



H B S

Healthcare Business Specialists

**Telehealth Medicare Part A Billing Per SE20016
Healthcare Business Specialists
Sponsored by Azalea Health and ChartSpan
April 26, 2020**





H B S

Healthcare Business Specialists

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FROM NOTIFICATIONS

Olivia Rivera Morris 3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

Like Comment Share

InQuiseek Consulting Mark has a great page here and brings all of us together. You can also like and follow our page for more info, too.
<https://m.facebook.com/InQuiseek/>

InQuiseek Consulting

Like Reply 52m

Healthcare Business Specialists Patty Golf Harper Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like Reply Commented on by Mark Lynn (?) · 36m

InQuiseek Consulting Healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like Reply 33m

INVITE MEMBERS 850 Members

DESCRIPTION The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE General

UPCOMING GROUP EVENTS See All

Free RHC Update Seminar - Nashville
Wednesday, October 30, 2019 at 9 AM
5201 Virginia Way, Brentwood, TN 37027
Hosted by Mark Lynn

Free RHC Update Seminar in Somerset, Kentucky
Wednesday, November 6, 2019 at 9 AM
2292 US-27 #300, Somerset, KY 42501
Hosted by Mark Lynn

RECENT GROUP PHOTOS See All

English (US) Español Português (Brasil) Français (France) Deutsch

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RHC Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>

HBS

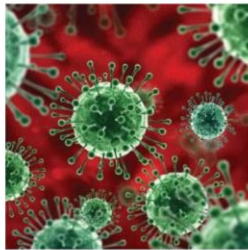
Healthcare Business Specialists



- What does Healthcare Business Specialists do?
- Listing of Services

<https://tinyurl.com/w63xbp9>

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)



COVID-19 RESOURCES FOR RHCS

Healthcare Business Specialists is using this COVID-19 website to provide resources for our RHCs. We have provided links to valuable information as you deal with this world-wide pandemic.

Vast amounts of ever-changing information must be assimilated by RHCs regarding the COVID-19 Public Health Emergency (PHE) at a dizzyingly fast pace. It is difficult, even impossible, to keep up with all the changes affecting the operation of a medical clinic or hospital during this unprecedented time. Information has always been a perishable asset, but, never so much as in this time of constant change and guidance from our government. While not getting political, one can not help but be impressed by the dedication and commitment from our governmental agencies in fighting this war with COVID-19 and the government's resolve to win this war without completely sacrificing the financial future of those that survive this war.

In order to help you process, organize, and locate information related to COVID-19 we have organized this site into Topics, so you find information much faster. If you click the links below you will find a chronological list of resources dated from the latest to the oldest. We at Healthcare Business Specialists hope this helps you find the answers you need during this difficult time.

[Telehealth](#) [State Medicaid and Regulations](#) [Financial](#) [Laws and Regulations](#) [Other Resources](#)

For Updates, a recording of this webinar, slide presentations, and lots of information on RHCs and COVID-19 go to our COVID-19 Website

<http://www.ruralhealthclinic.com/covid19>



Disclaimer

- Due to COVID-19 Healthcare Policy is changing rapidly, waivers are being issued, guidance is being backdated, issued and retracted, official documents are out of date almost as soon as they are issued, so proceed with caution. Some of our resources will contain outdated information, but most of the information is still relevant. The trick and frustrating part is knowing what changed and when. This presentation was prepared on April 26, 2020 and we believe it to be current as of that date, but we could have missed something. If you know of an omission or change, please let us know and we correct it.



RHC Part A Medicare Telehealth Billing

TELEHEALTH & TELEMEDICINE

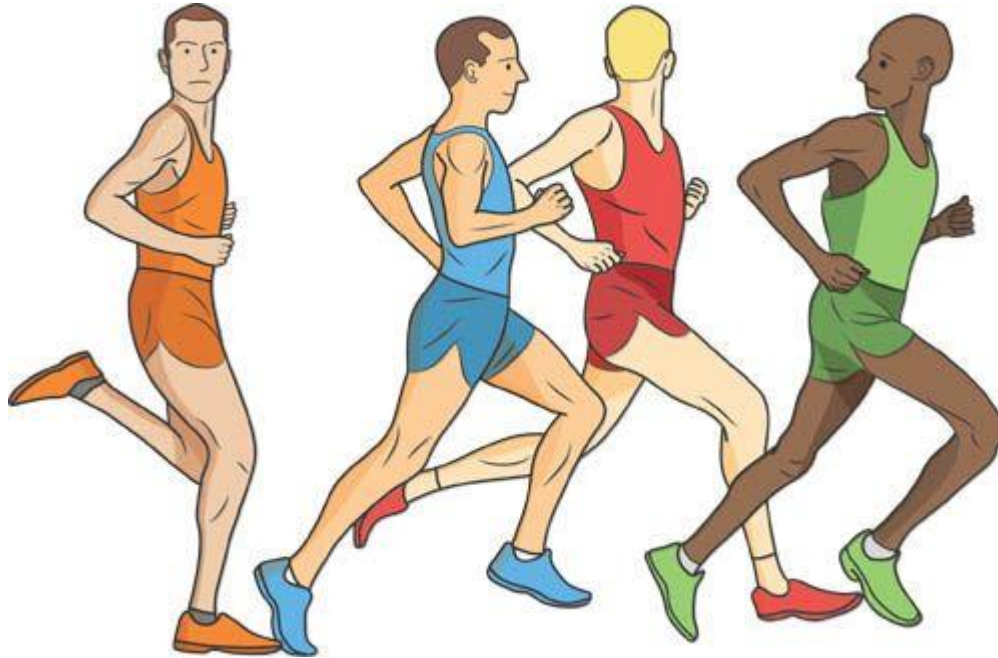
- What is the difference between Telehealth and Telemedicine?
 - Telehealth can either refer to clinical and/or non-clinical services.
 - Telemedicine only refers to the provision of clinical services.

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 PHE)

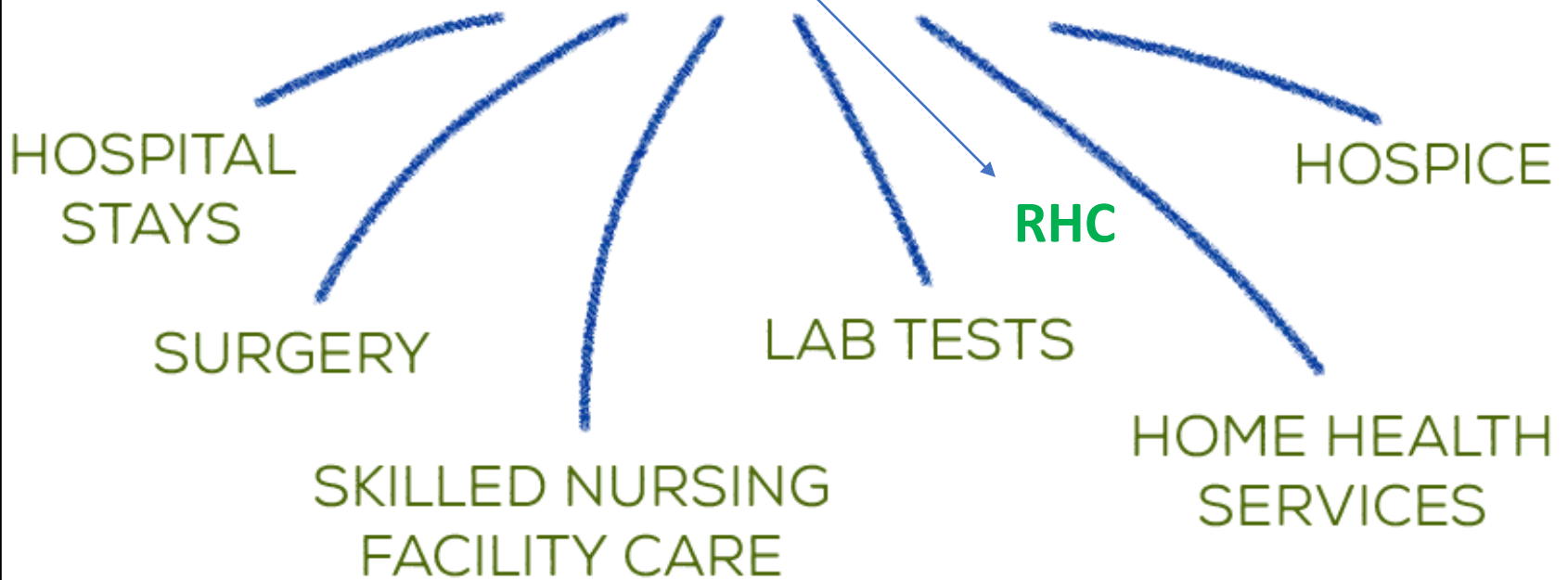
RHCs can not be Distant Sites (except during PHE)

Telehealth costs are not used to compute the AIR.

Originating Sites for
Telemedicine can now be
in urban areas and can be
initiated from a patient's
home during the PHE –
March 6, 2020



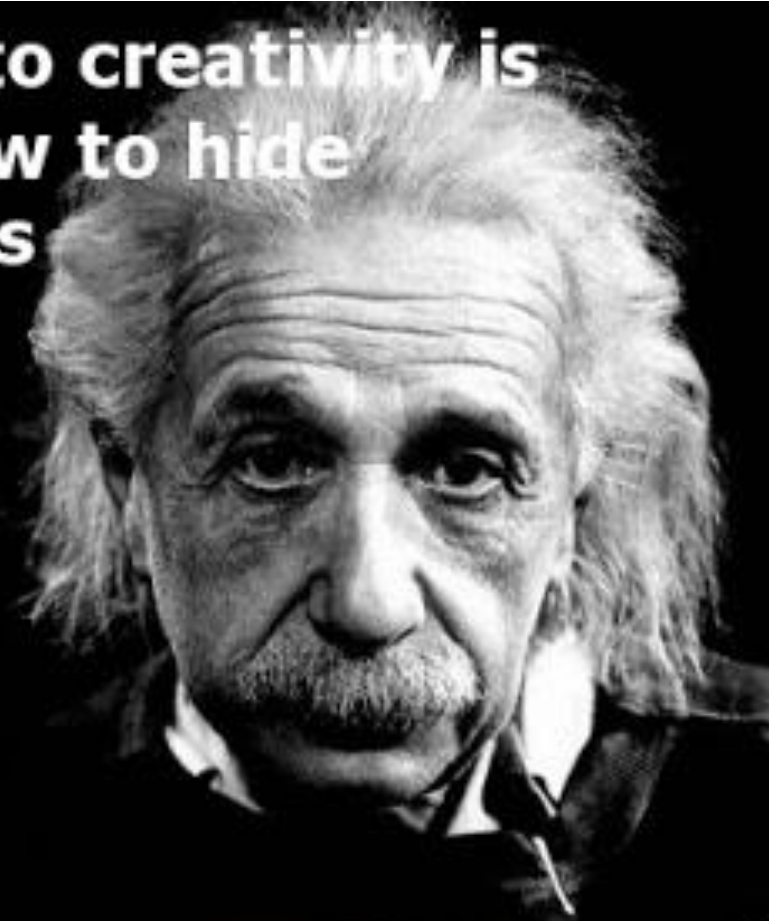
PART A



Telehealth Billing for RHCs

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

~ Albert Einstein ~



www.StatusMind.com

We make no attempt to hide our sources

Listing of COVID-19 Documents
Healthcare Business Specialists
www.ruralhealthclinic.com

Number	Date	Title of Document	Topic	Author	Type	Link to Supporting Document
1	4/10/2020	Cares Act Relief Funds -Immediate infusion of \$30 billion into healthcare system	Provider Relief Fund	HHS	Website	https://www.hhs.gov/provider-relief/index.html?fbclid=IwAR2-7cslyC1sYu2ptWGGkREJgLvFpobd84mAE28NtrlEhzVv5CcamP
2	4/10/2020	Provider Relief Fund Pop Up Webinar on payment to RHCs	Provider Relief Fund	HBS	Webinar	https://youtu.be/K6bEARXZ_bg
3	4/10/2020	Direct Deposits, Supervision Relaxation, Staffing Requirements Changed, and Modifier CSI	Update	NARHC	Article	https://www.web.narhc.org/News/28310/COVID-19-Updates?fbclid=IwAR2dthpE2rOWUjG9Lnzn8AMQu47cUvKD1iq1m4Va0PW98cnKqAtv3IKOE
4	4/10/2020	NARHC Survey for Rural Health Clinics	Survey	NARHC	Survey	https://www.surveymonkey.com/r/RHCsCovid-19
5	4/10/2020	HHS Announces First Distribution of Relief Funds to Providers	Provider Relief Fund	UCA	Press Release	https://ucaoa-noah.informz.net/informzdataservice/onlineversion/ind/bWFpbG2luc3RhbmlaWQ9OTI2MTE0MCZzdWJzY3pYmVyaWQ9MTEzNTNTE5Mg==
6	4/9/2020	CCHP provides an overview of State actions in addressing COVID-19	Telehealth	CCHP	Webinar	https://www.youtube.com/watch?v=jRpXYsy0Gu0
7	4/9/2020	COVID-19 Emergency Declaration BlanketWaivers for Health Care Providers effective 3/1/2020	Waivers	CMS	Memorandum	https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf?fbclid=IwAR27qkL7_Bs_gk9T6U-ks7sl97ZPpkwW1dDaK3-eU7q03LW59aCT_NEQU
8	4/7/2020	MLN Connects - CS Modifier Announced	Billing & Coding	CMS	MLN Matters	https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se
9	4/6/2020	The BMJ Group Visual Flowchart The Federal Communications Commission (FCC) COVID-19 Telehealth Program - \$200 Million	Telehealth	BMJ	Flowchart	https://www.bmj.com/content/bmj/368/bmj.m1182/F1.large.jpg
10	4/6/2020	The Federal Communications Commission (FCC) COVID-19 Telehealth Program - \$200 Million	Telehealth	Holland & Knight	Article	https://www.hklaw.com/en/insights/publications/2020/04/the-federal-communications-commission-fcc-covid19-telehealth-program
11	4/4/2020	1135 Waivers	Emergency Preparedness	HHS	Website	https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx
12	4/4/2020	HBS Notes from NARHC Webinar	Telehealth	HBS	Letter	https://static1.squarespace.com/static/53c5f79de4b0f4932a32a8/t/5e89dab59b6208253a6b4941/1586092725525/20200404+form+the+NARHC+Webinar+on+April+3%2C+2020.pdf
13	4/4/2020	Polsinelli map of Out of State Licensure rules for Telehealth	Telehealth	Polsinelli	Website	https://www.covid19.polsinelli.com/telehealth
14	4/3/2020	Guidance for Infection Control and Prevention of Coronavirus Disease (COVID19) in Outpatient Settings: FAQs and Considerations	Laws & Regulation	CMS	Memorandum	file:///D:/DropBox/HBS%20Dropbox/Mark%20Lynn/2020%20COVID-19%20State%20Operations%20Memo%20QSO-20-22-%20ASC,%20CORF,%20CMHC,%20OPT,%20RHC_FQHCs%20on%20March%2030,%202020.pdf
15	4/3/2020	Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19)	Telehealth	CMS	MLN Matters	https://www.cms.gov/files/document/se20011.pdf
16	4/3/2020	Medicare Coverage and Payment of Virtual Services	Telehealth	CMS	Webinar	https://www.youtube.com/watch?v=bdb9NKtybzo&feature=youtu.be

Review our Sortable Reference Data Base

http://www.ruralhealthclinic.com/s/2020-Telehealth-Webinar-Milestone-Chart-and-list-of-announcements-as-of-4-11-2020.xlsx?fbclid=IwAR3roqpyFdpYUPI7A54xTNAv8dO82CIL5EkacFU7lzpF_9J2PfJ5uLIIYPY



This is going to be Complicated!!!
Law, Regulations, Guidance have different
and often conflicted effective dates.

CARES ACT - March 27, 2020

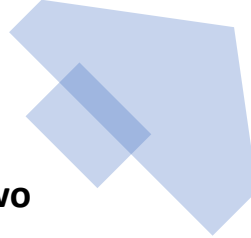

What does the Section 3704 Enhancing Medicare Telehealth Services for FQHCs and RHCs During Emergency Period Increasing mean for RHCs?

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>

Interim Final Regulation Released on March 30, 2020 and Published as final on April 6, 2020



Interim Final Regulation added 85 new Telehealth Codes in two categories on March 30, 2020 effective March 1, 2020

Category 1: **Services that are similar to professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services.** In reviewing these requests, we look for similarities between the requested and existing telehealth services for the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter, a practitioner who is present with the beneficiary in the originating site. We also look for similarities in the telecommunications system used to deliver the service; for example, the use of interactive audio and video equipment.

Category 2: **Services that are not similar to those on the current list of telehealth services. Our review of these requests includes an assessment of whether the service is accurately described by the corresponding code when furnished via telehealth and whether the use of a telecommunications system to furnish the service produces demonstrated clinical benefit to the patient.** Submitted evidence should include both a description of relevant clinical studies that demonstrate the service furnished by telehealth to a Medicare beneficiary improves the diagnosis or treatment of an illness or injury or improves the functioning of a malformed body part, including dates and findings, and a list and copies of published peer reviewed articles relevant to the service when furnished via telehealth. Our evidentiary standard of clinical benefit does not include minor or incidental benefits.

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

CMS Expanded the number of payable Medicare Part B Telehealth services from 101 to 191



Centers for Medicare & Medicaid Services

- Medicare
- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Private Insurance
- Innovation Center
- Regulations & Guidance
- Research, Statistics, Data & Systems
- Outreach & Education

Home > Medicare > Telehealth > List of Telehealth Services

- Telehealth** <
- [Submitting a Request](#)
- [Request for Addition](#)
- [CMS Criteria for Submitted Requests](#)
- [Review](#)
- [Deletion of Services](#)
- [Changes](#)
- [Adding Services](#)
- List of Telehealth Services**

List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

[Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 \(ZIP\)](#)

Page Last Modified: 03/30/2020 06:15 PM

[Help with File Formats and Plug-Ins](#)

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

What Telehealth services can a rural health clinic perform during the duration of the Public Health Emergency effective January 27, 2020 and ending when the PHE is over?

A11. There are 191 (85 are temporary) telehealth services listed in an Excel spreadsheet that RHCs and Part B fee for service providers can bill Medicare for during the PHE. For example, new and established codes 99201 through 99215 are on the list. Here is the link to the codes. <https://www.cms.gov/files/zip/covid-19-telehealth-services-phe.zip>

LIST OF MEDICARE TELEHEALTH SERVICES		
Code	Short Descriptor	Status
99201	Office/outpatient visit new	
99202	Office/outpatient visit new	
99203	Office/outpatient visit new	
99204	Office/outpatient visit new	
99205	Office/outpatient visit new	
99211	Office/outpatient visit est	
99212	Office/outpatient visit est	
99213	Office/outpatient visit est	
99214	Office/outpatient visit est	
99215	Office/outpatient visit est	
99217	Observation care discharge	Temporary Addition for the PHE for the COVID-19 Pandemic
99218	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99219	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99220	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99221	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99222	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99223	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99224	Subsequent observation care	
99225	Subsequent observation care	
99226	Subsequent observation care	
99231	Subsequent hospital care	
99232	Subsequent hospital care	
99233	Subsequent hospital care	
99234	Obser/hosp same date	Temporary Addition for the PHE for the COVID-19 Pandemic

Medicare Recognizes Four Types of Telemedicine (actually 5 if you count Remote Monitoring)

Telehealth

1. Audio and Video
2. Expanded to include all areas and all settings
3. Applicable to new and established patients
4. Medicare Copays and deductibles apply however OIG will allow flexibility for providers to reduce or waive fees during the PHE
5. Payment is changed to \$92 for RHCs
6. Consent to treat needs to be obtained*



RHC
G2025

Virtual Check-Ins

1. Phone Calls
2. No Geographic or location restrictions
3. Applicable only to established patients (New is Ok during PHE)
4. Medicare Copays and deductibles apply except when treating COVID)
5. Consent to treat needs to be obtained*
6. Part B codes are G2012 or G2010 & RHCs use G0071
7. Payment is \$24.76



RHC
G0071

E-Visits

1. Patient Portal
2. No Geographic or location restrictions
3. Applicable only to established patients. (New is Ok during PHE)
4. Medicare Copays and deductibles apply except when treating COVID
5. Consent to treat needs to be obtained*
6. Part B CPT Codes 99421 – 99423 RHCs use G0071
7. Payment is \$24.76
8. Codes are time-based so keep time stamped records.



RHC
G0071

Telephone

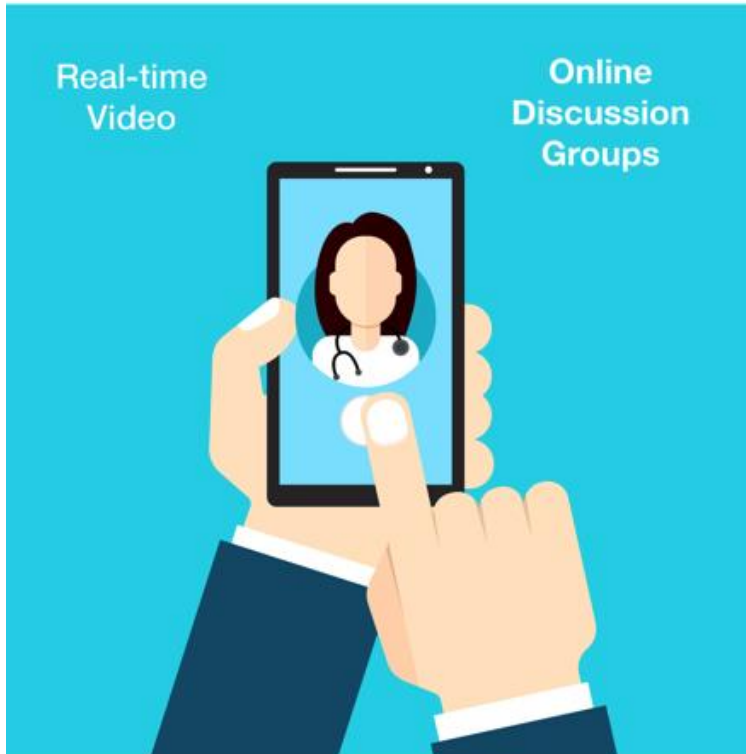
1. Prolonged Phone Calls
2. Part B Codes are 99441-99443.
3. Similar to virtual check-ins – possibly billable at G0071.
4. RHCs can not bill for these as of 4/22
5. Applicable only to established patients (New is Ok during PHE)
6. Medicare Copays and deductibles apply except when treating COVID)
7. Consent to treat needs to be obtained*



Not RHC

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

The 31 Longest Days of our Lives



RHCS WAITING ON

**MEDICARE
TELEHEALTH GUIDANCE**

On April 17, 2020 CMS released long awaited billing guidelines for rural health clinics via a short MLN 4-page MLN Matters Memorandum Number SE20016. The actual new billing guidance was approximately one page long in the document, so while the document did give us direction on where we are going, it is woefully lacking on how and leaves us with many unanswered questions. In this document we have tried to answer the questions related to bill RHC Part A Telehealth Claims the best we can with the current information.

Where can I find MLN Matters Number SE20016?

<https://www.cms.gov/files/document/se20016.pdf>



New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016

Related Change Request (CR) Number: N/A

Article Release Date: April 17, 2020

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

To provide as much support as possible to RHCs and FQHCs and their patients during the COVID-19 PHE, both Congress and the Centers for Medicare & Medicaid Services (CMS) have made several changes to the RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will make additional discretionary changes as necessary to assure that RHC and FQHC patients have access to the services they need during the pandemic. For additional information, please see the RHC/FQHC COVID-19 FAQs at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

BACKGROUND

New Payment for Telehealth Services

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally 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 telehealth services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice. 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). A list of these is available at

CMS is backdating some of the guidance – Watch your dates. For example RHCs can bill Telehealth visits starting January 27, 2020 two months before the CARES Act was approved on March 27th allowing RHCs to be Distant Site Providers and 39 days before patient homes were allowed as originating sites on March 6th.



Q9. How does Medicare define Telemedicine and Telehealth services?

A9. This is very confusing as Medicare has very specific language on how to pay certain types of communication and definitions of each. Telehealth is generally considered a broader term than telemedicine; however, Medicare uses the terms differently with Telemedicine being more encompassing and Telehealth reserved for Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System. During the PHE there are potentially 5 types of Telemedicine services that a Medicare beneficiary could receive.

Description	Telehealth	Virtual Visits	E-visits	Telephone	Remote Monitoring
How is the service delivered?	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System	Telephone, store and forward, and now digital visits	Digital visits via a patient portal paid as virtual visits	Prolonged phone call	Store and Forward
Is the service payable in an RHC during the PHE?	Yes	Yes	Yes	No	No

Description	Telehealth	Virtual Visits	E-visits	Telephone	Remote Monitoring
Time Period payable to an RHC	January 27, 2020 till end of PHE	See Note 1	See Note 1	NA	NA
Part B HCPCS Codes	See listing of 195 codes Note 2	G2010, G2012, 99421, 99422, 99423	99421, 99422, 99423	98966, 98967, 98968	99454, 99497, 99453
RHCs HCPCS Code	G2025 starting 7/1/2020 See Note 3	G0071	G0071	NA	NA
RHC Payment	\$92	\$24.76	\$24.76	NA	NA
80% of Payment	\$73.60	\$19.81	\$19.81	NA	NA
95 Modifier	See Note 3	NA	NA	NA for RHCs	NA for RHCs
CS Modifier	Yes, If related to COVID-19	Yes, If related to COVID-19	Yes, If related to COVID-19	NA for RHCs	NA for RHCs
CG Modifier Revenue Code	Yes 052X	No 0521	No 0521	NA NA	NA NA

Note 1: Coverage for G2010 & G2012 started January 1, 2019 and coverage was expanded to CPT codes 99421, 99422, and 99423 effective March 1, 2020. These codes are converted to a G0071 when performed in an RHC and payment increased from \$13.53 to \$24.76 on March 1, 2020 through the end of the PHE.

Note 2: Here is the link to all 195 Telehealth services covered during the PHE. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Note 3: For telehealth distant site services furnished between January 27, 2020, and June 30, 2020, RHCs must put Modifier “95” on the claim and use the Telehealth HCPCS Code (Not the G2025). RHCs will be paid at their all-inclusive rate (AIR). These claims will be automatically reprocessed in July when the Medicare claims processing system is updated with the new payment rate. RHCs do not need to resubmit these claims for the payment adjustment.

Can I ask CMS questions regarding the Telehealth RHC rules?

Yes, every Tuesday and Thursday at 5:00 PM Eastern, CMS hosts Office Hours which gives us a chance to ask questions or raise concerns. You are encouraged to submit questions in advance to partnership@cms.hhs.gov, including “Office Hours” in the subject line. There will also be live Q&A. HBS will post how to access the session via the Facebook Group and on our website.



Open Door Forum

“You are invited to CMS “Office Hours” on COVID-19, Tuesday, April 7th from 5:00 – 6:00 PM EST, the first in a series of opportunities for hospitals, health systems, and providers to ask questions of agency officials regarding CMS’s temporary actions that empower local hospitals and healthcare systems to:

- Increase Hospital Capacity – CMS Hospitals Without Walls;
- Rapidly Expand the Healthcare Workforce;
- Put Patients Over Paperwork; and
- Further Promote Telehealth in Medicare

We encourage you to submit questions in advance to partnership@cms.hhs.gov, including “Office Hours” in the subject line. There will also be live Q&A.

Dial-in details below. Conference lines are limited, so we highly encourage you to join via audio webcast, either on your computer or smartphone web browser. You are welcome to share this invitation with your colleagues and membership.

Toll-Free Attendee Dial In: 833-614-0820

Event Plus Passcode: 6793622 Audio Webcast link: <https://protect2.fireeye.com/url?k=cecb08ad-929f2186-cecb3992-0cc47a6d17cc-db3ca8a4c175de3d&u=https://engage.vevent.com/rtcms2/index.jsp?seid=1817>

You can find a copy of the full press release and related materials here: <https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19>

To keep up with the important work the White House Task Force is doing in response to COVID-19, please click here: www.coronavirus.gov. For information specific to CMS, please visit the [Current Emergencies Website](#).

Open Door Forum
Outreach & Education

**RHC Telehealth Billing Guidance Released on April 17, 2020
Frequently Asked Questions (FAQ)
April 19, 2020**

On April 17, 2020 CMS released long awaited billing guidelines for rural health clinics via a short MLN 4-page MLN Matters Memorandum Number SE20016. The actual new billing guidance was approximately one page long in the document, so while the document did give us direction on where we are going, it is woefully lacking on how and leaves us with many unanswered questions. In this document we have tried to answer the questions related to bill RHC Part A Telehealth Claims the best we can with the current information.

Q1. Where can I find MLN Matters Number SE20016?

A1. <https://www.cms.gov/files/document/se20016.pdf>

Q2. Are there going to be webinars to explain the Telehealth billing guidance?

A2. Yes, the NARHC is conducting a free webinar on Monday, April 20th at 2:00 PM Eastern and you can register here: <https://tinyurl.com/ydz5jqok>

On Wednesday, April 22nd at Noon, Central time, Healthcare Business Specialists will host an hour and 45-minute webinar on these new RHC Telehealth billing rules. The speakers include Nathan Baugh, Margaret Chandler, Charles James, Mark Lynn, Patty Harper, and Julie Quinn. There will time for Q & A as well. Here is a link to register and a link to the agenda:

- Registration: <https://register.gotowebinar.com/register/345720946941958158>
- Agenda: <https://tinyurl.com/y9bd23my>

Q3. Where can I find the Facebook Group Rural Health Clinic Information Exchange where I can ask questions and receive updated information about RHCs?

A3. Go to <https://www.facebook.com/groups/1503414633296362/> and ask to join.

Q4. Where can I find updated information on COVID-19 from Healthcare Business Specialists?

A4. Go to our website at <http://www.ruralhealthclinic.com/covid19>.

Q5. Can I ask CMS questions regarding the Telehealth RHC rules?

A5. Yes, every Tuesday and Thursday at 5:00 PM Eastern, CMS hosts Office Hours which gives us a chance to ask questions or raise concerns. You are encouraged to submit questions in advance to partnership@cms.hhs.gov, including "Office Hours" in the subject line. There will also be live Q&A. HBS will post how to access the session via the Facebook Group and on our website.

HBS has prepared an FAQ to help you answer questions related to the new RHC Telehealth Part A Billing Guidance for RHCs. Here is the link:

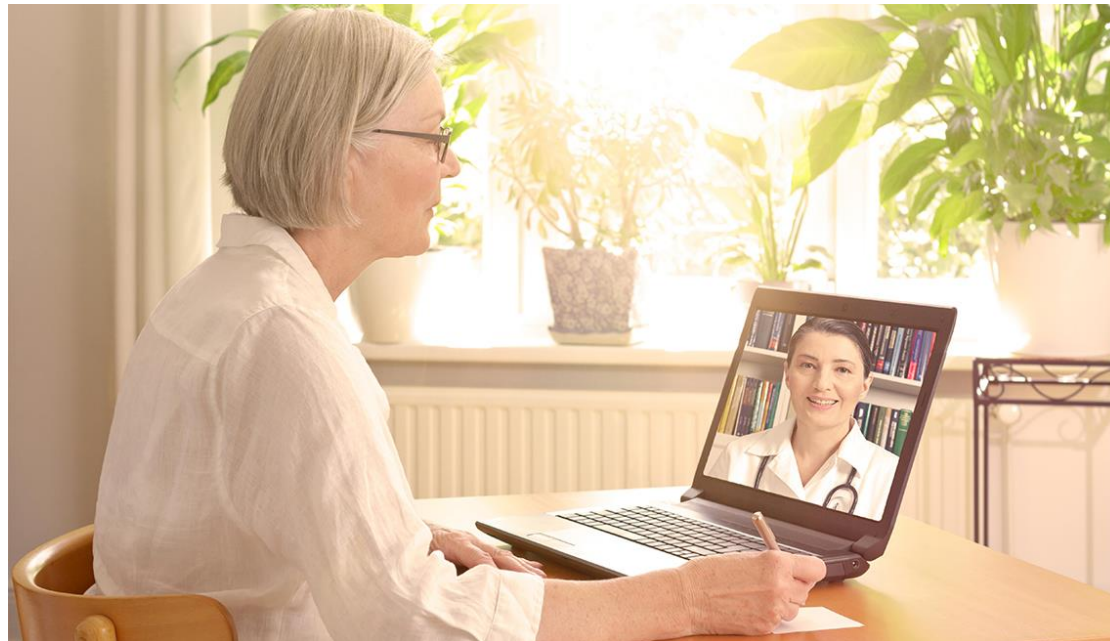
[RHC Telehealth Part A Billing Guidance FAQ dated April 20, 2020](#)

Q10. Does the provider (Physician, NP, PA) have to be located in the RHC to perform an RHC Telehealth/Telemedicine service?

A10. No. Per SE2016: “Distant site telehealth services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice. Practitioners can furnish distant site telehealth services from any location, including their home, during the time that they are working for the RHC.”

Q11. On March 22, 2020 CMS indicated that providers working from home would need to call a Medicare Part B hotline and report the provider’s home address if performing telehealth services from home. Is this still true?

A11. No. CMS has removed this guidance from their most recent FAQs and have indicated that providers do not have to call and report their home address or add the address to Box 32 of the 1500 form if billing Medicare Part B, Fee for Service.

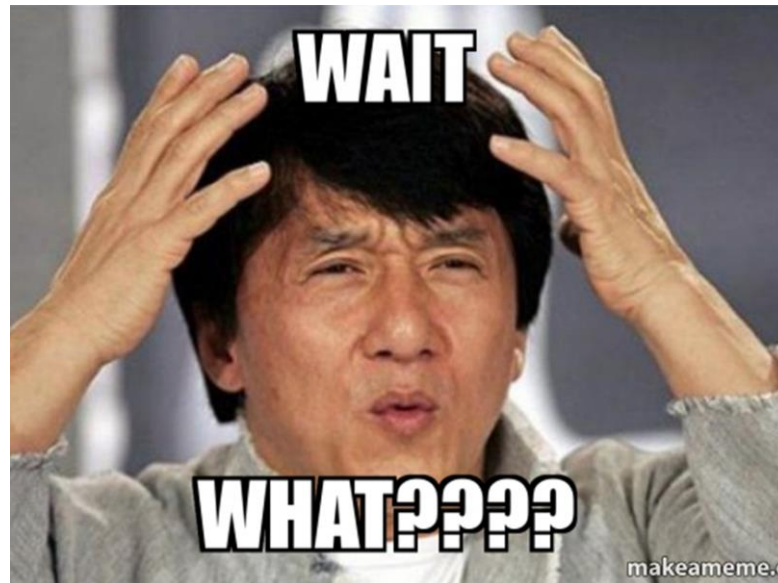


Q15. How will RHC Telehealth claims be billed and paid with dates of service from January 27, 2020 to June 30, 2020?

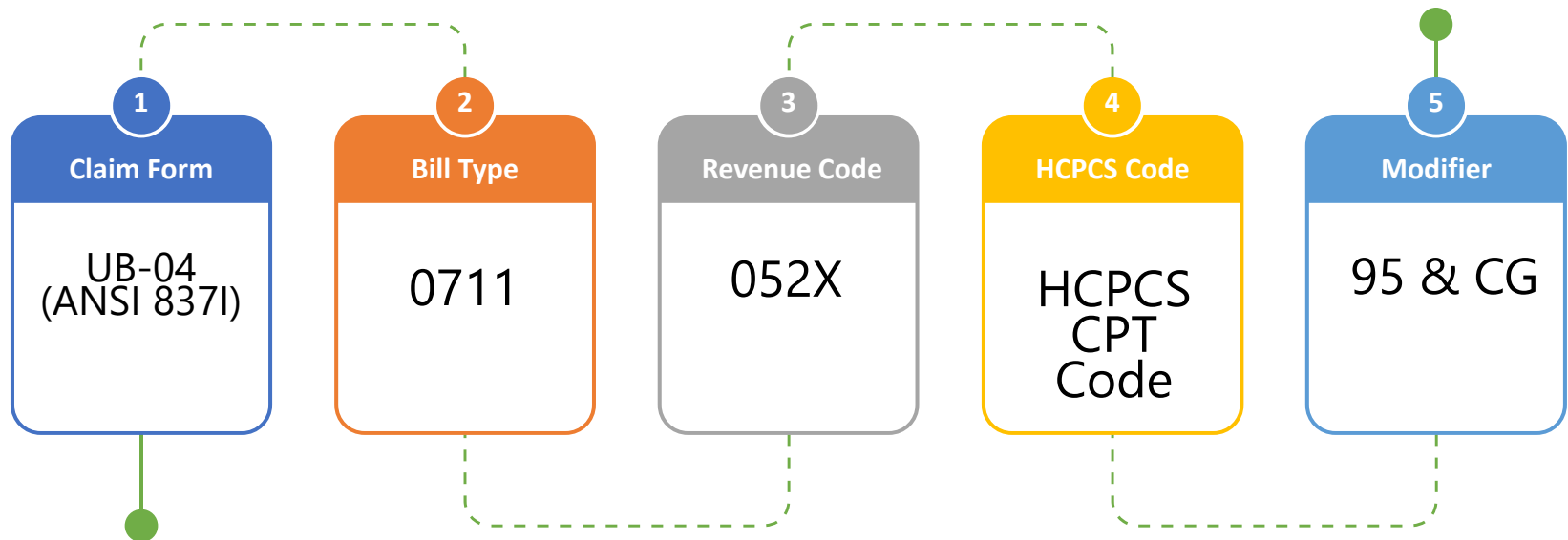
A15. Per SE2016: “For telehealth distant site services **furnished between January 27, 2020, and June 30, 2020, RHCs must put Modifier “95”** (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) on the claim. RHCs will be paid at their all-inclusive rate (AIR). **These claims will be automatically reprocessed in July when the Medicare claims processing system is updated with the new payment rate.** RHCs do not need to resubmit these claims for the payment adjustment.”

This system will result in most independent RHCs receiving about \$4.50 per telehealth claim when the claims are reprocessed in July, while **the average provider-based RHC will have close to a \$98 per telehealth visit recoupment from CMS.** (I used the National average rate of \$214, so to get a better idea of your recoupment look at your Medicare rate letter to determine your actual payment per visit). Provider-based RHCs should plan to have a rather large recoupment if they performed a significant number of telehealth visits from January 27th until June 30th.

Additionally, CMS has instructed RHCs to use the CG modifier during this time period in addition to the 95 modifier.



How to Bill Medicare for Telehealth from January 27, 2020 to June 30, 2020

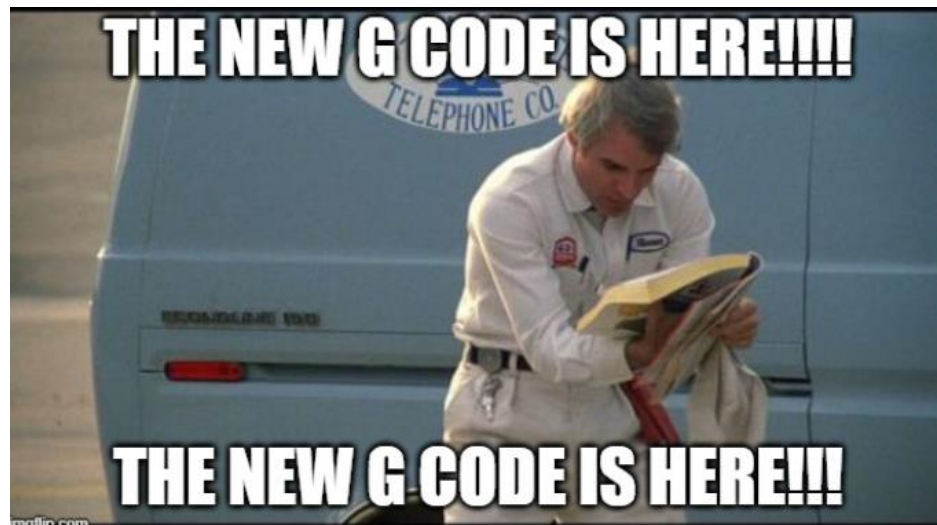


Why use the CG Modifier? CMS will not update their system until July 1, 2020, so claims will reject without a CG modifier until that date. CG does not indicate co-insurance or deductible applies so you can use the CS as well if appropriate. **There is no Place of Service on a UB-04.**

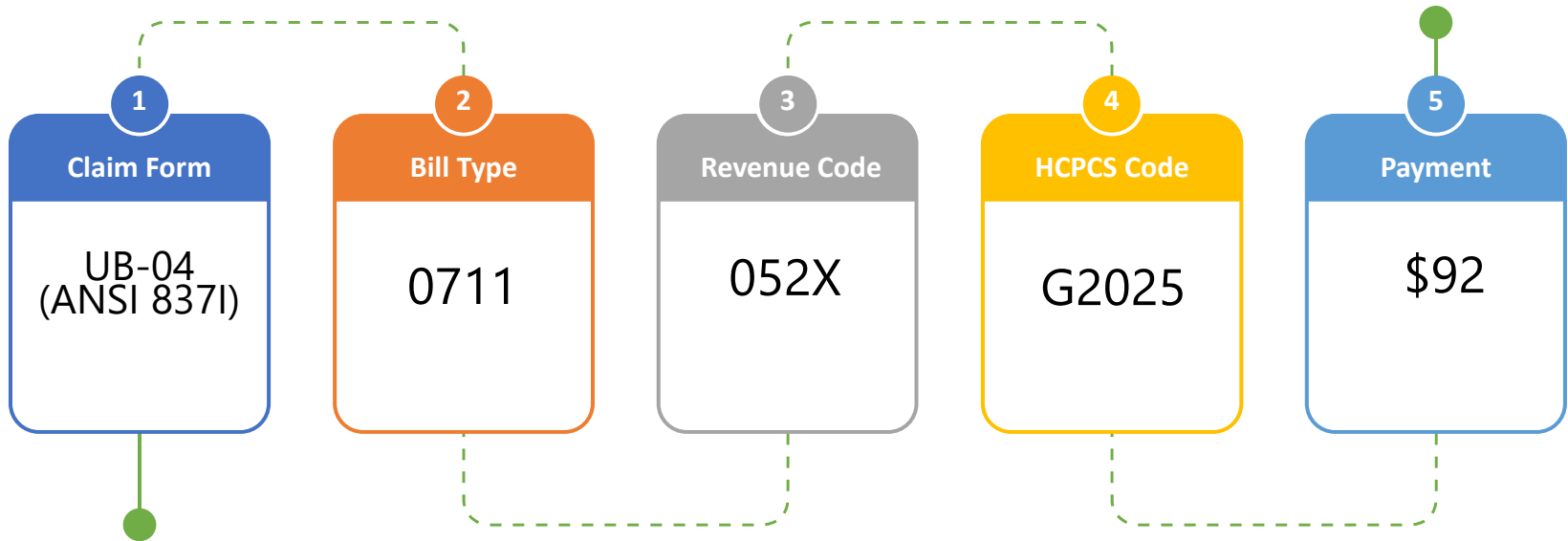
G2025 for Telehealth Claims begins on July 1, 2020

Q16. How will RHC Telehealth claims be billed and paid with dates of service July 1, 2020 through the end of the COVID-19 PHE?

A16. Per SE2016: “For telehealth distant site services furnished **between July 1, 2020, and the end of the COVID19 PHE, RHCs will use an RHC specific G code, G2025, to identify services that were furnished via telehealth. RHC 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. 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.



How to Bill Medicare for G2025 on or after July 1, 2020



CMS Settlement of Telehealth Claims

Per SE2016: “For telehealth distant site services **furnished between January 27, 2020, and June 30, 2020, RHCs must put Modifier “95” (and CG)** (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) on the claim. RHCs will be paid at their all-inclusive rate (AIR). **These claims will be automatically reprocessed in July when the Medicare claims processing system is updated with the new payment rate.**

Assumptions

Settlement Calculation

	Independent RHC	Provider-Based RHC	Independent RHC 80%	Provider-Based RHC 80%
Charge - 99213	\$100	\$100	NA	NA
All-Inclusive Rate	\$86.31 is the capped rate	\$214 is the average rate per Benchmarking reports	\$69.05	\$171.20
Telehealth Payment Rate	\$92	\$92	\$73.60	\$73.60
Co-Payment	\$20	\$20	NA	NA
Receivable/Payable per Visit	NA	NA	\$4.55	(\$97.60)

Telehealth Visit for Established Patient occurring from January 27, 2020 through June 30, 2020 in an **Independent RHC**

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	99213CG95	1/27/2020	1	\$100	\$86.31 (AIR)

Simple T- Account

Description	Debit	Credit
Charges		\$100.00
Receipts - Copay	\$20.00	
Receipts - Medicare	\$69.05	
<u>Contractual Adjustments</u>	<u>\$10.95</u>	
Totals	<u>\$100.00</u>	<u>\$100.00</u>

Reprocessed Claim at **\$92** in July 2020

Description	Debit	Credit
Receipts - Medicare	\$4.55	
<u>Contractual Adjustments</u>		<u>\$4.55</u>
Receipts - Medicare	<u>\$4.55</u>	<u>\$4.55</u>

$$\$73.60 (\$92 \times .80) - 69.05 = \$4.55$$

Telehealth Visit for Established Patient occurring from January 27, 2020 through June 30, 2020 in a **Provider-based RHC**

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	99213CG95	1/27/2020	1	\$100	\$214.00 (Mean AIR)

Simple T- Account

Description	Debit	Credit
Charges		\$100.00
Receipts - Copay	\$20.00	
Receipts - Medicare	\$171.20	
<u>Contractual Adjustments</u>		<u>\$91.20</u>
Totals	<u>\$191.20</u>	<u>\$191.20</u>

Reprocessed Claim at **\$92** in July 2020

Description	Debit	Credit
Contractual Adjustments Medicare	\$97.60	
<u>Recoupment – Medicare</u> <u>Cash</u>		<u>\$97.60</u>
Totals	<u>\$97.60</u>	<u>\$97.60</u>

$$\$171.20 - 73.60 (\$92 \times .80) = \$97.60$$

**Telehealth Visit for Established Patient occurring from
January 27, 2020 through June 30, 2020 in an **Independent RHC**
And the Visit is to treat **COVID-19** or to Rule out **COVID-19**
What the UB-04 will look like**

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	99213CG95CS	1/27/2020	1	\$100	\$86.31 (AIR)

Simple T- Account

CS

Reprocessed Claim at **\$92** in July 2020

Description	Debit	Credit
Charges		\$100.00
Receipts - Copay	\$0	
Receipts - Medicare	\$86.31	
<u>Contractual Adjustments</u>	<u>\$13.69</u>	
Totals	<u>\$100.00</u>	<u>\$100.00</u>

Description	Debit	Credit
Receipts - Medicare	\$5.69	
<u>Contractual Adjustments</u>		<u>\$5.69</u>
Receipts - Medicare	<u>\$5.69</u>	<u>\$5.69</u>

$$\$92.00 - 86.31 = \$5.69$$

Telehealth Visit for Established Patient occurring from July 1, 2020 through end of PHE in a Rural Health Clinic

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	RHC Telehealth Visit	G0025	7/1/2020	1	\$100	\$92

Simple T- Account

Description	Debit	Credit
Charges		\$100.00
Receipts - Copay	\$20.00	
Receipts - Medicare	\$73.60	
<u>Contractual Adjustments</u>	<u>\$6.40</u>	
Totals	<u>\$100.00</u>	<u>\$100.00</u>

Nurse (99211) only Telehealth Visit occurring from July 1, 2020 through end of PHE in a Rural Health Clinic

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	RHC Telehealth Visit	G0025	7/1/2020	1	\$50	\$92

Simple T- Account

Description	Debit	Credit
Charges		\$50.00
Receipts - Copay	\$10.00	
Receipts - Medicare	\$73.60	
<u>Contractual Adjustments</u>		<u>\$33.60</u>
Totals	<u>\$83.60</u>	<u>\$83.60</u>

Nurse (99211) only Telehealth Visit occurring from July 1, 2020 through end of PHE in a Rural Health Clinic

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	RHC Telehealth Visit	G0025	7/1/2020	1	\$50	\$92

Simple T- Account

Description	Debit	Credit
Charges		\$50.00
Receipts - Copay	\$10.00	
Receipts - Medicare	\$73.60	
<u>Contractual Adjustments</u>		<u>\$33.60</u>
Totals	<u>\$83.60</u>	<u>\$83.60</u>

Initial Nursing Facility Care, per day 99304 Telehealth Visit occurring from July 1, 2020 through end of PHE in a Rural Health Clinic

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0525	RHC Telehealth Visit	G0025	7/1/2020	1	\$100	\$92

Simple T- Account

Description	Debit	Credit
Charges		\$100.00
Receipts - Copay	\$20.00	
Receipts - Medicare	\$73.60	
<u>Contractual Adjustments</u>	<u>\$6.40</u>	
Totals	<u>\$100.00</u>	<u>\$100.00</u>

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>

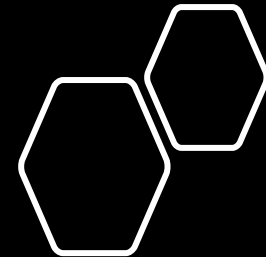
Changes to G0071 during the State of Emergency

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.***

inQuiseek LLC
Consulting



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

Part B

G2010

- Store and Forward evaluation of video or images
- Minutes: 5-10 - \$12.24

G2012

- *Brief communication technology-based service*
- Minutes: 5-10 - \$14.80

Part A - RHC

G0071

Medicare payment rate
was \$13.69

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

Part A - RHC

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



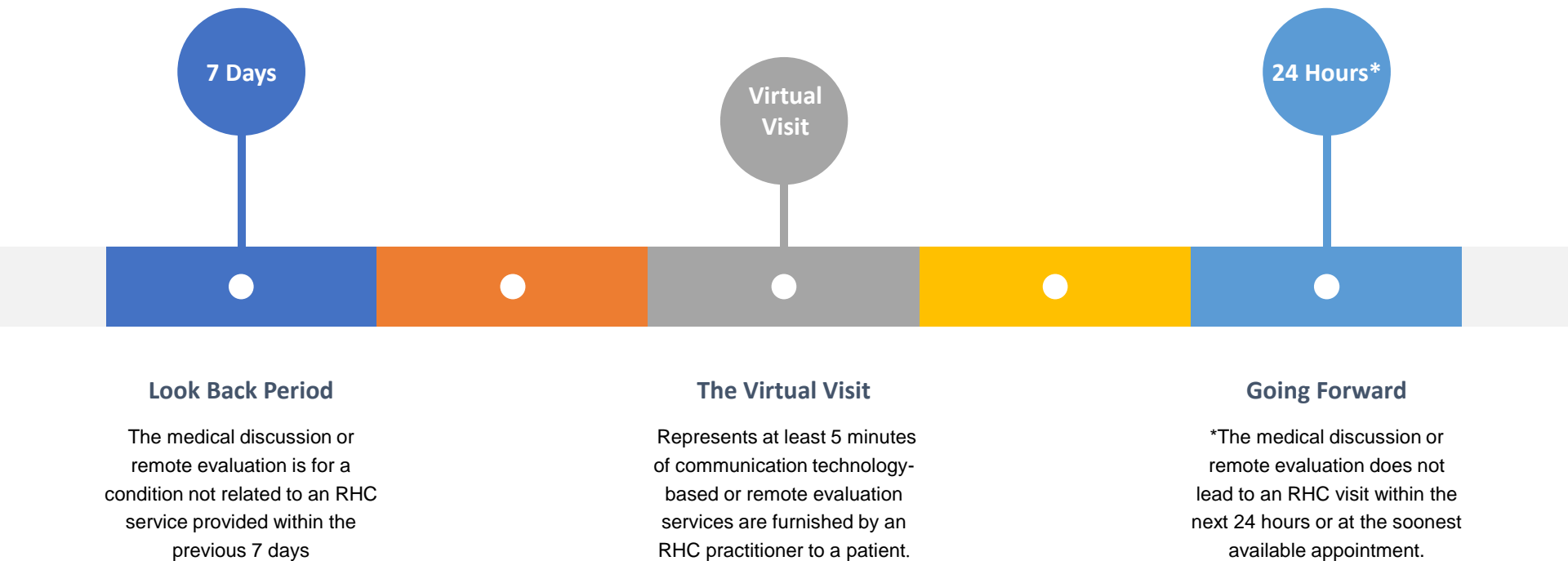
Medicare Revised the payment rate to \$24.76

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

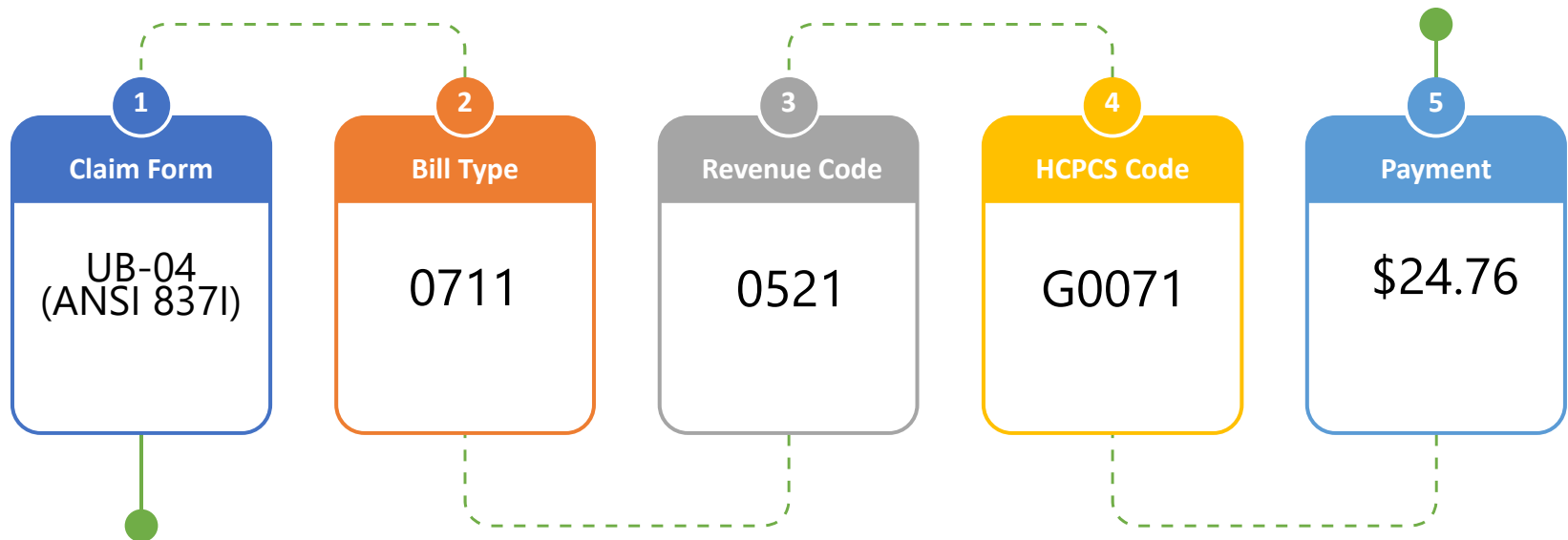
Each code is up to 7 days cumulative time

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

TIMELINE of a Medicare Virtual Visit



How to Bill Medicare for G0071



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

G0071 Code March 1, 2020 till end of National State of Emergency pays at \$24.76

FL 42 Rev Code	FL43 Description	FL44 HCPCS Code	FL45 DOS	FL46 Units	FL47 Charge
521	Virtual Visit	G0071	3/1/2020	1	\$24.76

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	FL43	FL44	FL45	FL46	FL47
Rev Code	Description	HCPCS Code	DOS	Units	Charge
521	Virtual Visit	G0071	2/28/2020	1	\$13.53

YOU KNOW WHAT WE NEED TODAY?



ANOTHER MODIFIER

Coinsurance and Deductible Waived – CS Modifier Announced 4/7/2020

- **Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services**

The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635.



<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se>

Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services

Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: **are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE)**; that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; **and are in any of the following** categories of HCPCS evaluation and management codes:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services

Cost-sharing does not apply to the above medical visit services for which payment is made to:

Hospital Outpatient Departments paid under the Outpatient Prospective Payment System

Physicians and other professionals under the Physician Fee Schedule

Critical Access Hospitals (CAHs)

Rural Health Clinics (RHCs)

Federally Qualified Health Centers (FQHCs)

Not just for Telehealth services

CS Modifier Effective March 18, 2020

When

COVID-19 testing-related services, which are medical visits that are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE)



Where

Office and other outpatient services, Hospital observation services, Emergency department services, Nursing facility services, Domiciliary, rest home, or custodial care services, Home services, Online digital evaluation and management services, RHCs



What

CS Modifier waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services – Provider paid 100% of rate instead of 80%



How

Add the CS modifier along with the CG Modifier to the UB-04 Claim & refile or append claims already filed dated with starting with DOS of 3/18/20 till the end of the PHE



Reference

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se>



CS



How to bill Telehealth to Medicare Part B, Fee for Service

PART

B

Provider Home

CLINICAL
RESEARCH

Fee for Service Clinic

Non-RHC Time

GETTING A 2ND
OPINION BEFORE
SURGERY

DURABLE
MEDICAL
EQUIPMENT

SOME
OUTPATIENT
PRESCRIPTION
DRUGS

AMBULANCE
SERVICES

MENTAL
HEALTH CARE

Telehealth Services in Provider Homes and during Non-RHC Hours

Interim Final Rules Released March 30 Change the POS for Telehealth

Important

“We are instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person. Given the potential importance of using telehealth services as means of minimizing exposure risks for patients, practitioners, and the community at large, we believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth. **Because we currently use the POS code on the claim to identify Medicare telehealth services, we are finalizing on an interim basis the use of the CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.** We note that we are maintaining the facility payment rate for services billed using the general telehealth POS code 02, should practitioners choose, for whatever reason, to maintain their current billing practices for Medicare telehealth during the PHE for the COVID-19 pandemic.”

Page 15 of Interim Final Regulation released March 30, 2020

https://www.cms.gov/files/document/covid-final-ifc.pdf?fbclid=IwAR0TYjcu5xyUfdNF03mb9AFBgKZmw82s7iE9cCpZ67jzjAKUdnR8utuLy_4

Telehealth Part B Billing Changes due to the Public Health Emergency

Per Interim Final Rule published March 30, 2020 applicable beginning March 1, 2020



Time Frame

February 28, 2020 & before



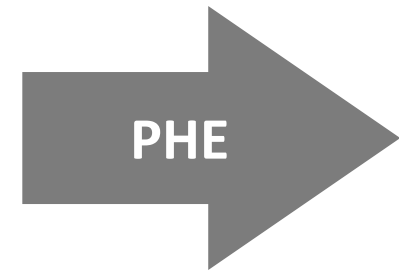
Place of Service

02



Payment

Payment was limited to the facility fee payment schedule.



Time Frame

March 1, 2020 to the end of PHE*



Place of Service

Telehealth Services done in the office
Use **POS 11 and Modifier 95.**



Payment

Payment will be the Non-Facility Fee



* CMS removed the restriction on originating sites on March 6, 2020

Place of Service Matters

CPT with Description	POS 11 Non-Facility Modifier 95	POS 2 Facility Modifier 95	Variance	% Difference
99201 OFFICE/OUTPATIENT VISIT NEW	\$46.56	\$27.07	-\$19.49	-41.9%
99202 OFFICE/OUTPATIENT VISIT NEW	\$77.23	\$51.61	-\$25.62	-33.2%
99203 OFFICE/OUTPATIENT VISIT NEW	\$109.35	\$77.23	-\$32.12	-29.4%
99204 OFFICE/OUTPATIENT VISIT NEW	\$167.10	\$132.09	-\$35.01	-21.0%
99205 OFFICE/OUTPATIENT VISIT NEW	\$211.13	\$172.51	-\$38.62	-18.3%
99211 OFFICE/OUTPATIENT VISIT EST	\$23.46	\$9.38	-\$14.08	-60.0%
99212 OFFICE/OUTPATIENT VISIT EST	\$46.20	\$26.35	-\$19.85	-43.0%
99213 OFFICE/OUTPATIENT VISIT EST	\$76.15	\$52.33	-\$23.82	-31.3%
99214 OFFICE/OUTPATIENT VISIT EST	\$110.44	\$80.48	-\$29.96	-27.1%
99215 OFFICE/OUTPATIENT VISIT EST	\$148.33	\$113.68	-\$34.65	-23.4%
	\$1,015.95	\$742.73	-\$273.22	-26.9%



There is no difference in amounts paid to providers for services performed via Telehealth in other settings

CPT with Description	Non-Facility Fee	Facility Fee	Variance	% Difference
99231 SUBSEQUENT HOSPITAL CARE	\$40.06	\$40.06	\$0.00	0.0%
99232 SUBSEQUENT HOSPITAL CARE	\$73.62	\$73.62	\$0.00	0.0%
99233 SUBSEQUENT HOSPITAL CARE	\$106.10	\$106.10	\$0.00	0.0%
G0406 INPT/TELE FOLLOW UP 15	\$73.26	\$73.26	\$0.00	0.0%
G0407 INPT/TELE FOLLOW UP 25	\$73.26	\$73.26	\$0.00	0.0%
G0408 INPT/TELE FOLLOW UP 35	\$105.38	\$105.38	\$0.00	0.0%
G0425 INPT/ED TELECONSULT 30	\$101.77	\$101.77	\$0.00	0.0%
G0426 INPT/ED TELECONSULT 50	\$138.22	\$138.22	\$0.00	0.0%
G0427 INPT/ED TELECONSULT 70	\$204.99	\$204.99	\$0.00	0.0%



RHC Originating Site Telehealth Billing – Pre-Covid

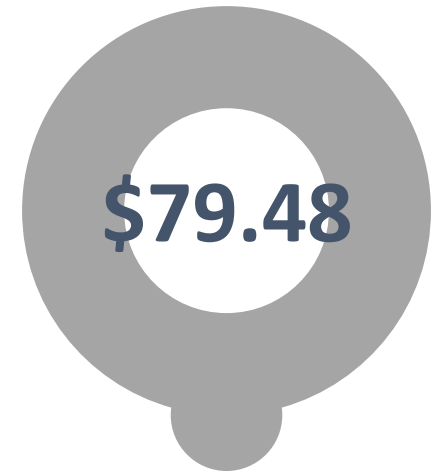
Example: RHC is originating site and Physician is Distant site



Distant Site Provider (Specialist)
Place of Service 02
CPT Code 99213



Originating Site (RHC)
Restricted to Certain Rural Areas
Revenue Code 0780
CPT Code Q3014



Total Medicare Payment
Co-pays and Deductibles apply
So payment amount will vary

Medicare Part B – (Not RHC) Telehealth Billing – Public Health Emergency

Example: Physician provides Telehealth service while located in office



Medicare Part B Provider
In a clinic
Place of Service 11, Modifier 95
CPT Code 99213



No Originating Site
Patient can be home
Or in urban area



Total Medicare Payment
Co-pays and Deductibles apply
So payment amount will vary

Place of Service Code 02 is no longer used during the PHE unless you want to be paid less.

Modifiers used in Telehealth Billing

95

Medicare uses this now

Synchronous telemedicine rendered via real-time interactive audio & video

GT

CAH Method II

Used for interactive audio & telemedicine systems. Tells payor that service delivered via telemedicine

CS

Waives Cost Sharing

Waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services

G0

Acute Stroke

Telehealth service for diagnosis, evaluation or treatment of systems of an acute stroke

GY

ABN

Notice of Liability not issued, not required under payer policy because service is excluded from Medicare benefit.

Elimination of the GT Modifier for Telehealth Services



Elimination of the GT Modifier for Telehealth Services

MLN Matters Number: MM10152 Related Change Request (CR) Number: 10152
Related CR Release Date: November 29, 2017 Effective Date: January 1, 2018
Related CR Transmittal Number: R3929CP Implementation Date: January 2, 2018

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for providers who submit claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10152 eliminates the requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services. Use of the telehealth Place of Service (POS) Code 02 certifies that the service meets the telehealth requirements.

BACKGROUND

CR10152 revises the previous guidance that instructed practitioners to submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT (via interactive audio and video telecommunications systems). The GQ modifier is still required when applicable. As a result of the CY 2017 Physician Fee Schedule (PFS) final rule, CR9726 implemented payment policies regarding Medicare's use of a new POS Code 02 to describe services furnished via telehealth. The new POS code became effective January 1, 2017. Use of the telehealth POS code certifies that the service meets the telehealth requirements.

Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required.

MACs will apply the "one every three days" frequency edit logic for telehealth services when codes 99231, 99232, and 99233 are billed with POS 02 for claims with dates of service January 1, 2018, and after. This frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

MACs will apply the existing "one every 30 days" frequency edit logic for telehealth services when codes 99307, 99308, 99309, and 99310 are billed with POS 02 for claims with dates of

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Related CR 10152

service January 1, 2018, and after. This frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

ADDITIONAL INFORMATION

The official instruction issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3929CP.pdf>.

To review the MLN Matters® article 9726 related to this CR you may go to: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9726.pdf>

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
December 4, 2017	Initial Article Released

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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf>



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