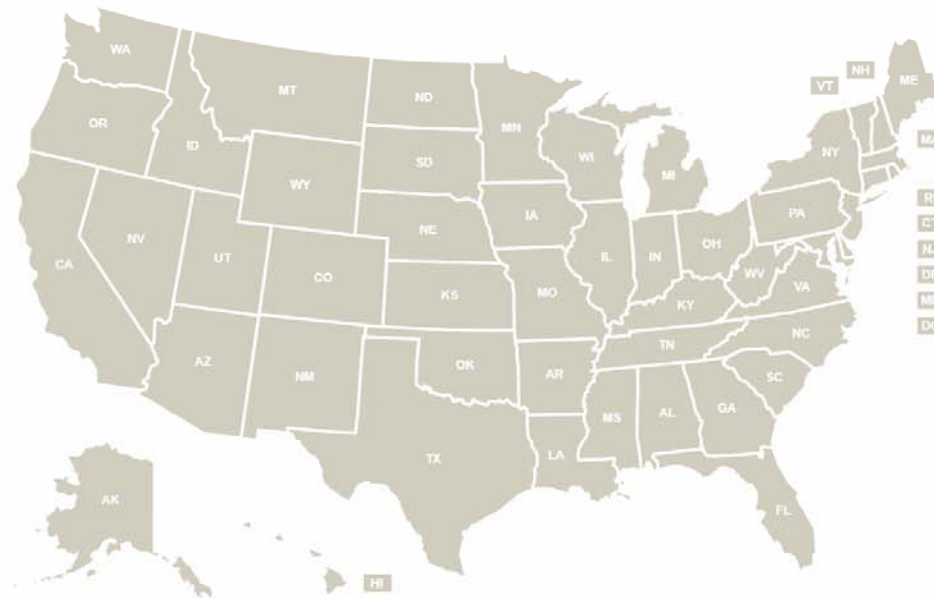
All 50 States & D.C.

All Categories

All Topics

APPLY

Data Last Updated Oct 15, 2019



■ Policy Exists/Explicitly Allowed ■ No Policy Exists or Not Explicitly Allowed

*Key applicable only to topics indicated with an asterisk in drop down menu.

<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>

What is a 1135 Public Health Emergency

- When the President declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency, the Secretary is authorized to take certain actions in addition to his regular authorities under section 1135 of the Social Security Act. He may waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPAA) requirements as necessary to ensure to the maximum extent feasible that, in an emergency area during an emergency period, sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act (SSA) programs and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance other than fraud or abuse.

<https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx>

Where can I find more information on Telehealth Policies, Laws, and Regulations (start at the 55th minute)

<https://www.cchpca.org/>

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

Center for Connected Health Policy

ABOUT TELEHEALTH POLICY RESOURCES CONTACT

COVID Policy you may be interested about telehealth-related laws, regulations and Medicaid programs. The map and search tool have and regulations for all 50 states and the District of Columbia. To view the full report visit the [30 State Report PDF](#).

Interactive Policy Map

Current State Laws & Reimbursement Policies

Search by State Search by Report

All 50 States & D.C. All Categories All Topics

SEARCH

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Coronavirus disease (COVID-19)
Get the latest information from the CDC about COVID-19.
CDC

<https://www.youtube.com/watch?v=HtMYM9zdqM0&t=4648s>

QUICK GLANCE STATE TELEHEALTH ACTIONS IN RESPONSE TO COVID-19 (March 30, 2020 – 5 pm PT)

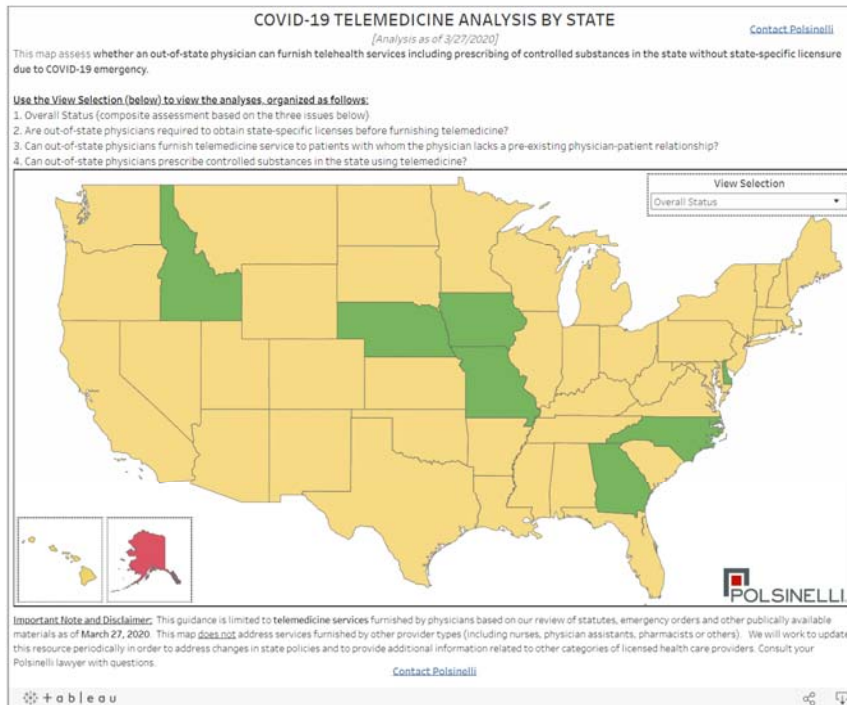
Please note this document is meant to be a quick overview of certain state actions. Additionally, details related to those actions are not captured in this chart. Refer to the official state documents to fully understand the scope and details of the policy. Each item is linked to the appropriate document. This is also a living document. Please check CCHP's website to ensure you have the most recent version.

STATE	MEDICAID	PAYERS	LICENSING	FQHC/RHC	TELEPHONE	CONSENT	FACILITY FEE	PRESCRIBING/ ESTABLISHING PATIENT-PROVIDER RELATIONSHIP	HOME ELIGIBLE SITE MEDICAID	ALLIED HEALTH PROFESSIONALS
AL	Expand coverage, but specific codes to bill				Yes	Form waived but must get verbal consent	Starting 4/1 Medicaid will pay facility fee			
AK										
AZ	Cover all services if covered in Medicaid	Exec Order all payers to expand telehealth coverage & cover if would for in-person.						Prohibits regulatory board to require in-person exam before writing prescription	Yes	
AR	Medicaid will not require established patient-provider relationship prior to telehealth being used. Will only be for Live video and phone.		Suspension of need for special Technology-assisted license for Marriage Family Therapy			Yes		Suspend requirement of in-person/LV encounter to establish patient-provider relationship	Yes	
CA		Managed Care health plans must cover telehealth services and at same rate Private plans must cover telehealth services and at same rate Health plans should allow network providers to use telehealth								
CO	What services are covered remain the same as it was pre-COVID-19 but some other expansions made for modality and eligible provider.	Directed to do an outreach and education campaign to enrollees on telehealth. Cover COVID-19-related in-network telehealth at no cost share.		Billable in Medicaid	Yes and expands to live chat					Eligible during the emergency.
CT	Adds "new patient" E/M Code. Expansion of covered services.								Yes	

Can Out of State physicians furnish Telehealth Services?



TELEHEALTH



<https://www.covid19.polsinelli.com/telehealth>



Starting a Telehealth Program

Using Telehealth to Care for Patients During the COVID-19 Pandemic



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PUBLIC HEALTH EMERGENCIES

Clinical Recommendations by Topic

Clinical Recommendations by Type

Well-being and Prevention

Public Health Emergencies

Respond to Coronavirus (COVID-19)

COVID-19: Daily Updates for Members

COVID-19: Member Communications

COVID-19: Grassroots Advocacy Tools

COVID-19: Telehealth Tools

COVID-19: CME

COVID-19: Resources

COVID-19: Practice Management

COVID-19: Financial Relief for Family Physicians

Zika Virus Outbreak

Ebola Virus

Drug Alerts & Adverse Event Reporting

Disaster Relief/Disaster Preparedness

Treating Patients in or Recently Returned from Hurricane-Affected Areas

Social Determinants of Health

Using Telehealth to Care for Patients During the COVID-19 Pandemic



Telemedicine and virtual care have quickly become important tools in caring for your patients while keeping yourself and your staff safe as the COVID-19 pandemic quickly evolves. Here is what you need to know when providing telehealth services.

How Do I Quickly Implement Telemedicine in My Practice?

- Download the [CMS General Telemedicine Toolkit](#) (6 page PDF).
- Review this [AMA Telemedicine Quick Set-up Guide](#) (www.ama-assn.org) in response to the COVID-19 national emergency.

Expansion of Telehealth and Licensing Waivers During the COVID-19 Pandemic

- [State Telehealth & Licensure Expansion Dashboard](#) (connectwithcare.org)

How Do I Get Reimbursed?

The Centers of Medicare & Medicaid Services (CMS) has loosened the regulations for telemedicine in response to the COVID-19 pandemic. Telehealth services may now be delivered to Medicare beneficiaries by phone as long as video capability is available.

Review the links below for more information and read more on the [FPM Journal Getting Paid](#) blog.

- [Read the CMS fact sheet](#) (www.cms.gov) to understand how Medicare will cover and reimburse virtual services.
- [Review the CMS FAQs](#) (edit.cms.gov) to get answers to your questions about telehealth coverage and reimbursement.
- [Get guidance on Medicaid coverage](#) (www.medicare.gov) for telehealth services.
- [Need help with telehealth coding?](#) (1 page PDF) Access this guide to give you at-a-glance coding information for telehealth visits.

Selecting Technology for Use

Fighting for Family Medicine: AAFP Advocates for CMS to Relax Key Regulations

After the AAFP advocated for telehealth latitude (2 page PDF), CMS announced on March 30 plans to temporarily relax a number of key regulations.

This will help family physicians better respond to the COVID-19 pandemic and includes other measures to relieve administrative burden and reinforce staffing.

[See the Full List](#)

Key Questions You Will Want to Answer When Exploring Telehealth Platforms

The AAFP is gathering answers to these questions across vendors:

- Can I exit my contract at any time (i.e., not locked into a 2-year contract)?
- Is there a waiting room feature so I can queue my patients up?
- Is the platform device agnostic (i.e., can physicians/providers and patients use device of their choosing for virtual care)?
- Is there an out-of-office message noting we're not available to take your call right now? (i.e., during off hours or overnight)?
- Does the software has the ability to schedule a visit? **Note:** This is a more advanced feature; it's not absolutely required to have now, but it's very nice to have
- Is the platform deployable in days?

Medicare Telehealth Services

- Are provided using telecommunication technology and include office, hospital visit, or other services that generally occur in person. A [list of Medicare telehealth services](#) (www.cms.gov) is available.
- Should be billed with the Place of Service (POS) code "02."
- Are considered the same as in-person visits and paid at the same rate as in-person visits.
- Can be provided to established Medicare patients via phone if the phone allows for audio-video interaction between the physician and patient.
- Established patient means a Medicare patient seen either by you (or another physician or provider within the same practice) within the last three years.
- The Department of Health and Human Services (HHS) has announced that it will [not conduct audits](#) (www.cms.gov) to ensure a prior relationship existed for claims submitted during the COVID-19 public health emergency.
- Can be provided in all settings, including a patient's home. [Originating site restrictions have been waived](#) (www.cms.gov).
- The HHS Office of Inspector General (OIG) is allowing practices to [waive cost-sharing for telehealth visits](#) (www.cms.gov).

Medicare Non-Telehealth Services

Medicare Virtual Check-ins (G2012)

- Enable a quick visit with an established patient to determine if an in-person visit is necessary.
- Are brief (5-10 minutes) conversations with a physician or other clinician, where the communication is not be related to a medical visit within the previous seven days and does not lead to medical visit within the next 24 hours (or soonest appointment available).
- Can be conducted through multiple communication technology modalities, including
 - Synchronous telephone conversation
 - Exchange of information through video or image
- Physician or other clinician may respond to patient by telephone, audio/video, secure text messaging, email, or use of a patient portal.
- Are initiated by the patient and patient must provide verbal consent.
- Are subject to coinsurance and deductible.
- G2010 can be used when a captured video or image is sent to the physician. The physician must follow-up with the patient within 24 business hours. The consultation must not originate from an evaluation and management (E/M) service provided within the previous seven days or lead to an E/M service within the next 24 hours (or soonest available appointment).

Medicare E-Visits (online digital evaluation and management services)



<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>

General Provider Telehealth and Telemedicine Tool Kit

General Provider Telehealth and Telemedicine Tool Kit

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Intent of Toolkit:

Under President Trump’s leadership to respond to the need to limit the spread of community COVID-19, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President’s emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19, are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Note, this toolkit is designed to provide information only and not intended to endorse any non-federal entities.

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

General Provider Telehealth and Telemedicine Tool Kit

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>: Medicare telehealth visits, virtual check-ins and e-visits.

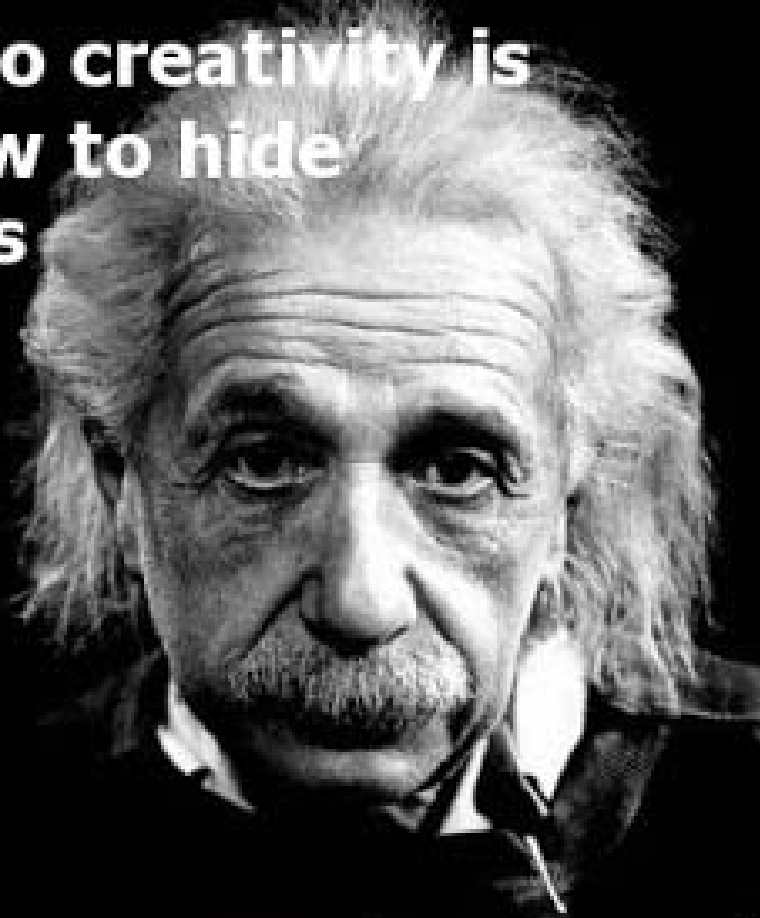
TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, plans will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

CMS encourages all providers to share with patients these new abilities to provide healthcare through telemedicine.

**The secret to creativity is
knowing how to hide
your sources**

~ Albert Einstein ~



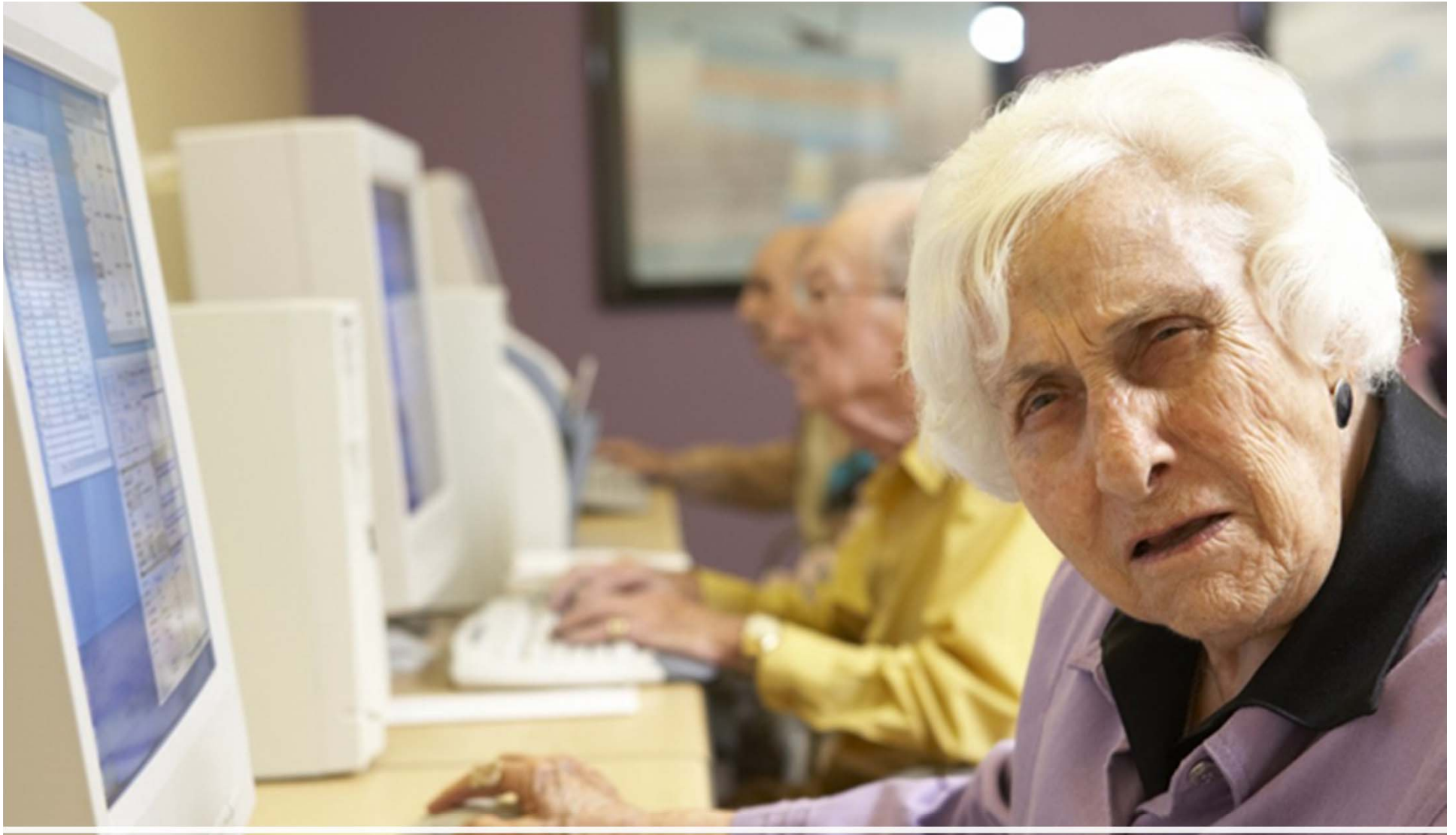
www.StatusMind.com

We make no attempt to hide our sources

Review our Sortable Reference Data Base

Date	Title of Document	Author	Type	Link to Supporting Document
3/31/2020	Using Telehealth to Care for Patients During the COVID-19 Pandemic	AAFP	Toolbox	https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html
3/31/2020	Healthcare Business Specialists COVID-19 website	HBS	Website	http://www.ruralhealthclinic.com/covid19
3/31/2020	The Small Business Owner's Guide to the CARES Act	Senate	FAQ	https://www.sbc.senate.gov/public/_cache/files/9/7/97ac840c-28b7-4e49-b872-d30a995d8dae/F2CF1DD78E6D6C8C38F58C6D1DD82B.small-business-owners-guide-to-the-cares-act-final-.pdf
3/31/2020	Paycheck Protection Program (PPP)	SBA	FAQ	https://www.sba.gov/funding-programs/loans/paycheck-protection-program-ppp
3/30/2020	COVID-19 Telehealth Coding and Billing Practice Management Tips	ACP	Coding	https://www.asponline.org/practice-resources/business-resources/covid-19-telehealth-coding-and-billing-practice-management-tips
3/30/2020	RHC Relief Options in Recently Signed CARES Legislation	NARHC	Letter	https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5a82544b7163b847ac68a53d/1585801867859/2020+NARHC+Opportunities+for+RHCs+on+March+30%2C+2020.pdf
3/30/2020	Coronavirus Waivers & Flexibilities	CMS	Waivers	https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers
3/30/2020	Medicare and Medicaid Programs, Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (221 pages)	Congress	Regulation	https://www.cms.gov/files/document/covid-final-ific.pdf?fbclid=IwAR0TYjcu5yUfdNF03mb9AFBglZmw82s7IE9cCpZ67jgAKUdnPBuLy_4
3/30/2020	Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19	CMS	Waivers	https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf
3/29/2020	Fact Sheet: Expansion of the accelerated payments program for Providers during COVID-19	CMS	Fact Sheet	https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf
3/29/2020	Request for Accelerated Payments Form	Palmetto GBA	Form	https://palmettogba.com/palmetto/Mforms.nsf/files/FN-JJ-A-2005.pdf/\$File/FN-JJ-A-2005.pdf?Open&
3/29/2020	COVID-19 Accelerated/Advance Payment Request	Palmetto GBA	Website	https://www.palmettogba.com/Palmetto/Providers.nsf/docR/JJ%20Part%20A-Browse%20by%20Topic-Overpayments%20and%20Recoupment-COVID-19%20AcceleratedAdvance%20Payment%20Request?open&Expand=1
3/28/2020	COVID-19 Emergency Loans Small Business Guide and Checklist	Chamber of Commerce	Checklist	https://www.uschamber.com/sites/default/files/023595_comm_corona_virus_smallbiz_loan_final.pdf?fbclid=IwAR3FUpfLyUa-tS6-7NN6d8i8AXPRGLTnbtuRWMZcCPaWw2c3GA7QpW1QU
3/28/2020	Current emergencies - COVID-19	CMS	Website	https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
3/28/2020	COVID-19 (2019 novel coronavirus) resource center for physicians	AMA	Website	https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians
3/27/2020	CARES Act - Senate Bill H. R. 748	Congress	Law	https://www.documentcloud.org/documents/6819239-FINAL-FINAL-CARES-ACT.html
3/27/2020	CARES Act Signed Into Law RHCs Now Able to Bill Medicare As	NARHC	Letter	https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5a7f4f8515eff3354cb0a35c/1585401733845/2020+NAR

<http://www.ruralhealthclinic.com/s/2020-Telehealth-Webinar-Milestone-Chart-and-list-of-announcements.xlsx>



Why Medicare Patients are slow to adopt Telemedicine



Medicare is Falling Behind

Medicare

Commercial Insurance

Medicaid



How Medicare RHC Regulations have slowed the growth of Telehealth

The Patient must be located at specific originating sites (except during State of Emergency)

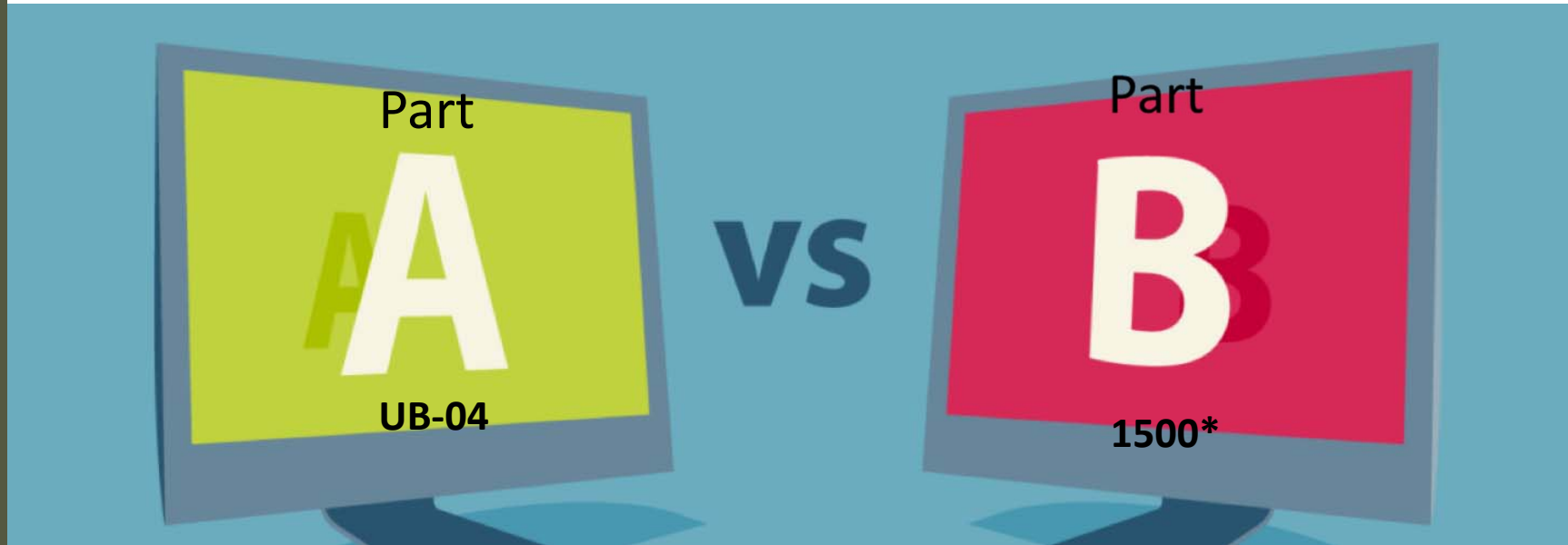
RHCs can not be Distant Sites (except during State of Emergency)

Telehealth costs are not used to compute the AIR.

Is Telehealth here to Stay?

VIRTUAL CARE
IS THE FUTURE

Definitions



RHCs

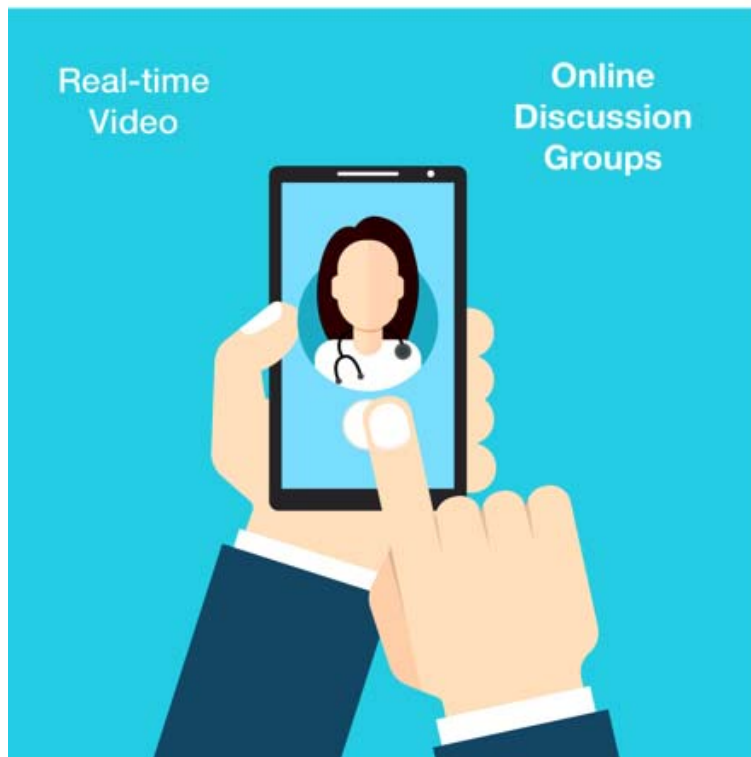
Private Practice (not an RHC)
Non-RHC Hours
Provider working from home

Technically RHCs provide a Part B service funded through the Part B Trust Fund and paid through a Medicare Part A Cost-Based Reimbursement Methodology.

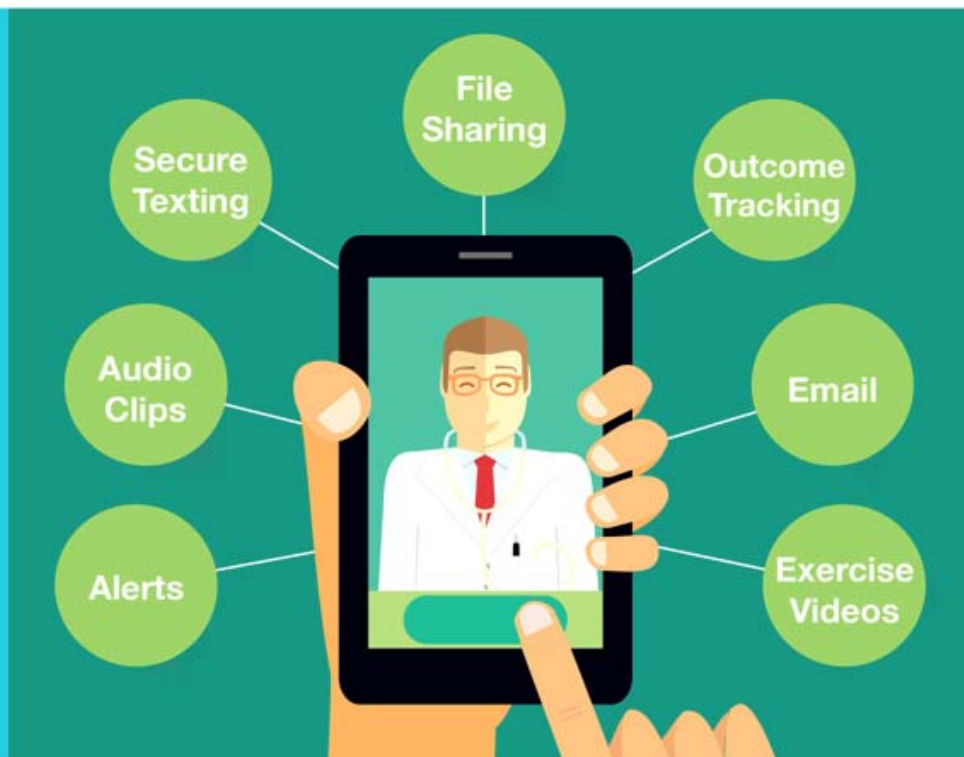
TELEHEALTH & TELEMEDICINE

- What is the difference between Telehealth and Telemedicine?
 - Telehealth can either refer to clinical and/or non-clinical services.
 - Telemedicine only refers to the provision of clinical services.

Synchronous Telehealth



Asynchronous Telehealth



synchronous adjective

syn·chro·nous | \ 'sɪŋ-kre-nəs ⓘ, 'sɪn-\

Definition of *synchronous*

- 1 : happening, existing, or arising at precisely the same time
- 2 : recurring or operating at exactly the same periods

asynchronous adjective

asyn·chro·nous | \ () ä-'sɪŋ-kre-nəs ⓘ, -'sɪn-\

Definition of *asynchronous*

- 1 : not simultaneous or concurrent in time : not synchronous
// *asynchronous* sound

PAST

PRESENT

FUTURE



PROGRESS

National Emergency Declared

1 Mar

<https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

Originating Site Restriction Removed

6 Mar

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

CMS provides Enrollment Relief

22 Mar

<https://www.cms.gov/document/provider-enrollment-relief-faqs-19.pdf>

2020

CARES Act Signed

27 Mar

<https://www.documentcloud.org/documents/6819239-FINAL-FINAL-CARES-ACT.html>

2020

RHC Billing Instructions Released

29 Mar

Celebrate!

COVID-19 Regulation Timeline



Date	Event	Link to Supporting Document
3/1/2020	National Emergency Declared	https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/
3/6/2020	Originating Site Restriction Removed	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
3/22/2020	CMS Provides Enrollment Relief	https://www.cms.gov/files/document/provider-enrollment-relief-fqs-covid-19.pdf
3/27/2020	CARES Act Signed	https://www.documentcloud.org/documents/6819239-FINAL-FINAL-CARES-ACT.html
3/29/2020	RHC Billing Instructions Released	

CMS TELEHEALTH POLICY - NOW

OTHER QUESTIONS	CMS FAQ
HR 6074 said to utilize telehealth to provide services under the waiver, I need a prior existing relationship.	That requirement is still there but CMS has said that HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
Do co-pays and out-of-pockets still apply?	Still applies, but the OIG is providing health care providers flexibility to reduce or waive fees.
Can smartphones be used?	Under HR 6074, yes.
How much flexibility do I have under HIPAA now? Is Facetime OK?	OCR "will exercise enforcement discretion and waive penalties for HIPAA violations." Keep in mind you may still have state requirements to meet. OCR guidance: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
Licensure	It appears the licensure requirement to be licensed in the state the patient is located in was waived for Medicare reimbursement. Does not impact state law.

CMS FAQ - <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

<https://www.cchpca.org/>

Fact sheet

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET

Mar 17, 2020 | Telehealth

Share [f](#) [t](#) [in](#) [B](#)

Medicare coverage and payment of virtual services

INTRODUCTION:

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Related Releases

[Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs](#)
Mar 22, 2020

[President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak](#)
Mar 17, 2020

[Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak](#)
Mar 09, 2020

[COVID-19 Response News Alert: CMS Issues Frequently Asked Questions to Assist Medicare Providers](#)
Mar 06, 2020

[CMS Selects Applicants for Participation in Innovative Payment Model with New Emergency Treatment and Transport Options](#)
Feb 27, 2020

Contact us

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202-690-6145

KEY TELEHEALTH TAKEAWAYS

- *Effective for **services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency**, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*
- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in **all settings**. (Does this language override the prohibition of RHCs being distant sites? No, is the answer from CMS, NARHC, NRHA, CCHP)*

Key Telehealth Takeaways (2)

- ***While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home. (No longer restricted to originating sites)***
- ***The Medicare coinsurance and deductible would generally apply to these services.*** However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- ***To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. (New patients are allowed during the duration of the National Emergency.)***



As of March 16, 2020, HHS and the DEA, in accordance with the public health emergency exception, will allow Schedule II-V controlled substances to be prescribed to patients, even when an in-person medical evaluation has not been conducted, if the following conditions are met:

- The prescription is for a legitimate medical purpose by a practitioner acting in the usual course of their professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.

<https://www.deadiversion.usdoj.gov/coronavirus.html>

PART A

HOSPITAL
STAYS

SURGERY

SKILLED NURSING
FACILITY CARE

LAB TESTS

RHC

HOME HEALTH
SERVICES

HOSPICE

Telehealth Billing for RHCs

Virtual Visits billable for RHCs since January 1, 2019

New Virtual Communication Services

Effective January 1, 2019, RHCs can receive payment for Virtual Communication services when at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC practitioner to a patient who has had an RHC billable visit within the previous year, and both of the following requirements are met:

- The medical discussion or remote evaluation is for a condition not related to an RHC service provided within the previous 7 days, and
- The medical discussion or remote evaluation does not lead to an RHC visit within the next 24 hours or at the soonest available appointment.

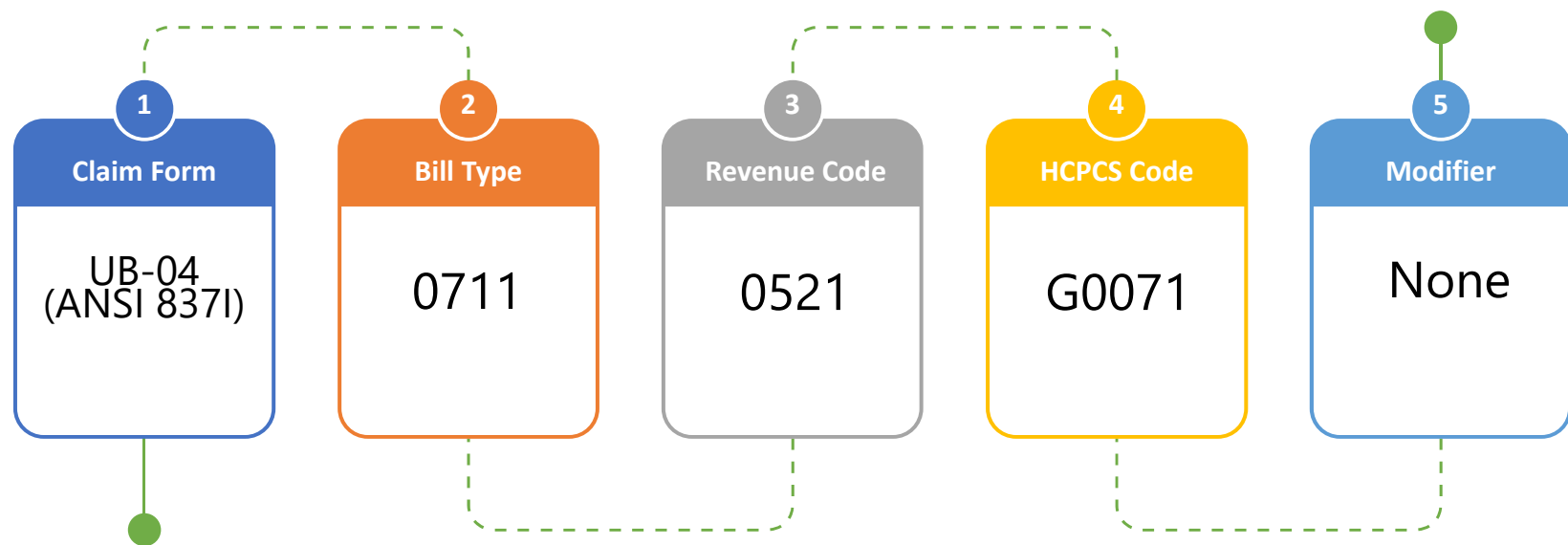
To receive payment for Virtual Communication services, RHCs must submit an RHC claim with HCPCS code G0071 (Virtual Communication Services) either alone or with other payable services. Payment for G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 (communication technology-based services) and HCPCS code G2010 (remote evaluation services) and is updated annually based on the PFS national non-facility payment rate for these codes. See [Virtual Communication Services Frequently Asked Questions \(PDF\)](#)

RHC face-to-face requirements are waived when these services are furnished to an RHC patient, and coinsurance and deductibles apply.

Can be a new patient during the National emergency

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf>

How to Bill Medicare for G0071



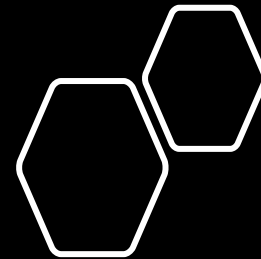
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/837I-FormCMS-1450-ICN006926.pdf>

Changes to G0071 during the State of Emergency

Medicare Virtual Communication and E-visits* Interactive Technology-based Services

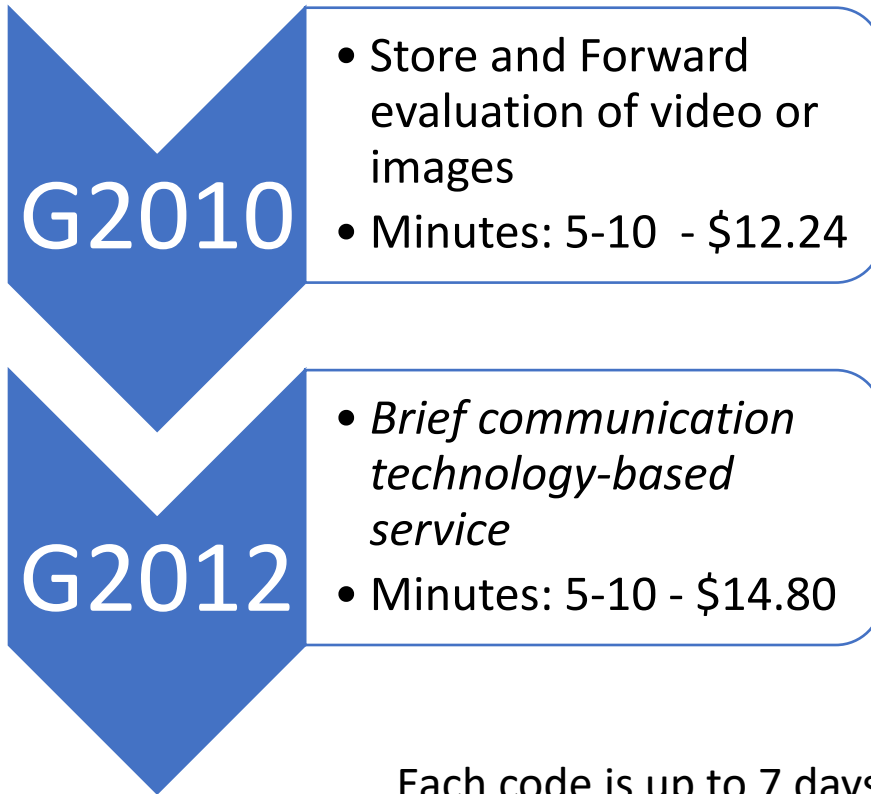


**These are NOT codes for “full-on” Audio/Video Telehealth/Telemedicine Services. We do NOT have billing guidance from CMS on how to bill distant site services yet. You may provide distant site E & M as of 03/27/2020 but the claims cannot drop yet. Distant site services will not pay the AIR and should not be billed as regular RHC encounters. CMS will issue new guidance.*



Revisions to the G0071 Code **Before** March 1, 2020

Part B



Part A - RHC

No Place of service on UB-04
Revenue Code: 0521
No CG Modifier

Each code is up to 7 days cumulative time

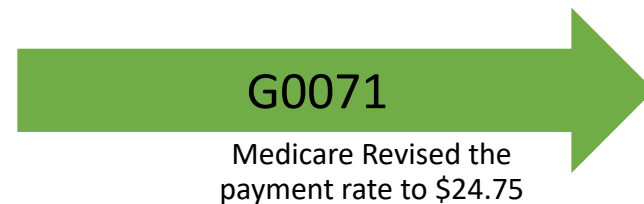
Revisions to the G0071 Code **effective** March 1, 2020

CMS adds three additional CPT Codes to G0071 in addition to G2020 & G2012

Part B

- 99421**
 - Online digital E & M
 - Minutes: 5-10 - \$15.52
 - 99422**
 - Online digital E & M
 - Minutes: 11-20 - \$31.04
 - 99423**
 - Online digital E & M
 - Minutes: 21 + - \$50.16
- Each code is up to 7 days cumulative time

Part A - RHC



No Place of service on UB-04
Revenue Code: 0521
No CG Modifier

Source: <https://www.cms.gov/files/document/covid-final-ifc.pdf>

G0071 Code March 1, 2020 till end of National State of Emergency

FL 42 Rev Code	FL43 Description	FL44 HCPCS Code	FL45 DOS	FL46 Units	FL47 Charge
521	Virtual Visit	G0071	3/1/2020	1	\$24.75

CR modifier (catastrophic/disaster related) to designate any service line item on the claim that is disaster/emergency related is **not** required.

G0071 Code Date of Service Prior to March 1, 2020

FL 42 Rev Code	FL43 Description	FL44 HCPCS Code	FL45 DOS	FL46 Units	FL47 Charge
521	Virtual Visit	G0071	2/28/2020	1	\$13.69

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID- 19 – March 30, 2020

- Beneficiary consent should not interfere with the provision of telehealth services. **Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.**
- Physician visits: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

Updated Telehealth Medicare Fact Sheet

Telehealth Services

MLN Booklet

CMS Alert!

Medicare Beneficiaries Expanded Telehealth Benefits During COVID-19 Outbreak

Under the Coronavirus Preparedness and Response Supplemental Appropriations Act and Section 1135 waiver authority, the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services, so beneficiaries can get a wider range of services from their doctors and other clinicians without traveling to a health care facility. On March 6, 2020, Medicare began temporarily paying clinicians to furnish beneficiary telehealth services residing across the entire country.

Before this announcement, Medicare could only pay clinicians for telehealth services, such as routine visits in certain circumstances. For example, the beneficiary getting the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary generally could not get telehealth services in their home.

Under this Section 1135 waiver expansion, a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer a specific set of telehealth services. The specific set of services beneficiaries can get include evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. Beneficiaries can get telehealth services in any health care facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes. This change broadens telehealth flexibility without regard to the beneficiary's diagnosis, because at this critical point it is important to ensure beneficiaries follow CDC guidance including practicing social distancing to reduce the risk of COVID-19 transmission. This change will help prevent vulnerable beneficiaries from unnecessarily entering a health care facility when clinicians can meet their needs remotely.

To read the Fact Sheet on this announcement visit: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

To read the Frequently Asked Questions on this announcement visit: <https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>

The Use of Modifiers by Medicare for Telehealth is limited

TELEHEALTH SERVICES BILLING AND PAYMENT

Submit professional telehealth service claims using the appropriate CPT or HCPCS code.

If you performed telehealth services “through an asynchronous telecommunications system”, add the telehealth GQ modifier with the professional service CPT or HCPCS code (for example, 99201 GQ). You are certifying the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.

Submit telehealth services claims, using Place of Service (POS) 02-Telehealth, to indicate you furnished the billed service as a professional telehealth service from a distant site. As of January 1, 2018, distant site practitioners billing telehealth services under the CAH Optional Payment Method II must submit institutional claims using the GT modifier.

Bill covered telehealth services to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth services amount under the Medicare Physician Fee Schedule (PFS). If you are located in, and you reassigned your billing rights to, a CAH and elected the Optional Payment Method II for outpatients, the CAH bills the telehealth services to the MAC. The payment is 80 percent of the Medicare PFS facility amount for the distant site service.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>

What does the Section 3704 Enhancing Medicare Telehealth Services for FQHCs and RHCs During Emergency Period Increasing mean for RHCs?

Section 3704 does five things:

- Medicare will pay for telehealth services that are furnished via a telecommunications system by a rural health clinic to an eligible telehealth individual enrolled in Medicare as long as the RHC is not at the same location as the beneficiary.
- **Allows rural health clinics to serve as a distant site for telehealth services**
- Allows CMS to develop a payment method based upon payment rates that are similar to the national average payment rates for comparable telehealth services under the Medicare Part B physician fee schedule
- **Costs associated with telehealth shall not be used to determine the all-inclusive rate**
- These provisions are temporary and only in effect during the declared state of National Emergency.

Source: <https://www.documentcloud.org/documents/6819239-FINAL-FINAL-CARES-ACT.html>

Which Practitioners can perform Telehealth Pre-COVID

DISTANT SITE PRACTITIONERS

Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
 - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional

Which Practitioners can perform Telehealth Public Health Emergency – 1135 Waiver

Waiver expanded list of eligible providers to provide services and be reimbursed

– Eligible providers are:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists (CP)
- Clinical social workers (CSWs) (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services, they cannot bill or get paid for CPT codes 90792, 90833, 90836, and 90838)
- Registered dietitians or nutrition professional
- **Physical Therapists**
- **Occupational Therapists**
- **Speech Language Pathologist**

Originating Sites for
Telemedicine can now
be in urban areas and
can be initiated from a
patient's home

Medicare Originating Sites

ORIGINATING SITES

An originating site is the location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system. The beneficiary must go to the originating site for the services located in either:

- A county outside a Metropolitan Statistical Area (MSA)
- A rural [Health Professional Shortage Area](#) (HPSA) in a rural census tract

The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs. To see a potential Medicare telehealth originating site's payment eligibility, go to HRSA's [Medicare Telehealth Payment Eligibility Analyzer](#).

Providers qualify as originating sites, regardless of location, if they were participating in a Federal telemedicine demonstration project approved by (or getting funding from) the U.S. Department of Health & Human Services as of December 31, 2000.

Beginning July 1, 2019, the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#) removes the originating site geographic conditions and adds an individual's home as a permissible originating telehealth services site for treatment of a substance use disorder or a co-occurring mental health disorder.

Waived duration of National Emergency

Each December 31 of the prior calendar year (CY), an originating site's geographic eligibility is based on the area's status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

Note: Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, [New Modifier for Expanding the Use of Telehealth for Individuals with Stroke](#) to learn how to use the new modifier for billing.

Waived duration of National Emergency

TELEHEALTH ORIGINATING SITES BILLING AND PAYMENT

HCPCS Code Q3014 describes the Medicare telehealth originating sites facility fee. Bill your MAC for the separately billable Part B originating site facility fee.

Note: The originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services when a CMHC serves as an originating site.



**This is not helpful during the COVID-19 Pandemic as it has to done in the RHC.
No Originating site fee is paid if the originating site is the home.**

HCPCS code Q3014 (Telehealth originating site facility fee) is 80 percent of the lesser of the actual charge, or \$26.15. Payment would be \$20.92.

Procedure Code	Description	Effective Date	Modifier		
Q3014	Telehealth facility fee	01/01/2019	Display		
01/01/2019			Locality: 35		
Tennessee			Modifier:		
Q3014					
	Non-Facility	Facility	OPPS Cap Non-Facility	OPPS Cap Facility	Reduced Th
Amount:	\$0.00	\$0.00	\$0.00	\$0.00	
ing Amount:	\$0.00	\$0.00	\$0.00	\$0.00	
e Amount:	\$0.00	\$0.00	\$0.00	\$0.00	

Telehealth in a Rural Health Clinic as an Originating Site



- **Case example**
- **A Medicare patient presents to a rural health clinic** complaining of a headache, nausea and vomiting. A clinical staff employee at the originating site escorts the patient to a room where the patient can interact with the provider using audiovisual equipment. The provider performs the necessary history, and a clinical staff employee obtains the clinical information, such as vital signs, requested by the provider.

If the clinic has the appropriate equipment and personnel, diagnostic tests ordered by the provider are performed onsite. The provider renders the patient assessment and plan to be discussed with the patient. During this new patient encounter, the provider performs and documents a detailed history, an expanded problem-focused exam and moderate medical decision-making. **Also included in the documentation is information stating that the service was provided through telehealth, the location of the patient and the provider, and the names of any other staff involved in the service.**

For the distant site in this example, CPT code 99202 is billed with POS code 02 for the professional provider's service. **The originating site (the RHC) should report HCPCS code Q3014 for the services provided and use Revenue Code 0521.**

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

Medicare Telehealth Frequently Asked Questions (FAQs)
March 17, 2020

- 1. Q: How will recently enacted legislation allow CMS to utilize Medicare telehealth to address the declared Coronavirus (COVID-19) public health emergency?**

A: The Coronavirus Preparedness and Response Supplemental Appropriations Act, as signed into law by the President on March 6, 2020, includes a provision allowing the Secretary of the Department of Health and Human Services to waive certain Medicare telehealth payment requirements during the Public Health Emergency (PHE) declared by the Secretary of Health and Human Services January 31, 2020 to allow beneficiaries in all areas of the country to receive telehealth services, including at their home.

- 2. Q: What does this mean? What payment requirements for Medicare telehealth services are affected by the waiver?**

A: Under the waiver, limitations on where Medicare patients are eligible for telehealth will be removed during the emergency. In particular, patients outside of rural areas, and patients in their homes will be eligible for telehealth services, effective for services starting March 6, 2020.

- 3. Q: Why wasn't this done before?**

A: Current telehealth law only allows Medicare to pay practitioners for services like routine visits furnished through telehealth under certain circumstances. For example, the beneficiary receiving those services must generally be located in a rural area and in a medical facility. Where the beneficiary receives those services is known as the "eligible originating site." The beneficiary's home is generally not an eligible originating site, but under the new 1135 waiver, this will be waived during the emergency. This will now allow telehealth services to be provided in all settings – including at a patient's home.

- 4. Q: What services can be provided by telehealth under the new emergency declaration?**

A: CMS maintains a list of services that are normally furnished in-person that may be furnished via Medicare telehealth. This list is available here: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. These services are described by HCPCS codes and paid under the Physician Fee Schedule. Under the emergency declaration and waivers, these services may be provided to patients by professionals regardless of patient location.

Medicare pays separately for other professional services that are commonly furnished remotely using telecommunications technology without restrictions that apply to Medicare Telehealth. These services, including physician interpretation of diagnostic tests, care management services and virtual check-ins, are normally furnished through communication technology.

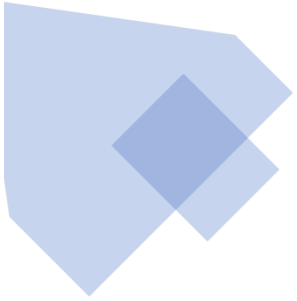
New Patients are allowable during the State of National Emergency

7. Q: Will CMS enforce an established relationship requirement?

A: No. It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

The Ryan Haight Act normally prohibits this:

<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/ryan-haight-act>



13. Q: Can hospitals, nursing homes, home health agencies or other healthcare facilities bill for telehealth services?

A: Billing for Medicare telehealth services is limited to professionals. (Like other professional services, Critical Access Hospitals can report their telehealth services under CAH Method II). If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services can be paid for.

This means RHCs can not be a Distant Site as of 3/23/2020



March 15, 2019

Medicare Fee-For-Service

**Additional Emergency and Disaster-Related
Policies and Procedures
That May Be Implemented Only With a § 1135 Waiver**

Source Document

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/MedicareFFS-EmergencyQsAs1135Waiver.pdf>

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