



RHC Telehealth Billing

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Telehealth: Pre-COVID

- ✓ Report on UB04 with Q3014. (app. \$23.17)
- ✓ Can accompany an E/M service or be reported alone.
- ✓ ‘Remote’ physician bills an E/M code with modifier fee-for-service.
- ✓ RHCs could not be the “distant site”,
- ✓ Patient could not be at home.





Effective March 27, 2020

On March 27, 2020, the (CARES Act) was signed into law. Section 3704 authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE.

- ✓ Medicare telehealth services require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient.
- ✓ *RHCs and FQHCs with this capability can immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE.*





Distant Site Providers

Distant site telehealth services can be furnished by *any health care practitioner* working for the RHC or the FQHC within their scope of practice. (This includes 99201 and 99211.)

Practitioners can furnish distant site telehealth services from any location, including their home, during the time that they are working for the RHC or FQHC, and can furnish any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule (PFS)!!

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>





RHC Distant Site Provider Payment

Payment to RHCs and FQHCs for distant site telehealth services is set at **\$92**, which is the average amount for all PFS telehealth services on the telehealth list.

All RHCs will bill for telehealth visits the same as you would bill for an in-person visit and use the 95 modifier on the claim line to signify that the visit was via telehealth rather than in-person.





ANY Provider During the Emergency

“As stated on the MLN, any service that is approved as a distant site telehealth service under the Physician Fee Schedule can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice, and the RHC would bill this as a distant site telehealth service, for a payment of \$92. CPT 99201 and 99211 are on the list and can be furnished by an RN if within the RN scope of practice. Payment would be \$92.”





Distant Site Services:

furnished between January 27, 2020, and June 30, 2020

Report Modifier “95” (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System)

- ✓ RHCs will be paid at their all-inclusive rate (AIR), and FQHCs will be paid based on the FQHC Prospective Payment System (PPS) rate (during this period.)
- ✓ These claims will be automatically reprocessed in July when the Medicare claims processing system is updated with the new payment rate (of \$92).
- ✓ RHCs and FQHCs do not need to resubmit these claims for the payment adjustment.
- ✓ All RHCs will bill for telehealth visits the same as you would bill for an in-person visit and use the 95 modifier on the claim line to signify that the visit was via telehealth rather than in-person.





Medicare *Telehealth Visits*: E/M with Audio and Video

Once a Visit has Audio and Video: This is a Medicare “Telemedicine Visit”. This will be billed using the new RHC Distant Site Billing rules:

- ✓ E/M (appropriate to the services performed) code with Modifier 95.
- ✓ Use Modifier 95 and CG until June 30 for Telehealth visits.
- ✓ July 1: Report an RHC/FQHC specific G code, G2025, to identify services that were furnished via telehealth.
- ✓ RHC and FQHC claims with the new G code will be paid at the \$92 rate.
- ✓ Only distant site telehealth services furnished during the COVID-19 PHE are authorized for payment to RHCs and FQHCs.

Medicare Telehealth Services: See [CMS Approved Telehealth Services](#)





OCR and HIPAA during COVID

“Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.”

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>





Medicare Telehealth Visits via FaceTime/Skype

The following are approved platforms.

- ✓ Skype for Business / Microsoft Teams
- ✓ Updox
- ✓ VSee
- ✓ Zoom for Healthcare
- ✓ Doxy.me
- ✓ Google G Suite Hangouts Meet
- ✓ Cisco Webex Meetings / Webex Teams
- ✓ Amazon Chime
- ✓ GoToMeeting

The following are NOT approved:

- ✓ Facebook Live – Streams to the public!
- ✓ TikTok – If you don't know what it is your kids or grandkids do!





CG-Modifier and Modifier-95

- ✓ Currently, CMS states that CG AND 95-modifier should be on the claim together.
- ✓ On the April 20, 2020 CMS call, there was contradictory information given.
- ✓ We have clarified that BOTH modifiers should be on claims!



RHC Distant Site – Through June 30, 2020

Rev	CD	Desc	HCPCS/CPT	DOS	Units	Total Charge
0521		Office Visit Level 3	99213CG95CS	04/17/2020	1	\$ 105.00
0001		Total Charge				\$ 105.00

- ✓ Report CG Modifier. That's what we're going with.
- ✓ Will be paid at the AIR.
- ✓ CMS will automatically adjudicate to \$92.00 after July 1, 2020.
- ✓ Use modifier CS to waive co-ins/ded for COVID related services.





G2025: Effective between July 1, 2020 and COVID19 PHE Termination

- ✓ G2025 will be used for RHC/FQHC Distant Site services via telehealth (from July 1 forward).
- ✓ RHC and FQHC claims with the new G-code will be paid at the \$92 rate.
- ✓ We assume further billing instructions will follow.
- ✓ Only distant site telehealth services furnished during the COVID-19 PHE are authorized for payment to RHCs and FQHCs.





RHC Distant Site – July 1, 2020 through December 31, 2020

Rev CD	Desc	HCPCS/CPT	DOS	Units	Total Charge
0521	RHC Distant Site	G2025	08/21/2020	1	\$ 105.00
0001	Total Charge				\$ 105.00

- ✓ RHC will be paid at the \$92.
- ✓ No CG or 95 modifier.
- ✓ No line item detail.
- ✓ CMS will automatically adjudicate to \$92.00
- ✓ Use modifier CS to waive co-ins/ded for COVID related services.

ONLY for the duration of the Public Health Emergency! NOT permanent!





After December 31, 2020

If the COVID-PHE is in effect after December 31, 2020, this rate will be updated based on the 2021 PFS average payment rate for these services, weighted by volume for those services reported under the PFS.





G0071 FAQ: Types of Communication

Virtual communication services would be initiated by the patient contacting the RHC or FQHC by:

- ✓ ***a telephone call;***
- ✓ integrated audio/video system;
- ✓ a store-and-forward method such as sending a picture or video to the RHC or FQHC practitioner for evaluation and follow up within 24 hours.

The RHC or FQHC practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.



eVisits – 99421, 99422, 99423

E-Visits, the patient must generate the initial inquiry and communications can occur over a 7-day period. **RHCs bill these using G0071**

The services may be billed using CPT codes 99421-99423 as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

- ✓ Patient Consent can be obtained by the staff, verbally.
- ✓ Providers can waive cost-sharing for all telehealth services and visits.





G0071: Virtual Check-In

Virtual Check-In (Brief Communication Technology-based Service):

- ✓ Performed by a physician or **other qualified health care professional**;
- ✓ **COVID-19: Available to ALL patients, including new patients, effective 3.17.2020.**
- ✓ not originating from a related E/M service provided within the previous 7 days;
- ✓ nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment;
- ✓ 5-10 minutes of medical discussion.





Virtual Communication – NOT an Encounter!

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.

- ✓ 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.





Virtual Communication Services – Billing

G0071 (Virtual Communication Services) is billed either alone or with other payable services.

Payment for G0071 is temporarily (during PHE) set at the PFS national average of the non-facility average for G2010, G2012, 99421, 99422, and 99423.

For 2020, the payment amount for code G0071 will be **\$24.76**.





Virtual Check-In RHC Claim Example

Rev CD	Desc	HCPCS/CPT	DOS	Units	Total Charge
0521	Virtual Check-In	G0071CS	4/2/2020	1	\$ 24.76
0001	Total Charge				\$ 24.76

- ✓ Do NOT report with CG.
- ✓ G0071 is for RHCs only.
- ✓ We do not bill G2010 OR G2012.
- ✓ Virtual Check-In G0071 encompasses Remote Check-In AND Remote Evaluation.
- ✓ Use modifier CS to waive co-ins/ded ONLY IF COVID-related.





Patient Consent: Telehealth Services AND Virtual Check-In

Patient Consent: Verbal Consent and Acknowledgment can be obtained verbally and under general supervision.





RHC Distant Site Claims through June 30, 2020.

- ✓ Document an Office Visit or E/M code appropriate to the services performed.
- ✓ Report the qualifying visit codes with Modifier 95 AND CG and until June 30.
- ✓ Add CS Modifier if COVID related to waive co-insurance.



After July 1, 2020

- ✓ On July 1 and After; RHCs and FQHCs will use an RHC/FQHC specific G code, G2025, to identify services that were furnished via telehealth.
- ✓ We do NOT know if the actual E/M rendered will need to be included on the claim after July 1.
- ✓ RHC and FQHC claims with the new G code will be paid at the \$92 rate.
- ✓ No modifiers will be required.
- ✓ Only distant site telehealth services furnished during the COVID-19 PHE are authorized for payment to RHCs and FQHCs.





Commercial Insurance

- ✓ Commercial Insurance each have their own requirements as well. Most of these follow Medicare Part B – FFS rules.
- ✓ NOT what RHCs are required to do.
- ✓ Please confirm their policies and reimbursement provision.



Medicaid and Medicaid MCO

Medicaid plans are state specific with variation among plans with HCPCS codes, modifiers and whether telephone visits are allowed.



Reference

Centers for Medicare and Medicaid Services. [MLN 20016](#). “New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)”. April 17, 2020.





Care Management Services





G0511: General Care Management Services

G0511: General Care Management Services

- ✓ billed alone or with other payable services on a RHC or FQHC claim.
- ✓ This code could only be billed once per month per beneficiary, and could not be billed if other care management services are billed for the same time period.
- ✓ Payment for G0511 is set at the average of the 3 national non-facility PFS payment rates for the CCM (CPT code 99490 and CPT code 99487) and general BHI (CPT code 99484).
- ✓ *The current 2019 payment rate is \$67.03.*
- ✓ The rate is updated annually based on the PFS amounts and coinsurance applies.





G0511 Patient Eligibility

Option A: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, and place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, OR

Option B: Any behavioral health or psychiatric condition being treated by the RHC or FQHC practitioner, including substance use disorders, that, in the clinical judgment of the RHC or FQHC practitioner, warrants BHI services.



G0511 Billing Requirements

Initiating Visit: An Evaluation Management (E/M), Annual Wellness Visit (AWV), or Initial Preventive Physical Examination (IPPE) visit furnished by a physician, Nurse Practitioner (NP), Physician Assistants (PA), or Certified Nurse-Midwives (CNM) has occurred *no more than one-year* prior to commencing care coordination services. This would be billed as an RHC or FQHC visit.

Billing Requirements: At least 20 minutes of care coordination services has been furnished in the calendar month furnished a) under the direction of the RHC or FQHC physician, NP, PA, or CNM, and b) by an RHC or FQHC practitioner, or by clinical personnel under general supervision.



RHC - CMS Resources

Medicare Claims Processing Manual – Chapter 9 RHC/FQHC Coverage Issues

www.cms.gov/manuals/downloads/clm104c09.pdf

Medicare Benefit Policy Manual – Chapter 13 RHC/FQHC

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf

Medicare Claims Processing Manual UB04 Completion

www.cms.gov/manuals/downloads/clm104c25.pdf

Medicare Benefit Policy Manual- Chapter 15 Other Services

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf





RHC - CMS Resources

Virtual Communication FAQ

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

State Operations Manual Appendix G (Updated 1.2.18)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf

Provider-Based Rules (42 CFR 413.65)

<https://www.law.cornell.edu/cfr/text/42/413.65>





RHC Distant Site: SE20016

Centers for Medicare and Medicaid Services. [MLN SE20016](#). “New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)”. April 17, 2020.





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