Telehealth Medicare Part A Billing Per SE2016
Healthcare Business Specialists
Sponsored by Azalea Health and ChartSpan
April 22, 2020

HBS
Healthcare Business Specialists

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Become a fan and Like us on Facebook for more RHC information

HBS

Healthcare Business Specialists

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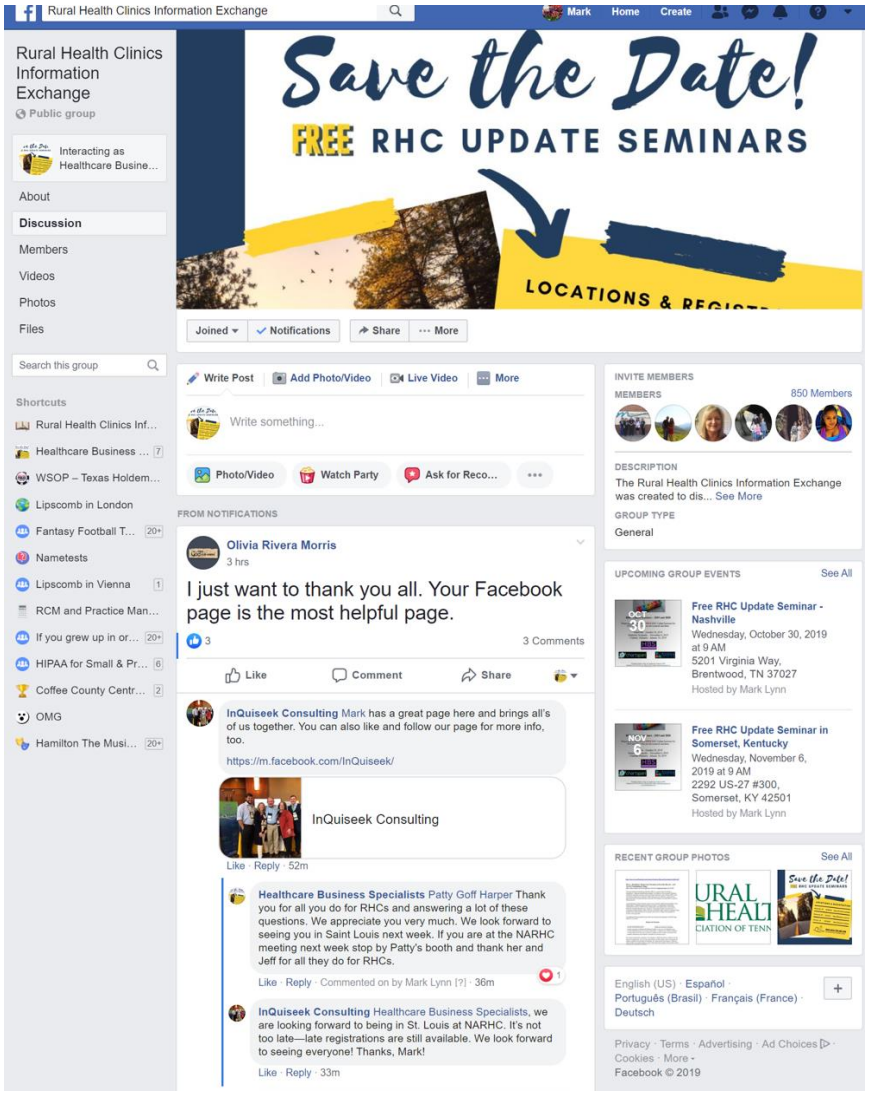
RHC Information Exchange Group on Facebook

- *"A place to share and find information on RHCs."*

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

2020 Dates

Nashville 11/5
Somerset, KY 11/12
Alabama, 11/18

Azalea HEALTH

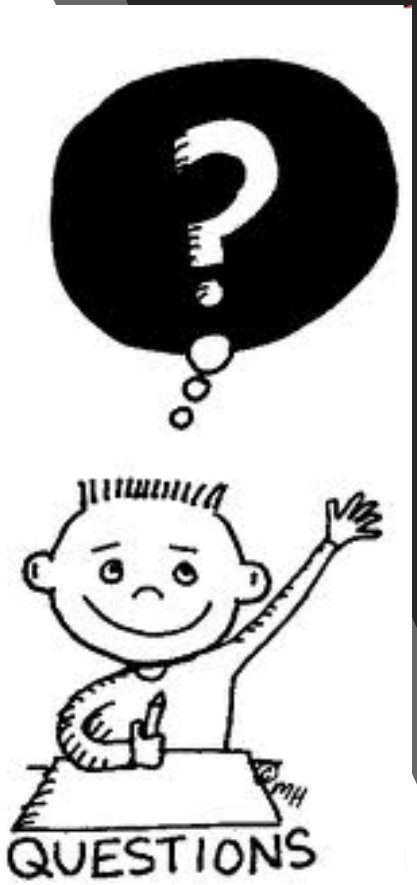
Rapid Response CCM

Devastating Impact of the COVID-19 Epidemic:

- E & M visits in free fall – staff furloughed
- Hospitals overwhelmed
- Elderly enrollment in CCM programs has increased by 30%
- CMS cleared the runway for virtual and telehealth services, hospital relief and added support for RHC's and FQHC's

ChartSpan Covid-19 Rapid Response™ CCM Service

- Simplified services agreement
- Simple, month-to-month partnership
- Launch program in 24 hours - upon gaining access to relevant EHR data
- Remote access to all on-boarding services



Questions or Comments?

Please WAIT to type your questions in the Questions area of Go To Webinar until after all the Speakers have finished.

Agenda

Time	Speaker	Subject
12:00 to 12:05	Mark Lynn, HBS	Administration
12:05 to 12:07	Travis Stevens, Chartspan	Sponsor Message
12:07 to 12:10	Mark Lynn, HBS	Introduction of Speakers & Panelists
12:10 to 12:30	Charles James, North American Healthcare Management	RHC Billing as a Distant Site and Medicare Part B Billing for Telehealth
12:30 to 12:55	Mark Lynn, HBS	RHC Billing as a Distant Site and Medicare Part B Billing for Telehealth
12:55 to 1:05	Julie Quinn, HSA	Telehealth and Non-RHC Cost Reporting Issues
1:05 to 1:20	Nathan Baugh, NARHC	Legislative Process for RHCs & Senate Update
1:20 to 1:45	Speakers and Panelists including Patty Harper	Questions and Answers

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 22, 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.

MEET OUR SPEAKERS

Meet the Speakers

Nathan Baugh, ***BS, Director of Government Affairs, NARHC, Alexandria, VA***

Nathan Baugh is the Director of Government Affairs for the National Association of Rural Health Clinics (NARHC) where he has worked since April of 2015. Nathan works on both regulatory and legislative policy at the federal level. He has been involved in issues such as the CPT reporting policy, the Chronic Care Management benefit, and the Emergency Preparedness rules.

Meet the Speakers

Margaret Chandler is a Clinical Regulatory Consultant at Azalea Health. She has experience working with Integra Connect as Director, Regulatory Governance as well a Meaningful Use SME / Business Analyst with Qualifacts.

Charles James, Jr.-Charles took the position of President & CEO in 2004 after the loss of the company founder, Charles James, Sr. North American celebrates its 25th year in business in 2017. Charles began his career with James Clinic running the IT department. As part of North American, Charles has overseen & helped develop all aspects of the company. Today, North American is a proud gold-certified, Aprima EHR/PRM. In addition, he provides Revenue Cycle Management, RHC certification/cost reporting/Annual Evaluations, Provider Enrollment, and Financial Consulting to all types of healthcare entities.

Patty Harper, RHIA, CHTS-PW, CHTS-IM, CHC®
InQuiseek Consulting
Pharper@inquiseek.com
318-243-2687

Patty Harper is CEO of InQuiseek, LLC, a business and healthcare consulting company based in Louisiana. She has over 21 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration (cum laude) from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA's ICD-10 Academy and has been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough the Compliance Certification Board. Patty is a frequent speaker and contributor for national, state and regional and rural healthcare associations on these and other reimbursement-related topics. She has held memberships regional, state and national organizations throughout her healthcare career including NARHC, NRHA, AHIMA, MGMA, and HFMA. Patty currently serves on the Board of NARHC and LRHA.

Julie Quinn, CPA, VP Cost Reporting & Provider Education
jquinn@hsagroup.net
231-250-0244

Ms. Quinn is a CPA with over 20 years experience in governmental cost reporting, 15 of which she spent in the Medicare Contractor arena. During her years with Medicare, she managed an audit staff responsible for the tentative and final settlement of independent RHC cost reports in 15 states. She served as Compliance Officer for a Medicare Contractor prior to joining Health Services Associates as Vice President of Cost Reporting and Provider Education in 2010. Ms. Quinn has worked with policy personnel at CMS in the development and clarification of CMS policy for specialty providers including Rural Health Clinics. She has worked closely with CMS on interpretation and reporting for HIPAA and privacy issues. She wrote position papers and defended those positions in official intermediary hearings and has worked with congressional offices for issue resolution. In her current role, she assists RHCs with cost reporting, audit resolution, rate setting and various cost issues. Ms. Quinn also works to provide educational opportunities for RHCs across the nation through webinars and presentations at conferences for NARHC, NRHA and state associations.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Telehealth
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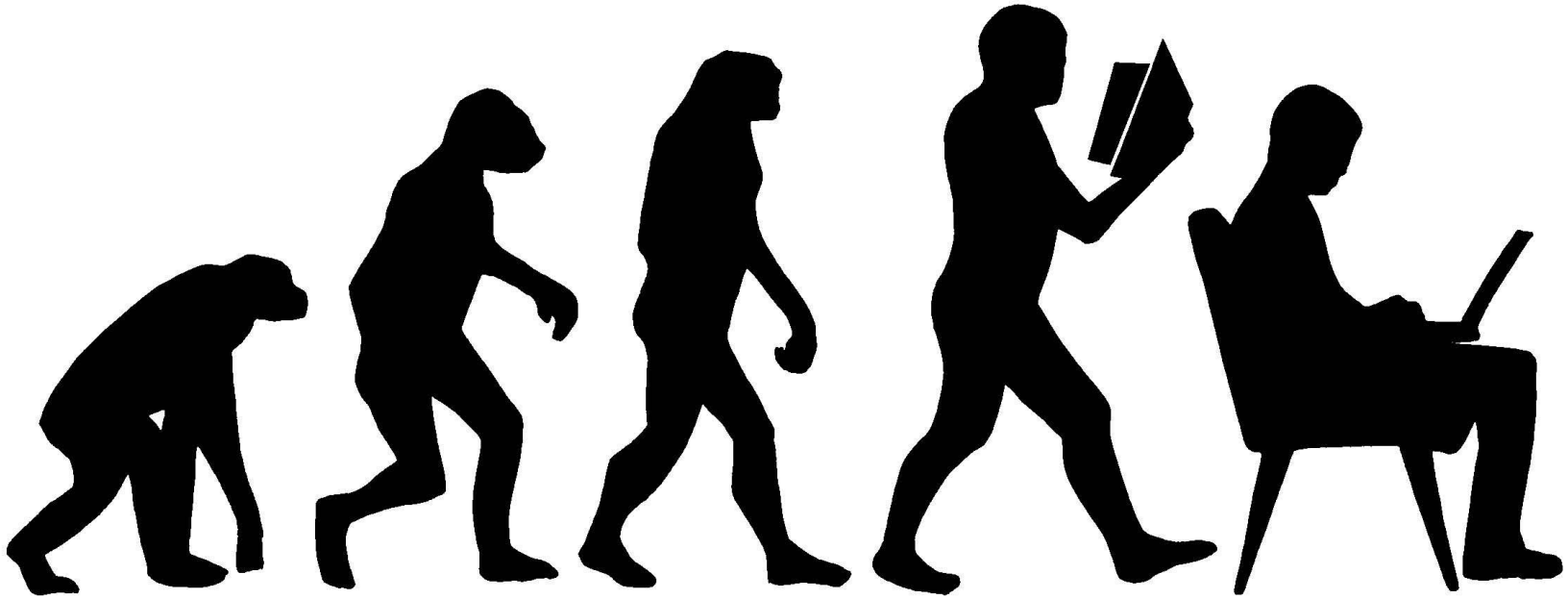
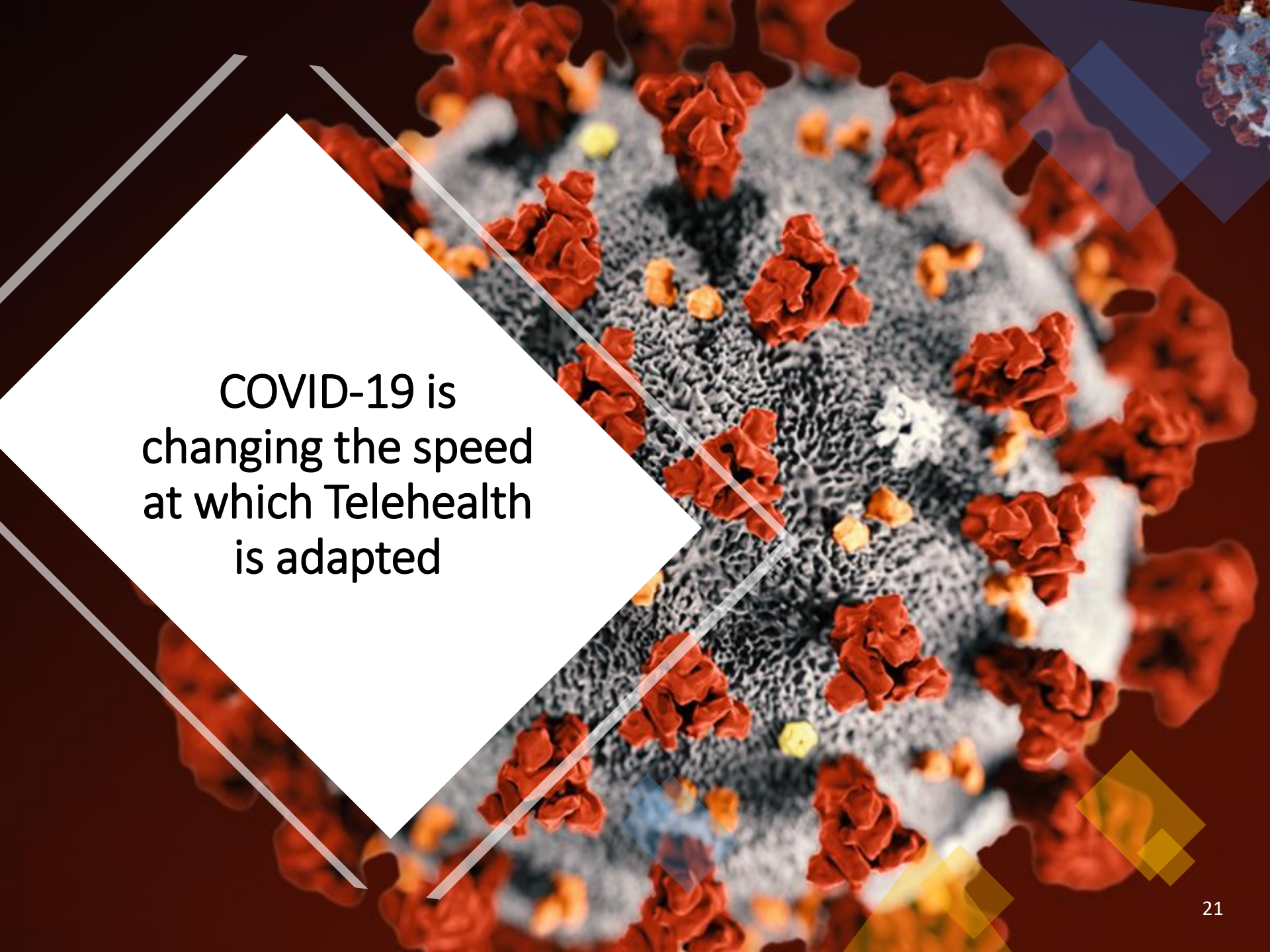
Telehealth is Changing the way healthcare is delivered



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

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

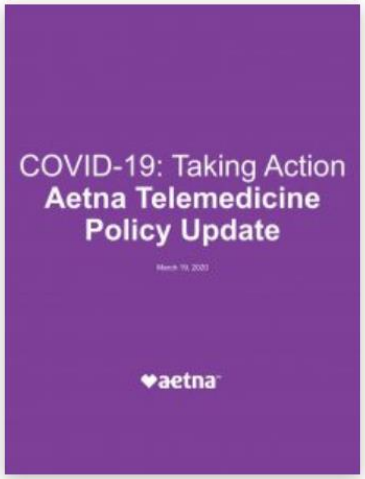
He who has the Gold Makes the Rules

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

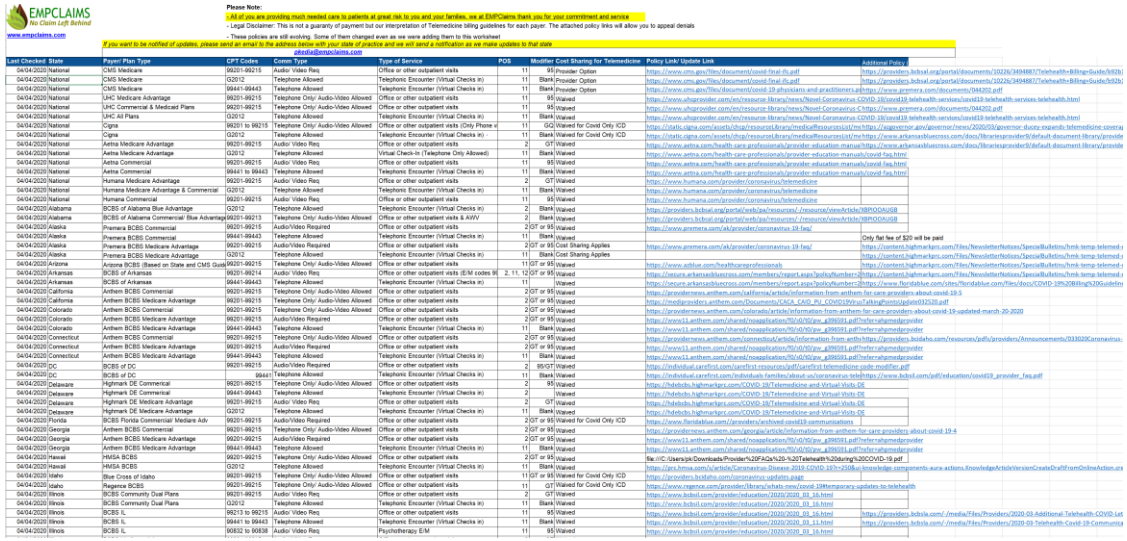
Humana Guidance

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_faq.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/prn20 0320b.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/prn20 0320b.aspx



EMPCLAIMS
No Claim Left Behind
www.empclaims.com

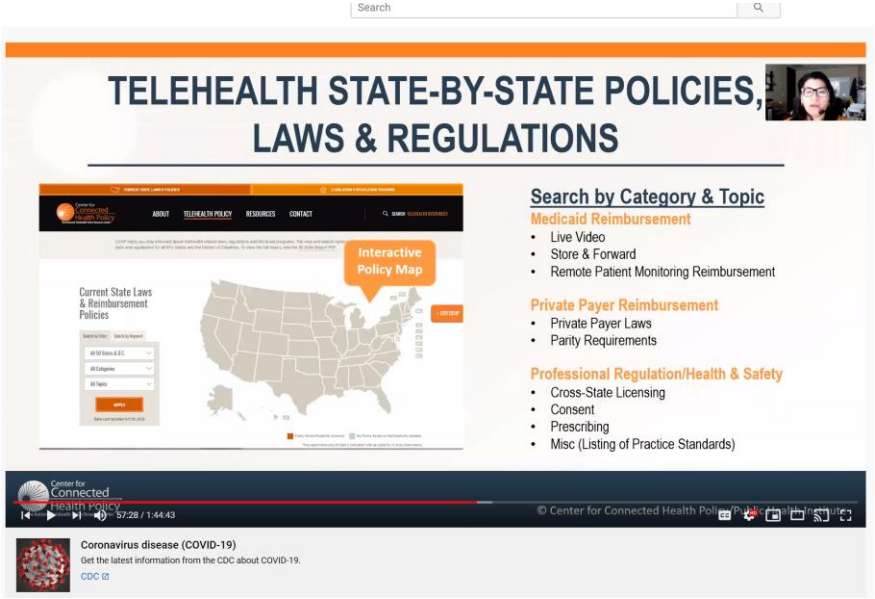
Please Note:
- All of you are providing much needed care to patients at great risk to you and your families..we at EMPClaims thank you for your commitment and service
- Legal Disclaimer: This is not a guaranty of payment but our interpretation of Telemedicine billing guidelines for each payer. The attached policy links will allow you to appeal denials
- These policies are still evolving. Some of them changed even as we were adding them to this worksheet
If you want to be notified of updates, please send an email to the address below with your state of practice and we will send a notification as we make updates to that state
pbegda@empclaims.com

Last Checked	State	Payer/ Plan Type	CPT Codes	Comm Type	Type of Service	POS	Modifier	Cost Sharing for Telemedicine	Policy Link/ Update Link	Additional Policy
04/04/2020	National	CMS Medicare	99201-99215	Audio/ Video Req	Office or other outpatient visits	11	95	Provider Option	https://www.cms.gov/files/document/covid-final-ifc.pdf	https://providers.bcbsal.org/portal/documents/10226/3494887/Telehealth+Billing+Guide/b92b
04/04/2020	National	CMS Medicare	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Provider Option	https://www.cms.gov/files/document/covid-final-ifc.pdf	https://providers.bcbsal.org/portal/documents/10226/3494887/Telehealth+Billing+Guide/b92b
04/04/2020	National	CMS Medicare	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Provider Option	https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.p	https://www.premera.com/documents/044202.pdf
04/04/2020	National	UHC Medicare Advantage	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	95	Waived	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-C	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html
04/04/2020	National	UHC Commercial & Medicaid Plans	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	95	Waived	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-C	https://www.premera.com/documents/044202.pdf
04/04/2020	National	UHC All Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-C	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html
04/04/2020	National	Cigna	99201 to 99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits (Only Phone v	11	GQ	Waived for Covid Only ICD	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/mc	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/mc
04/04/2020	National	Cigna	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived for Covid Only ICD	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/mc	https://www.cigna.com/coronavirus/
04/04/2020	National	Aetna Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://www.aetna.com/health-care-professionals/provider-education-manual	https://www.arkansasbluecross.com/docs/librariesprovider9/default-document-library/provide
04/04/2020	National	Aetna Medicare Advantage	G2012	Telephone Allowed	Virtual Check-In (Telephone Only Allowed)	11	Blank	Waived	https://www.aetna.com/health-care-professionals/provider-education-manual	https://www.aetna.com/health-care-professionals/provider-education-manual/covid-faq.html
04/04/2020	National	Aetna Commercial	99201-99215	Audio/ Video Req	Office or other outpatient visits	11	95	Waived	https://www.aetna.com/health-care-professionals/provider-education-manual	https://www.aetna.com/health-care-professionals/provider-education-manual/covid-faq.html
04/04/2020	National	Aetna Commercial	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.aetna.com/health-care-professionals/provider-education-manual	https://www.aetna.com/health-care-professionals/provider-education-manual/covid-faq.html
04/04/2020	National	Humana Medicare Advantage	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT	Waived	https://www.humana.com/provider/coronavirus/telemedicine	https://www.humana.com/provider/coronavirus/telemedicine
04/04/2020	National	Humana Medicare Advantage & Commercial	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.humana.com/provider/coronavirus/telemedicine	
04/04/2020	National	Humana Commercial	99201-99215	Audio/ Video Req	Office or other outpatient visits	11	95	Waived	https://www.humana.com/provider/coronavirus/telemedicine	
04/04/2020	Alabama	BCBS of Alabama Blue Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	2	Blank	Waived	https://providers.bcbsal.org/portal/web/pa/resources/-/resource/viewArticle/9BPOOAUGB	
04/04/2020	Alabama	BCBS of Alabama Commercial/ Blue Advantage	99201-99213	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits & AWV	2	Blank	Waived	https://providers.bcbsal.org/portal/web/pa/resources/-/resource/viewArticle/9BPOOAUGB	
04/04/2020	Alaska	Premera BCBS Commercial	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www.premera.com/ak/provider/coronavirus-19-faq/	
04/04/2020	Alaska	Premera BCBS Commercial	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.premera.com/ak/provider/coronavirus-19-faq/	Only flat fee of $20 will be paid
04/04/2020	Alaska	Premera BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Cost Sharing Applies	https://www.premera.com/ak/provider/coronavirus-19-faq/	https://content.highmarkpnc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-c
04/04/2020	Alaska	Premera BCBS Medicare Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Cost Sharing Applies		https://content.highmarkpnc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-c
04/04/2020	Arizona	Arizona BCBS (Based on State and CMS Guid	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	GT or 95	Waived	https://www.azblue.com/healthcareprofessionals	https://content.highmarkpnc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-c
04/04/2020	Arkansas	BCBS of Arkansas	99201-99214	Audio/ Video Req	Office or other outpatient visits (E/M codes 9	2, 11, 12	GT or 95	Waived	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2	https://content.highmarkpnc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-c
04/04/2020	Arkansas	BCBS of Arkansas	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	11	Waived	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2	https://www.floridablue.com/sites/floridablue.com/files/docs/COVID-19%20Billing%20Guidelin
04/04/2020	California	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5	
04/04/2020	California	Anthem BCBS Medicare Advantage	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://mediproviders.anthem.com/Documents/CACA_CAID_PU_COVID19VirusTalkingPointsUpdate032520.pdf	
04/04/2020	Colorado	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/colorado/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-20-2020	
04/04/2020	Colorado	Anthem BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www11.anthem.com/shared/noapplication/f0/cl/0/gw_a396091.pdf?refer=ahpmedicalprovider	
04/04/2020	Colorado	Anthem BCBS Medicare Advantage	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www11.anthem.com/shared/noapplication/f0/cl/0/gw_a396091.pdf?refer=ahpmedicalprovider	
04/04/2020	Connecticut	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/connecticut/article/information-from-anthem-https://providers.bcbsha.com/resources/pdfs/providers/Announcements/033020Coronavirus-	
04/04/2020	Connecticut	Anthem BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www11.anthem.com/shared/noapplication/f0/cl/0/gw_a396091.pdf?refer=ahpmedicalprovider	
04/04/2020	Connecticut	Anthem BCBS Medicare Advantage	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www11.anthem.com/shared/noapplication/f0/cl/0/gw_a396091.pdf?refer=ahpmedicalprovider	
04/04/2020	DC	BCBS of DC	99201-99215	Audio/Video Required	Office or other outpatient visits	2	95/GT	Waived	https://individual.carefirst.com/carefirst-resources/pdf/carefirst-telemedicine-code-modifier.pdf	
04/04/2020	DC	BCBS of DC	99441	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://individual.carefirst.com/individuals-families/about-us/coronavirus-tele	https://www.bcbsil.com/pdf/education/covid19_provider_faq.pdf
04/04/2020	Delaware	Highmark DE Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	95	Waived	https://hdbcbs.highmarkpnc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Delaware	Highmark DE Commercial	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	2		Waived	https://hdbcbs.highmarkpnc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Delaware	Highmark DE Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://hdbcbs.highmarkpnc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Delaware	Highmark DE Medicare Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://hdbcbs.highmarkpnc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Florida	BCBS Florida Commercial/ Medlare Adv	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived for Covid Only ICD	https://www.floridablue.com/providers/archived-covid19-communications	
04/04/2020	Georgia	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4	
04/04/2020	Georgia	Anthem BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www11.anthem.com/shared/noapplication/f0/cl/0/gw_a396091.pdf?refer=ahpmedicalprovider	
04/04/2020	Georgia	Anthem BCBS Medicare Advantage	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www11.anthem.com/shared/noapplication/f0/cl/0/gw_a396091.pdf?refer=ahpmedicalprovider	
04/04/2020	Hawaii	HMSA BCBS	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	file:///C:/Users/pk/Downloads/Provider%20FAQs%20-%20Telehealth%20during%20COVID-19.pdf	
04/04/2020	Hawaii	HMSA BCBS	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://prc.hmsa.com/s/article/Coronavirus-Disease-2019-COVID-19?r=250&ui-knowledge-components-aura-actions.KnowledgeArticleVersionCreateDraftFromOnlineAction.cre	
04/04/2020	Idaho	Blue Cross of Idaho	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	GT or 95	Waived for Covid Only ICD	https://providers.bcidaho.com/coronavirus-updates.page	
04/04/2020	Idaho	Regence BCBS	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	GT	Waived for Covid Only ICD	https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth	
04/04/2020	Illinois	BCBS Community Dual Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	
04/04/2020	Illinois	BCBS Community Dual Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	
04/04/2020	Illinois	BCBS IL	99213 to 99215	Audio/ Video Req	Office or other outpatient visits	11	95	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	https://providers.bcbsla.com/-/media/Files/Providers/2020-03-Additional-Telehealth-COVID-Let
04/04/2020	Illinois	BCBS IL	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_11.html	https://providers.bcbsla.com/-/media/Files/Providers/2020-03-Telehealth-Covid-19-Communica
04/04/2020	Illinois	BCBS IL	90832 to 90838	Audio/ Video Req	Psychotherapy E/M	11	95	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	

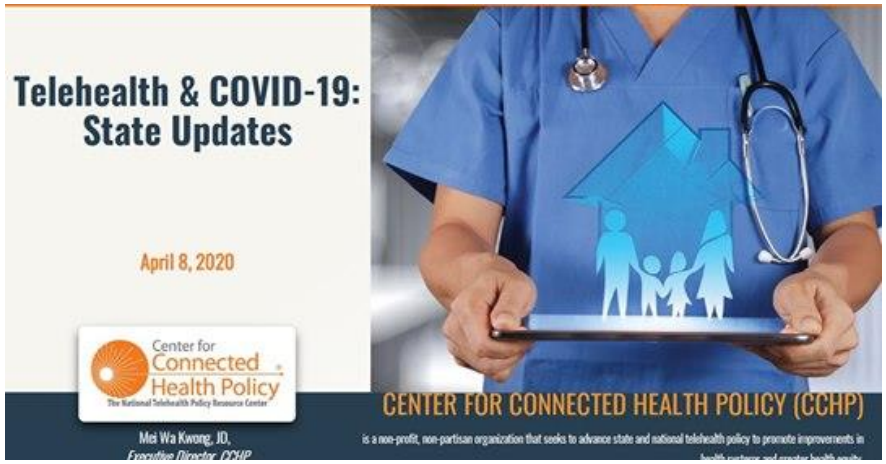
http://www.ruralhealthclinic.com/s/2020-Telehealth-Excel-Spreadsheet-of-Telehealth-Place-of-Service-Modifiers-etc-for-various-insurance.xlsx

https://mark-lynn-r8he.squarespace.com/s/2020-Telemedicine-Coverage-by-Payer-by-EMPClaims.xlsx

Where can I find more information on Telehealth Policies, Laws, and Regulations (start at the 55th minute)
https://www.cchpca.org/



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



https://www.youtube.com/watch?v=jRpXYsy0Gu0&fbclid=IwAR1wOin84NbsVpOCGdJwFpAyyJYxBnZWnKGHM_YRPfdsmVopUX2Z-pcmC2g

Recording of 15 Minute Webinar on RHC Distant Site Billing

https://www.youtube.com/watch?v=qgP-CORm8fY

Slides

https://www.cchpca.org/sites/default/files/2020-04/SLIDE%20DECK%20-%20FQHC%20RHC%20IN%20MEDICARE%20APRIL%2017%202020.pdf

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

*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

Center for Connected Health Policy
The National Telehealth Policy Resource Center

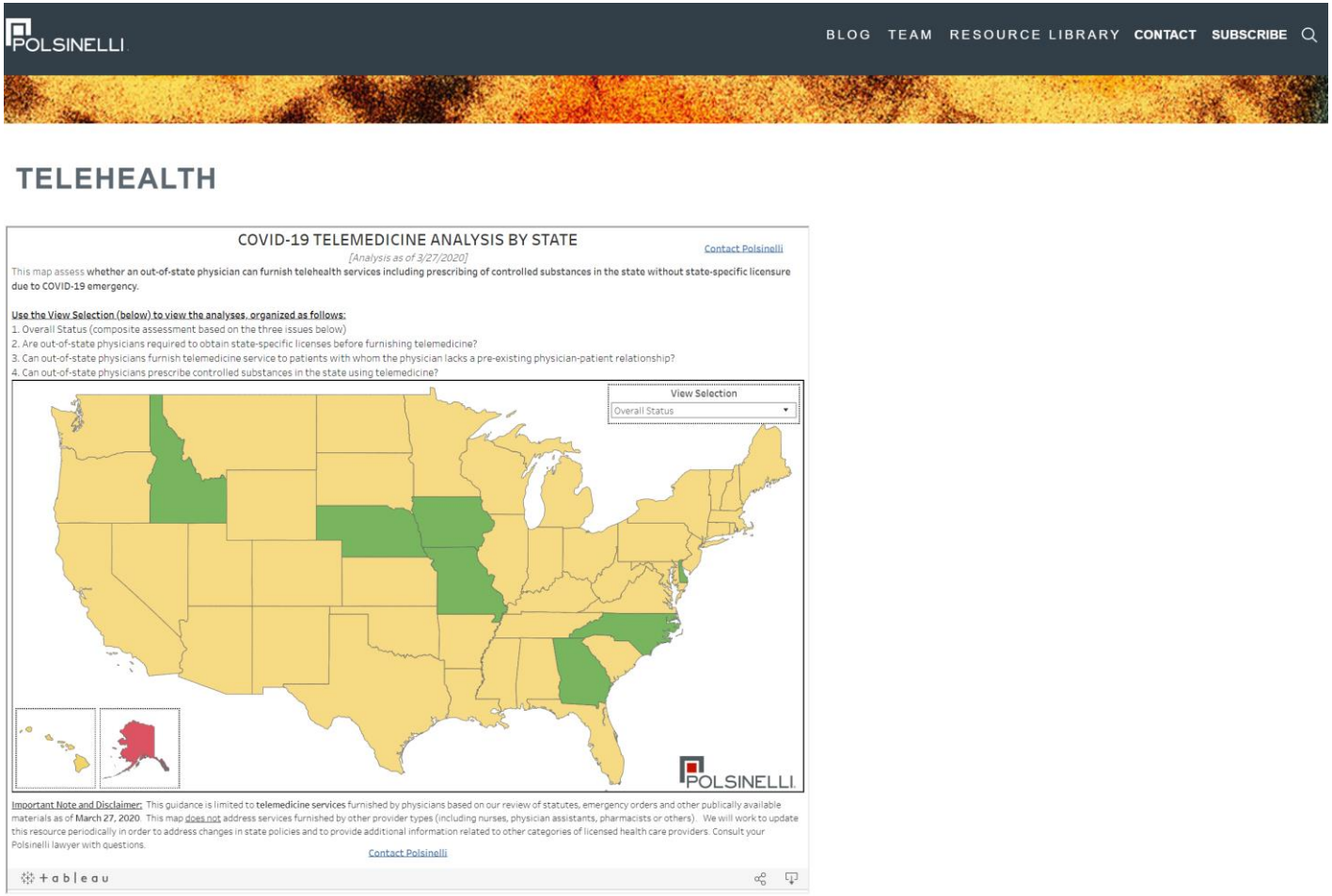
QUICK GLANCE STATE TELEHEALTH ACTIONS IN RESPONSE TO COVID-19 (March 30, 2020 – 5 pm PT)

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	TELEHEPHONE	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.			Yes			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			Yes					
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	

https://www.cchpca.org/sites/default/files/2020-03/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%203.29.2020.pdf

Can Out of State physicians furnish Telehealth Services?

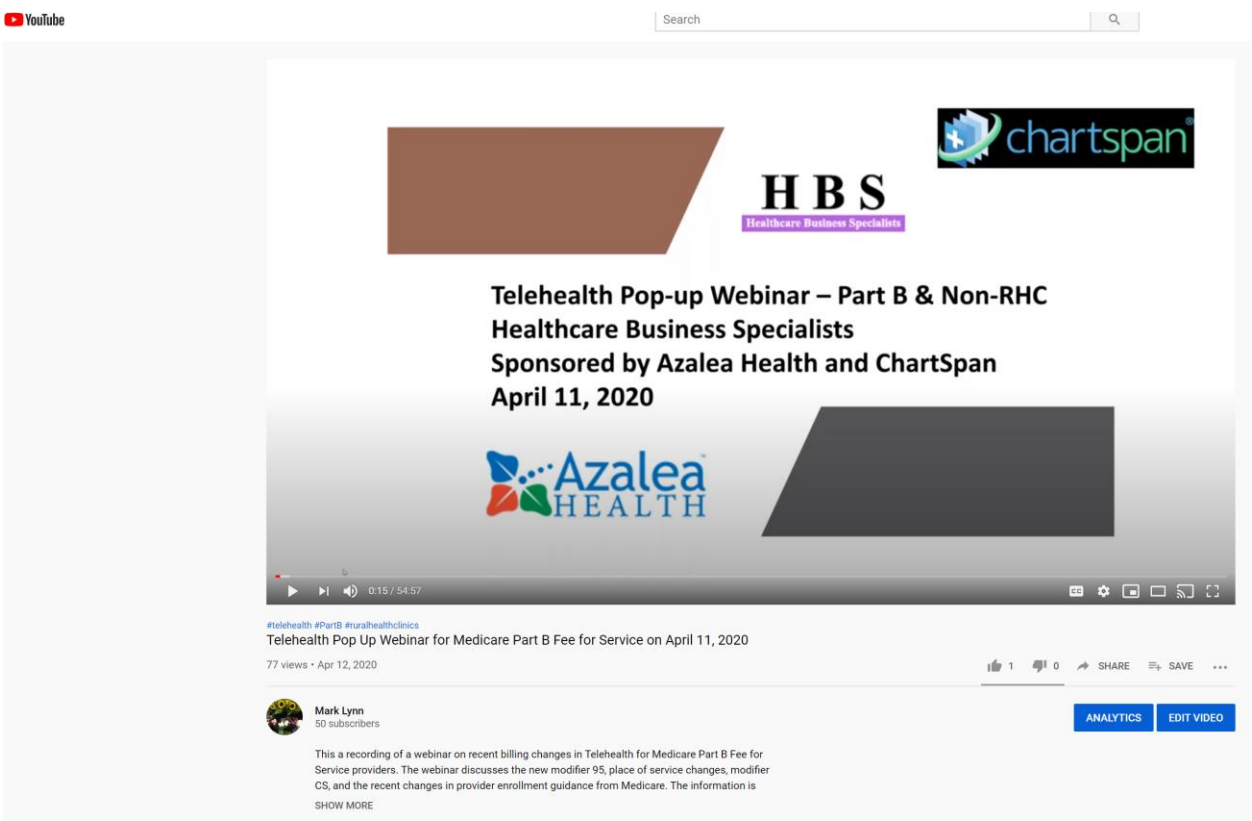


https://www.covid19.polsinelli.com/telehealth

Medicare Coverage and Payment of Virtual Services Video Released April 3, 2020

https://www.youtube.com/watch?v=bdb9NKtybzo&feature=youtu.be

Part B and Non-RHC Telehealth?



- Recording of our Medicare Part B Telehealth Billing on April 11, 2020 (55 minutes - Youtube)
- Slides for our Medicare Part B Telehealth Webinar on April 11, 2020

Starting a Telehealth Program

Find a Telehealth Toolkit

https://www.ruralhealthinfo.org/toolkits/telehealth

General Provider Telehealth and Telemedicine Tool Kit

General Provider Telehealth and Telemedicine Tool Kit

Table of Contents

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.

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.

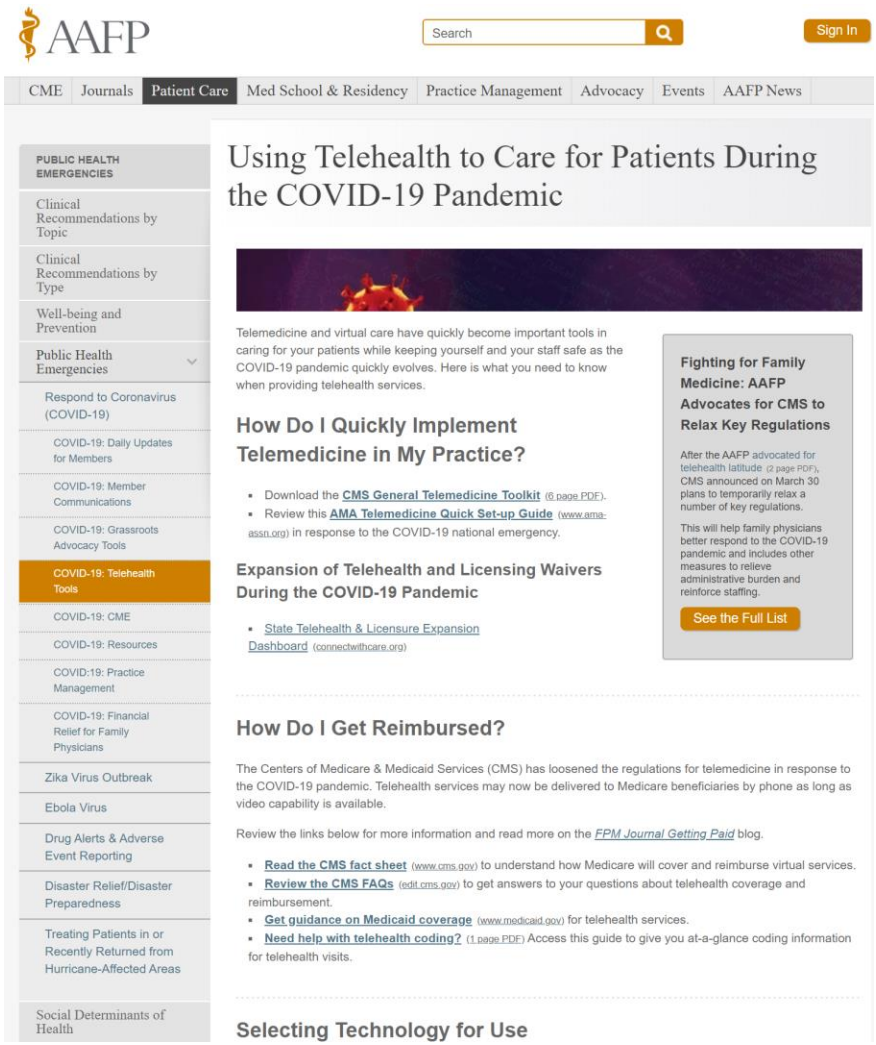
TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (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, HHS 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.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 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.

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

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



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

PRACTICE a Telehealth Visit and think about Information Flow

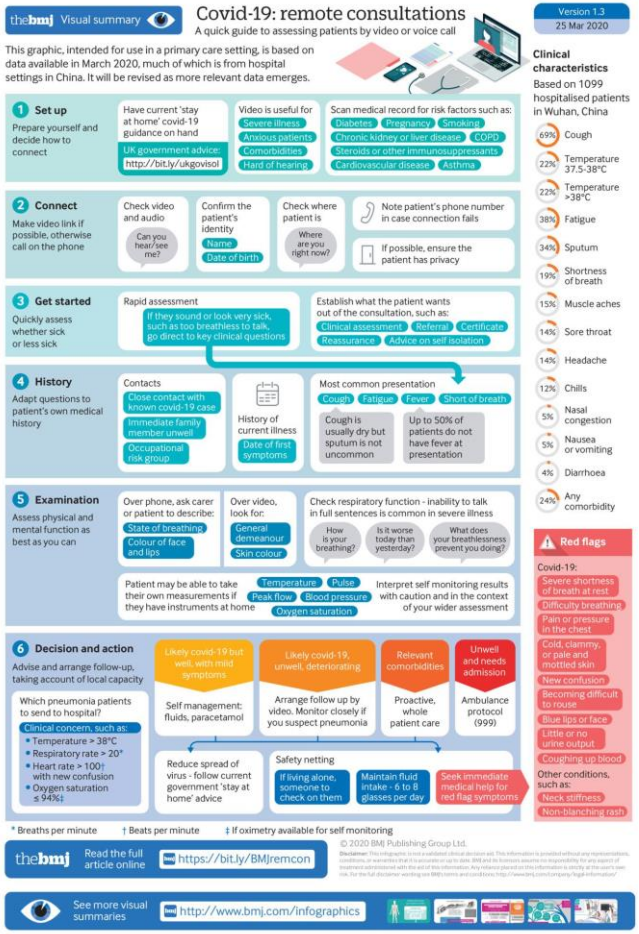
Think through the how to conduct a Telemedicine visit before doing one. Practice internally before going live

- Telehealth and Telephone Visits in the Time of COVID-19: FQHC Workflows and Guides

https://www.careinnovations.org/resources/telehealth-and-telephone-visits-in-the-time-of-covid-19-sample-fqhc-workflows/

***Phone Call Script**

- * Hello, this is (**employees name**) from Clinicas de Salud del Pueblo, calling to confirm your appointment for tomorrow at (**TIME**), your provider will be doing a **telephone consultation.** You are not required to come to the clinic at this time due to the pandemic (Corona virus).
- Hola, mi nombre es _____ llamo de Clinicas de Salud del Pueblo para confirmar su cita de mañana a las _____, su cita sera una consulta via telefono. Usted no require venir a la clínica durante este momento debido a la pandemia (Corona virus).

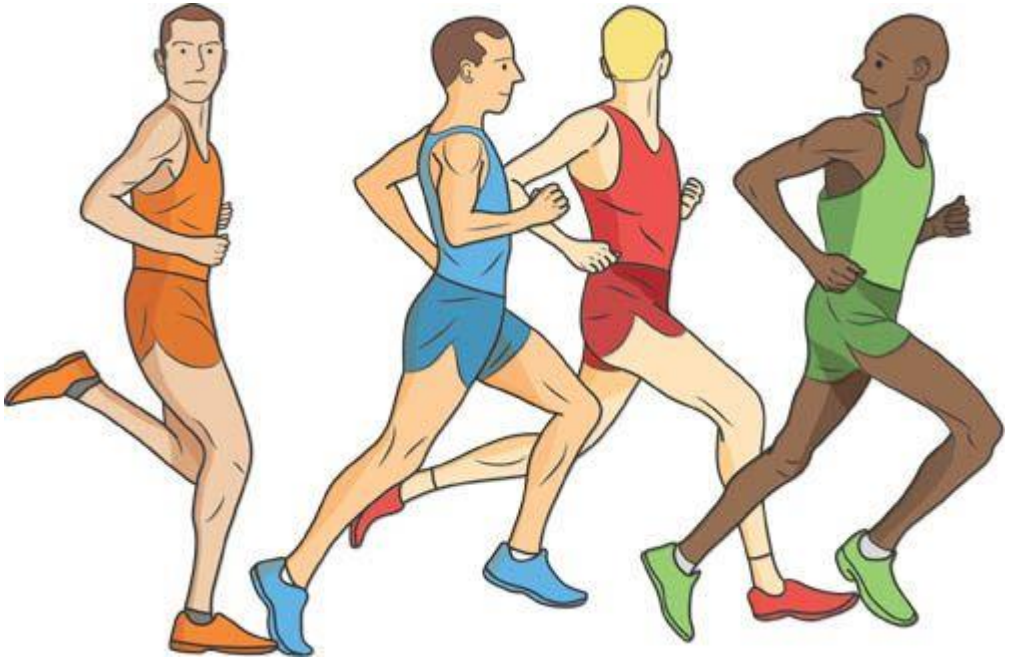


https://www.bmj.com/content/bmj/368/bmj.m1182/F1.large.jpg

Why Medicare Patients are slow to adopt Telemedicine

Medicare is Falling Behind

Medicare Commercial Insurance Medicaid

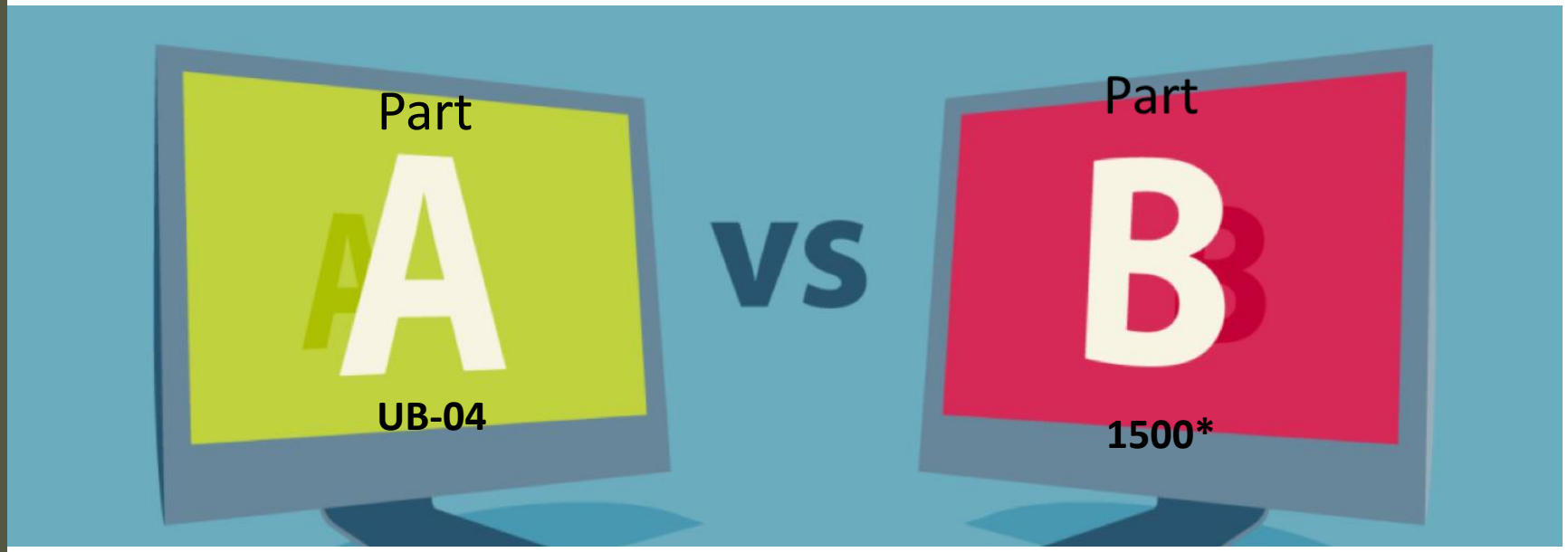


How Medicare RHC Regulations have slowed the growth of Telehealth

- The Patient must be located at specific originating sites (except during 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

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.

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

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 | \ ˈsiŋ-krə-nəs, ˈsin-\

Definition of *synchronous*

1 : happening, existing, or arising at precisely the same time

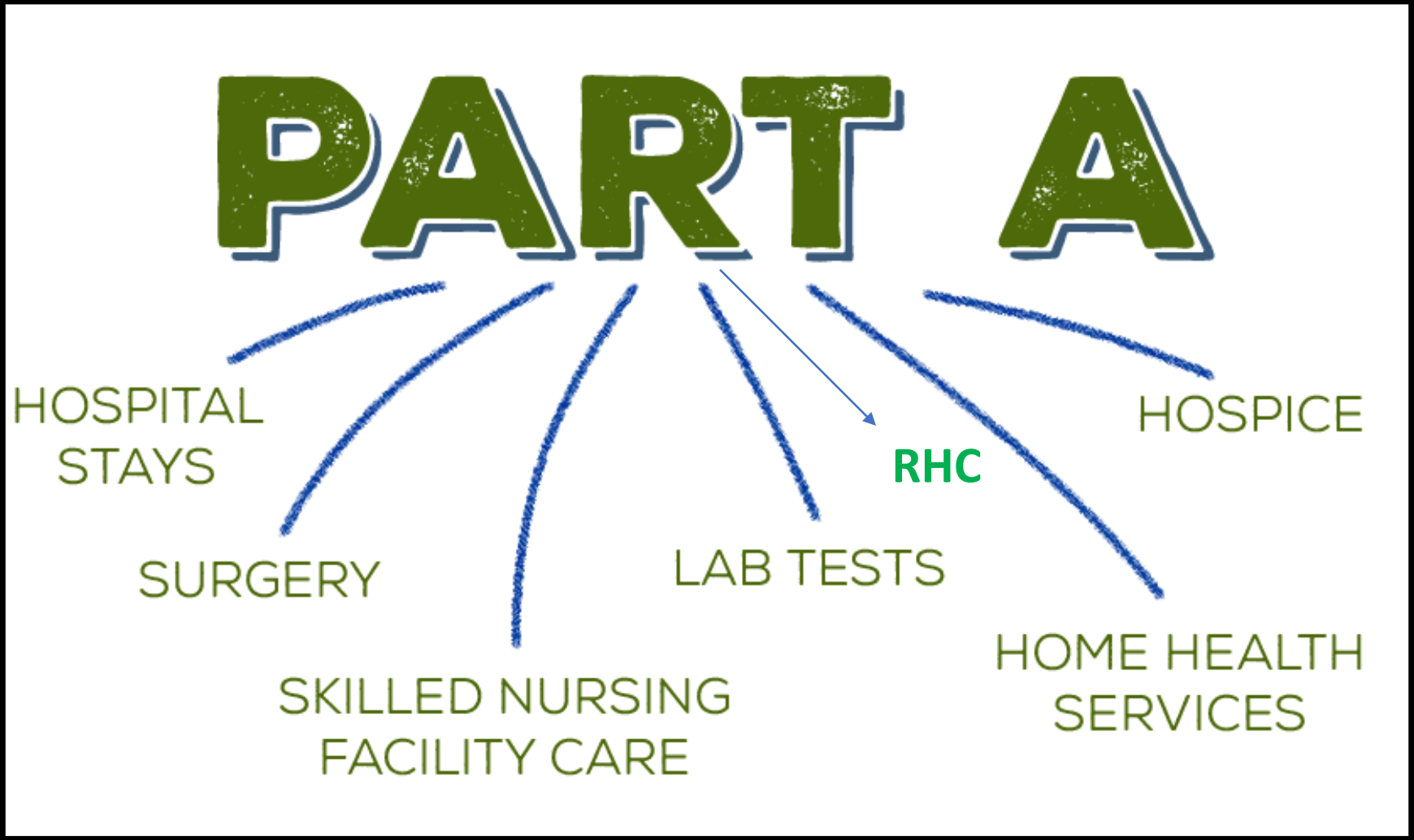
2 : recurring or operating at exactly the same periods

asynchronous adjective

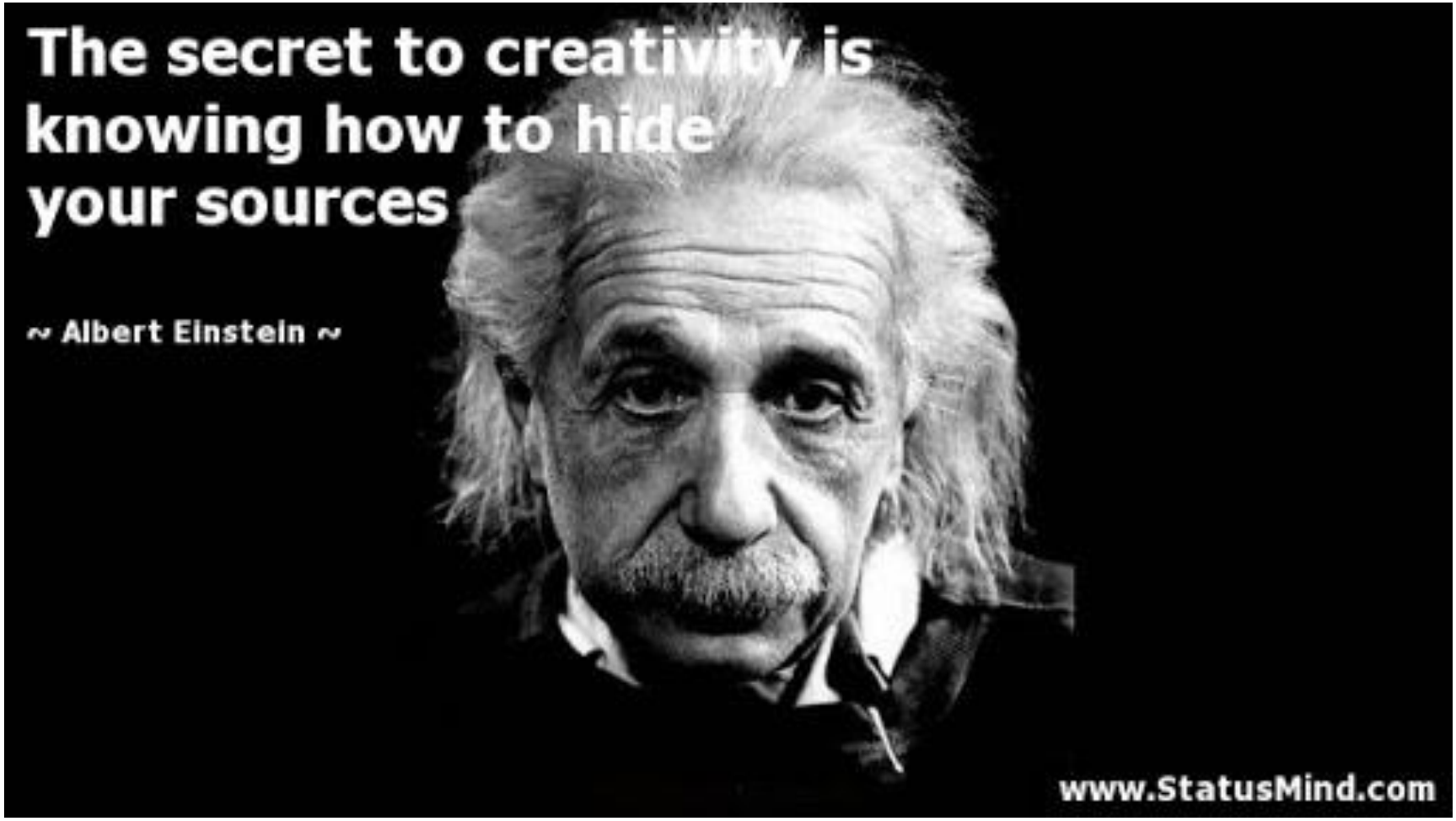
asyn·chro·nous | \ (ˌ)ā-ˈsiŋ-krə-nəs, -ˈsin-\

Definition of *asynchronous*

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



Telehealth Billing for RHCs



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=IwAR2-7cslysC1sYu2ptWGGkREJgqLvfPobdB4mAE28NtnIEhzVv5CcamP
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=IwAR2dthpE2r0WUxG9Lnzn8AmQu47cUvKD1iqTm4Va0PW98cnKqAtv3iK0E
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/bWFpbG2luc3RhbmNlaWQ9OTI2MTE0MCZzdWJzY3JpYmVyaWQ9MTEzNTNTE5Mg==
6	4/9/2020	CCHP provides an overview of State actions in addressing COVID-19	Telehealth	CCHP	Webinar	https://www.youtube.com/watch?v=jRpXYsyOGu0
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-emergdeclaration-waivers.pdf?fbclid=IwAR27qkL7__Bs_gk9T6U-ks7sl97ZPpkwvW1dDaK3-eU7q03LW59aCT_NEQU
8	4/7/2020	MLN Connects - CS Modifier Announced	Billing & Coding	CMS	MLN Matters	https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se
9	4/6/2020	The BMJ Group Visual Flowchart	Telehealth	BMJ	Flowchart	https://www.bmj.com/content/bmj/368/bmj.m1182/F1.large.jp
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-progr
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/5e89dab59b6208253a6b4941/1586092725525/2020otes+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%20C%20State%20Operations%20Memo%20QSO-20-22-%20ASC,%20CORF,%20CMHC,%20OPT,%20RHC_FQHCs%20on%March%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=youte

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=IwAR3roqpyFdpYUPI7A54xTNAv8dO82CIL5EkacfU7IzpF_9J2PfJ5uLlIYPY

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

Which Practitioners can perform Telehealth

Public Health Emergency – 1135 Waiver Per Interim Final Regulation

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

"A confusing series of events" - CMS

What about Nurses in an RHC? See Next Slide?

What about a Nurse Only Visit – CPT 99201 or 99211

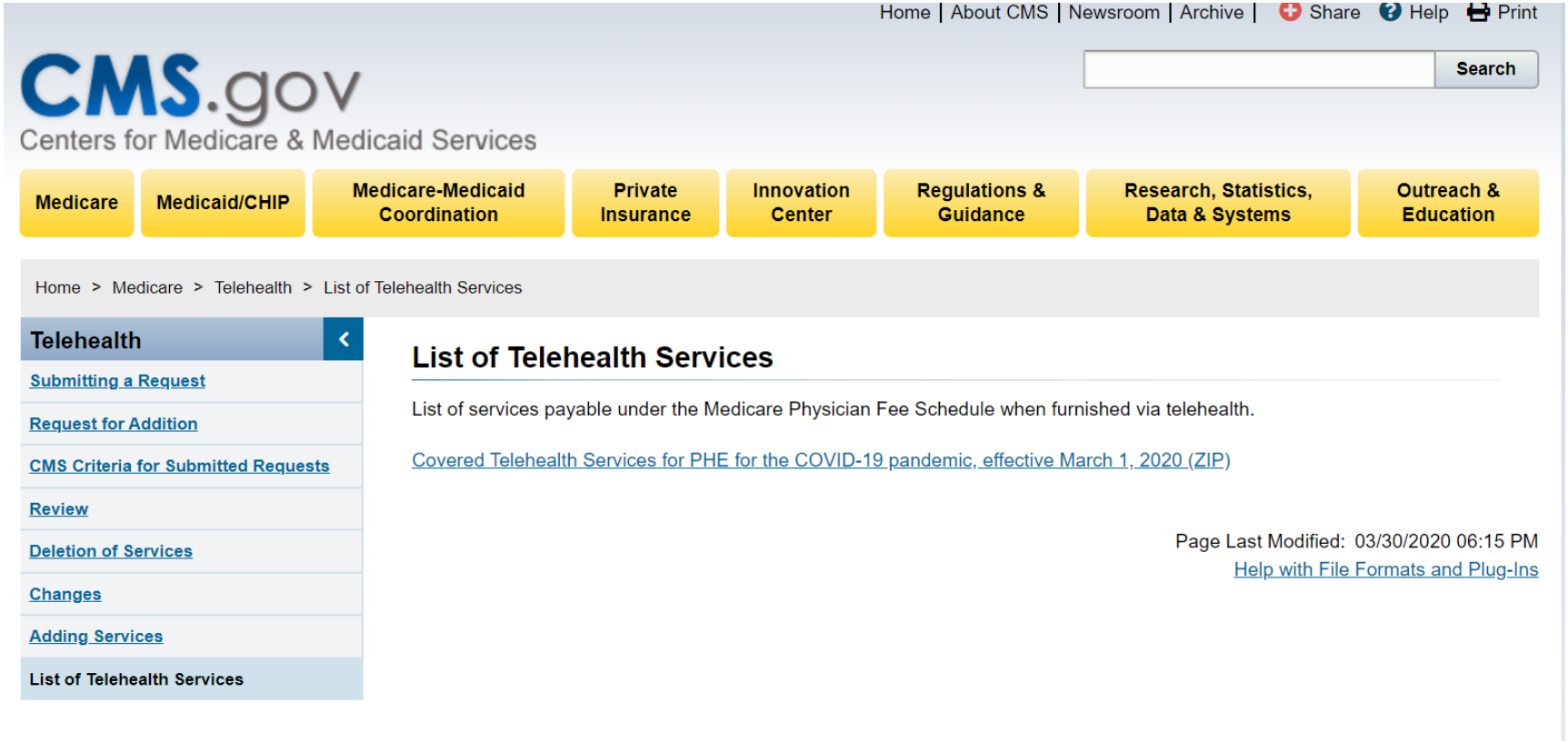
Question

From: Marla Dumm, Managing Consultant mdumm@bkd.com
I do have a concern about the instruction for CPT 99211 (a nurse visit). This has never been acceptable for billing in a RHC setting as a nurse is not a core provider, and it has not been indicated by CMS that nurse services are eligible for billing as a RHC professional service, even during the PHE. CPT 99201 is a physician or non-physician practitioner performed new patient visit code, and would be eligible for billing.

Answer

From: Nathan Baugh, Director of Government Affairs nathan.baugh@narhc.org
I take your point on the differences between 99201 and 99211 but even the 99211 is eligible for a telehealth visit. I understand that it is different than our normal logic of what constitutes a visit, that is why I highlighted it. Here is what Corinne Axelrod at CMS confirmed to me: 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 RNā?Ts scope of practice. Payment would be $92.

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



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

Part B -Summary of Medicare Telemedicine Services

Outdated

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. **Interim Final Regulation added 85 new codes**	Common telehealth services include: • 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, HHS 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.	• HCPCS code G2012 • HCPCS code G2010	For established patients. **New is ok during PHE**
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients. **New is ok during PHE**

Telephone **Interim Final Regulation added 6 new codes**

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 then non-facility fee schedule if performed in the office (POS 11, Modifier 95)
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

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. Individual services need to be initiated by the patient, but practitioner may educate beneficiaries of availability of the service.

RHC
G0071

Telephone
1. Prolonged Phone Calls
2. Part B Codes are 98966-98968 for Non-Physicians and 99441-99443 for physicians
3. Similar to virtual check-ins
4. Physical Therapist, Speech Pathologists, Occupational Therapists
5. Applicable only to established patients (New is Ok during PHE)
6. Medicare Copays and deductibles apply except when treating COVID)

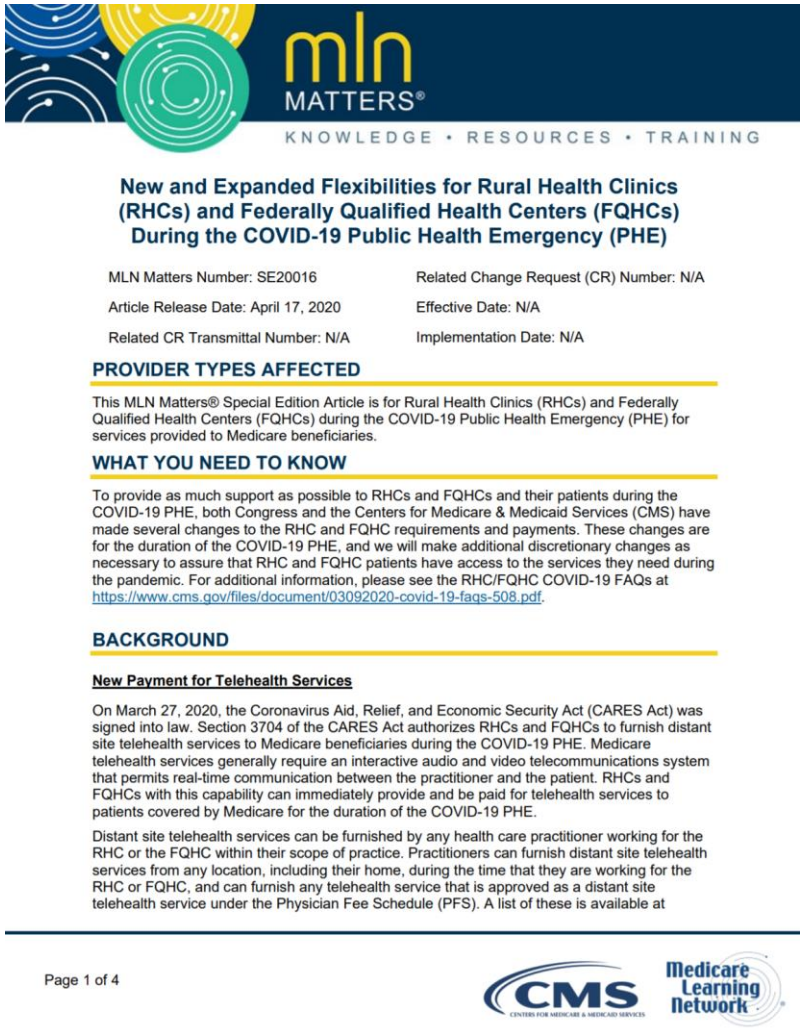
Not RHC

The 31 Longest Days of our Lives

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



mln MATTERS®

KNOWLEDGE • RESOURCES • TRAINING

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

Page 1 of 4

CMS Medicare Learning Network

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 allowing RHCs to be Distant Site Providers.

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 95 Modifier	$73.60 See Note 3	$19.81 NA	$19.81 NA	NA NA for RHCs	NA 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

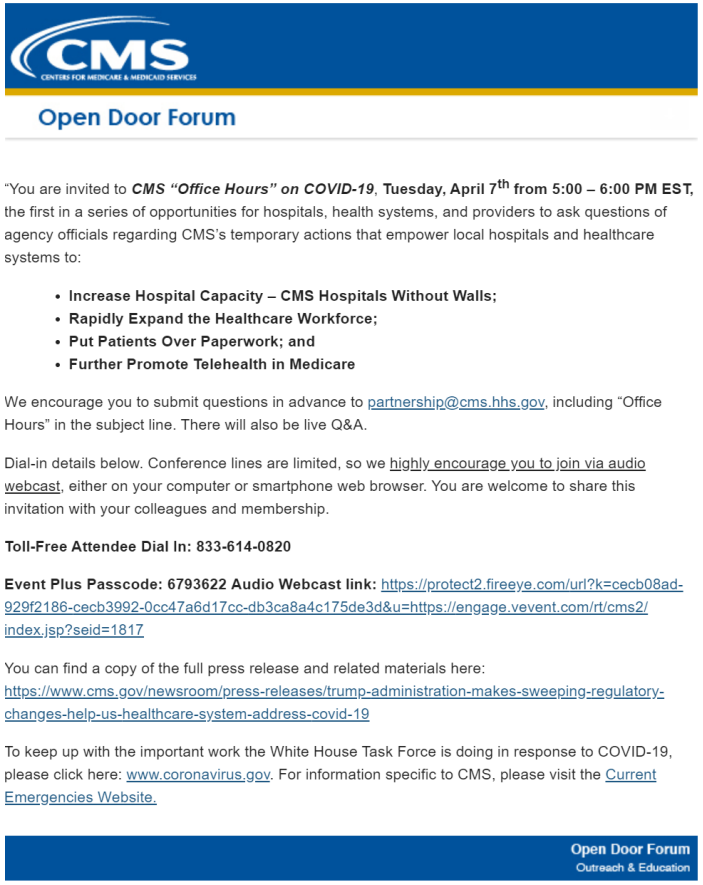
Note 1: Coverage for G2010 & G2012 started January 1, 2019 and coverage was expanded to CPT codes 99421, 99422, and 99423 effective March 1, 2020. These codes are converted to a G0071 when performed in an RHC and payment increased from $13.53 to $24.76 on March 1, 2020 through the end of the PHE.

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.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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/rt/cms2/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:

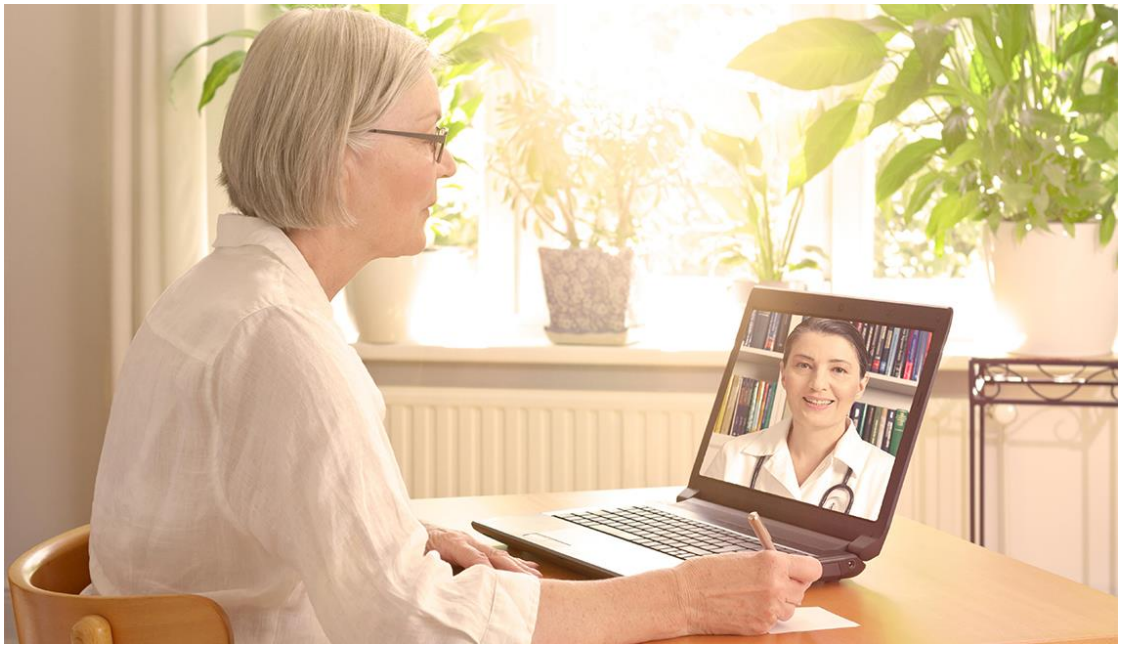
RHC Telehealth Part A Billing Guidance FAQ dated April 20, 2020

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.

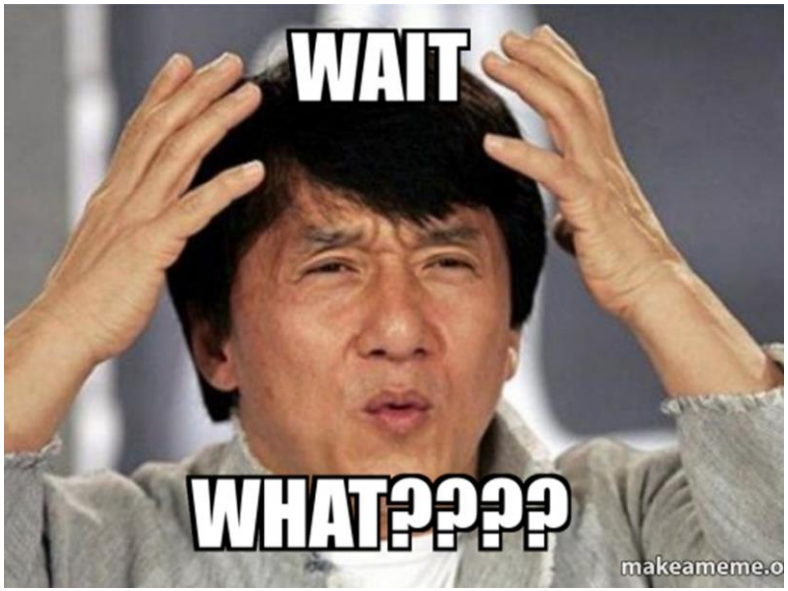


Q15. How will RHC Telehealth claims be billed and paid with dates of service from January 27, 2020 to June 30, 2020?

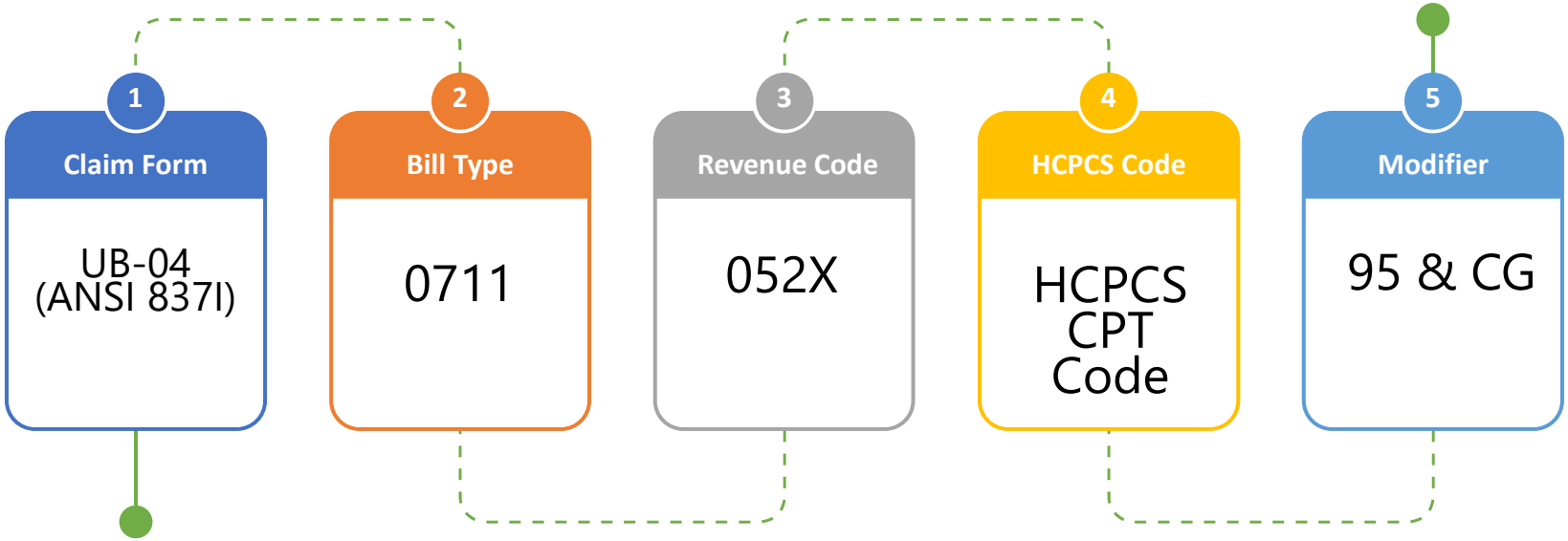
A15. Per SE2016: "For telehealth distant site services **furnished between January 27, 2020, and June 30, 2020, RHCs must put Modifier "95"** (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) on the claim. RHCs will be paid at their all-inclusive 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

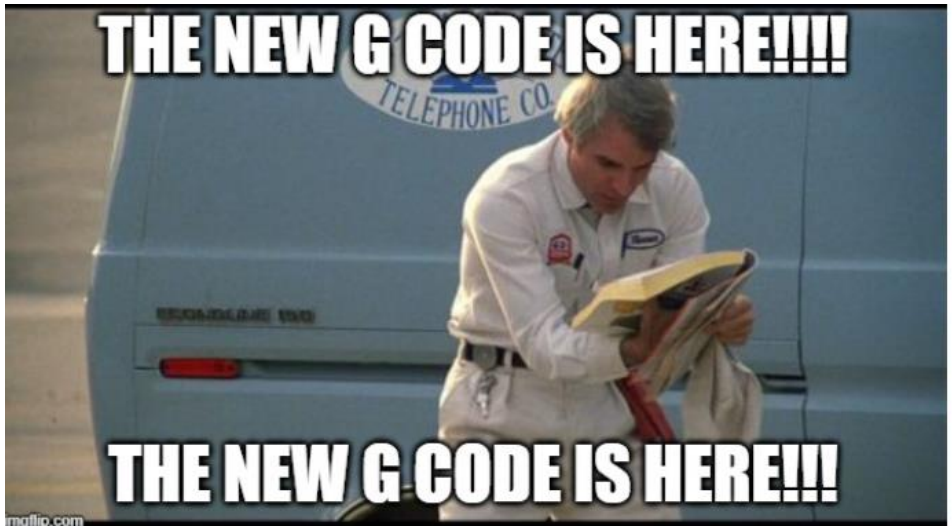


Why use the CG Modifier? CMS will not update their system until July 1, 2020, so claims will reject without a CG modifier until that date. CG does not indicate co-insurance or deductible applies so you can use the CS as well if appropriate. **There is no Place of Service on a UB-04.**

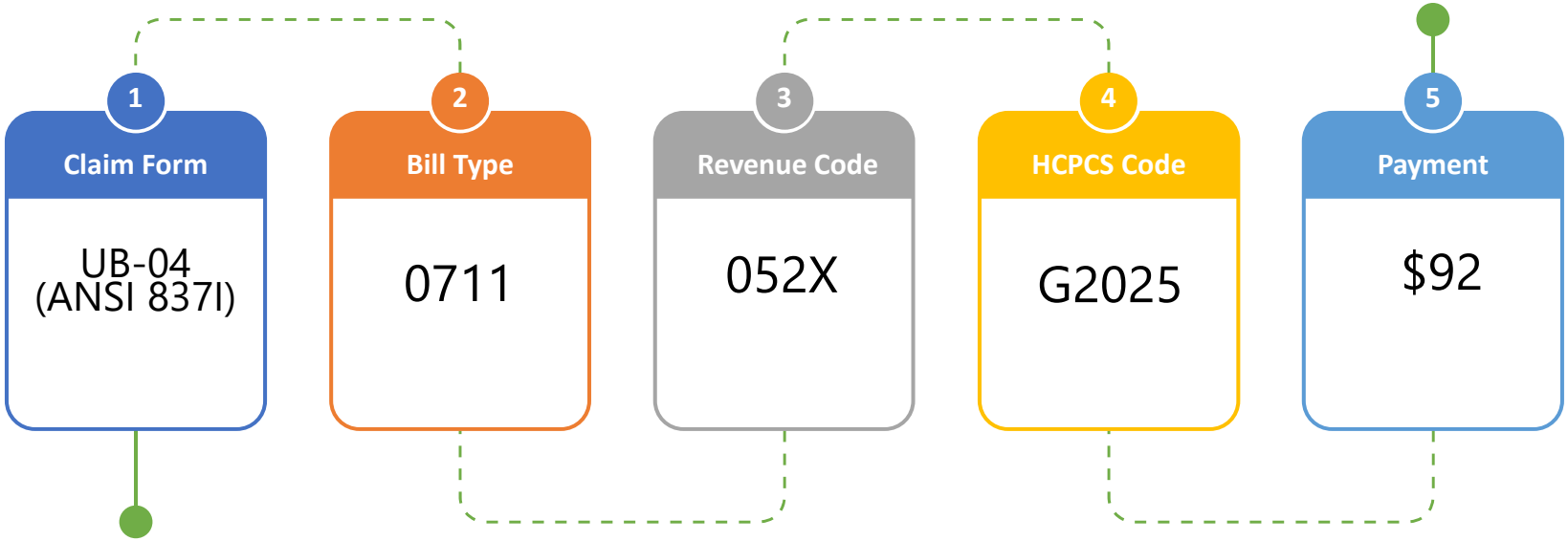
G2025 for Telehealth Claims begins on July 1, 2020

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	
Contractual Adjustments	$10.95	
Totals	$100.00	$100.00

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

Description	Debit	Credit
Receipts - Medicare	$4.55	
Contractual Adjustments		$4.55
Receipts - Medicare	$4.55	$4.55

$73.60 ($92 X .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	
Contractual Adjustments		$91.20
Totals	$191.20	$191.20

Reprocessed Claim at $92 in July 2020

Description	Debit	Credit
Contractual Adjustments Medicare	$97.60	
Recoupment – Medicare Cash		$97.60
Totals	$97.60	$97.60

$171.20 – 73.60 ($92 X .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)

CS

Simple T- Account

Description	Debit	Credit
Charges		$100.00
Receipts - Copay	$0	
Receipts - Medicare	$86.31	
Contractual Adjustments	$13.69	
Totals	$100.00	$100.00

Reprocessed Claim at $92 in July 2020

Description	Debit	Credit
Receipts - Medicare	$5.69	
Contractual Adjustments		$5.69
Receipts - Medicare	$5.69	$5.69

$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	
Contractual Adjustments	$6.40	
Totals	$100.00	$100.00

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	
Contractual Adjustments		$33.60
Totals	$83.60	$83.60

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	
Contractual Adjustments		$33.60
Totals	$83.60	$83.60

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	
Contractual Adjustments	$6.40	
Totals	$100.00	$100.00

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.

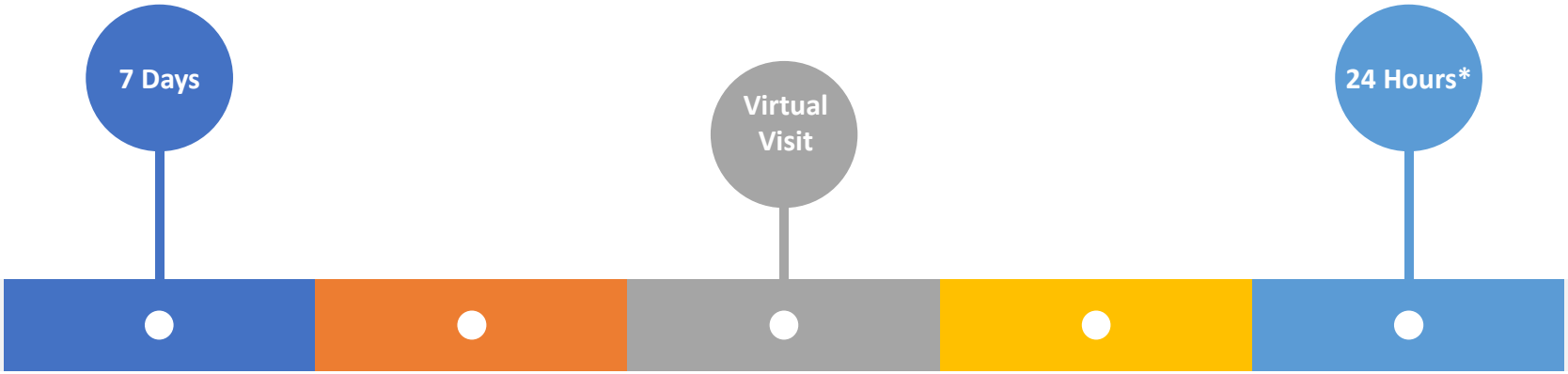
To receive payment for Virtual Communication services, RHCs must submit an RHC claim with HCPCS code G0071 (Virtual Communication Services) either alone or with other payable services. Payment for G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 (communication 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

TIMELINE of a Medicare Virtual Visit



Look Back Period

The medical discussion or remote evaluation is for a condition not related to an RHC service provided within the previous 7 days

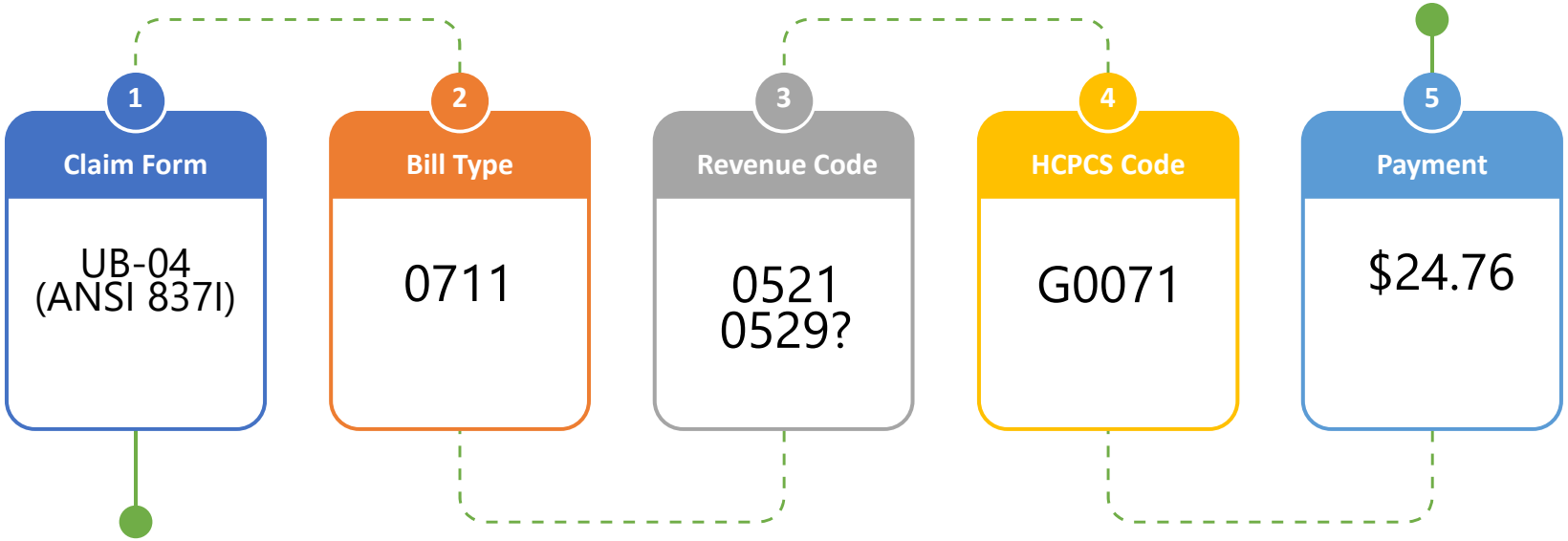
The Virtual Visit

Represents at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC practitioner to a patient.

Going Forward

*The medical discussion or remote evaluation does not lead to an RHC visit within the next 24 hours or at the soonest available appointment.

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.

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

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

Part A - RHC

G0071

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

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


YOU KNOW WHAT WE NEED TODAY?
LIGHTYEAR
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-educationoutreachffsprovpartprogprovider-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

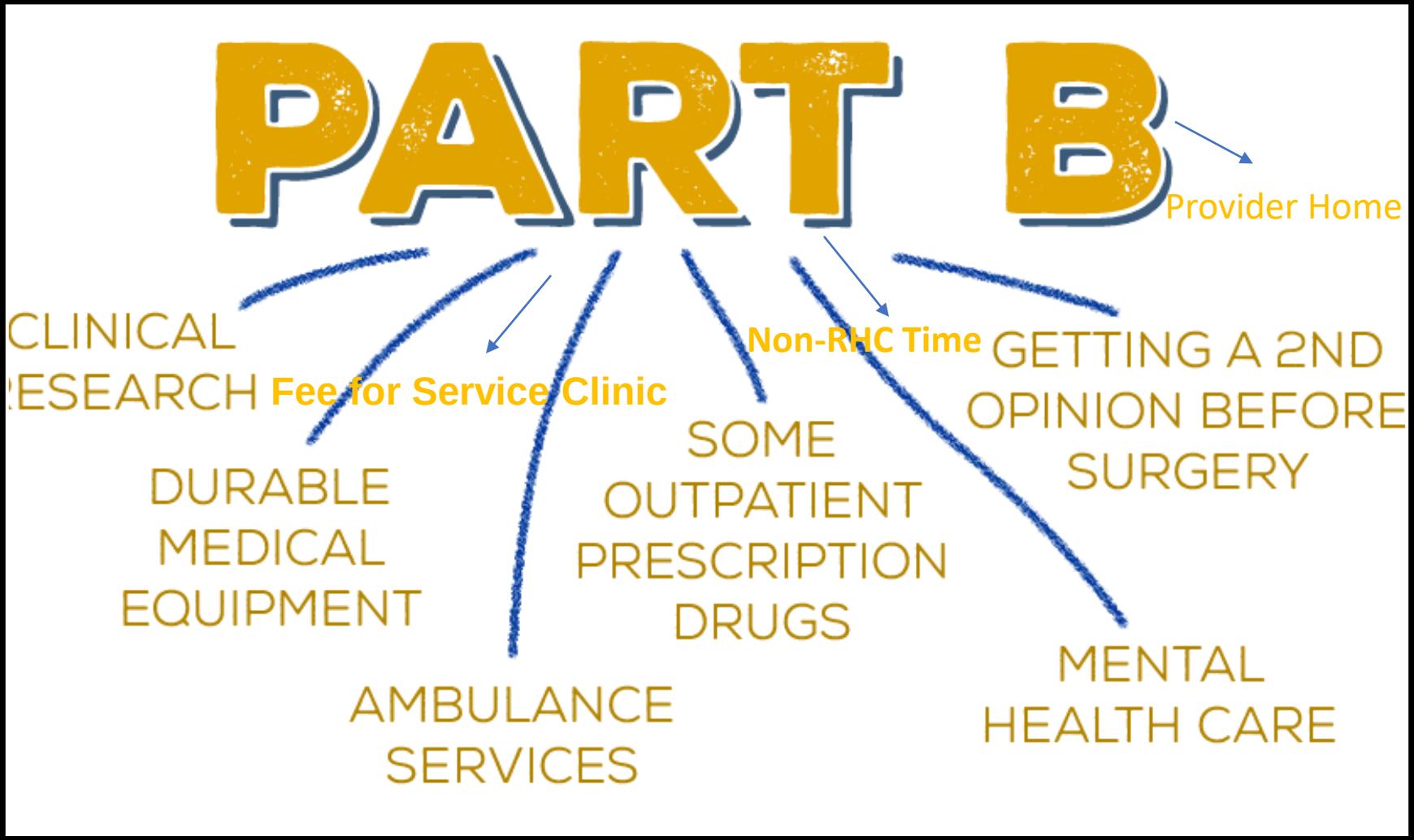
What
CS Modifier waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services – Provider paid 100% of rate instead of 80%

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-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

CS

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



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

HBS
Healthcare Business Specialists

Telehealth Part B Billing Changes due to the Public Health Emergency

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

PRE-COVID

Time Frame

February 28, 2020 & before

Place of Service

02

Payment

Payment was limited to the facility fee payment schedule.

PHE

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%**

March 30, 2020 Telehealth Part B Billing Guidance

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

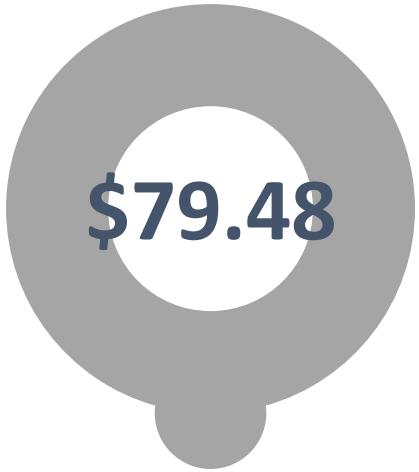
CPT with Description	Non-Facility Fee	Facility Fee	Variance	% Difference
99231 SUBSEQUENT HOSPITAL CARE	$40.06	$40.06	$0.00	0.0%
99232 SUBSEQUENT HOSPITAL CARE	$73.62	$73.62	$0.00	0.0%
99233 SUBSEQUENT HOSPITAL CARE	$106.10	$106.10	$0.00	0.0%
G0406 INPT/TELE FOLLOW UP 15	$73.26	$73.26	$0.00	0.0%
G0407 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

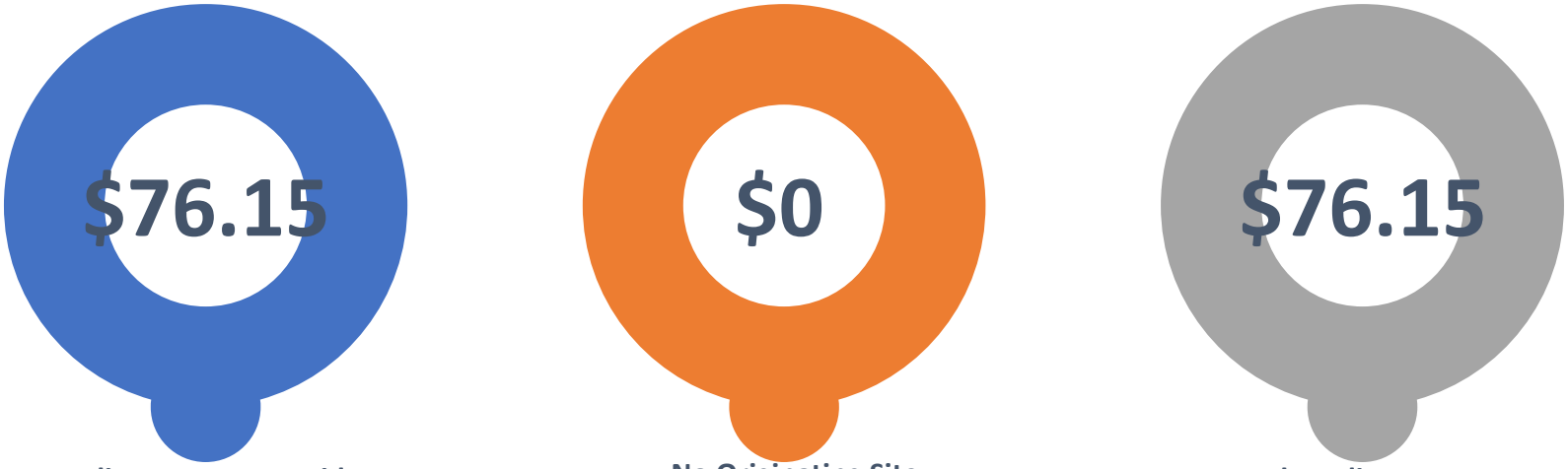
Originating Site (RHC)
Restricted to Certain Rural Areas
Revenue Code 0780
CPT Code Q3014



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



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

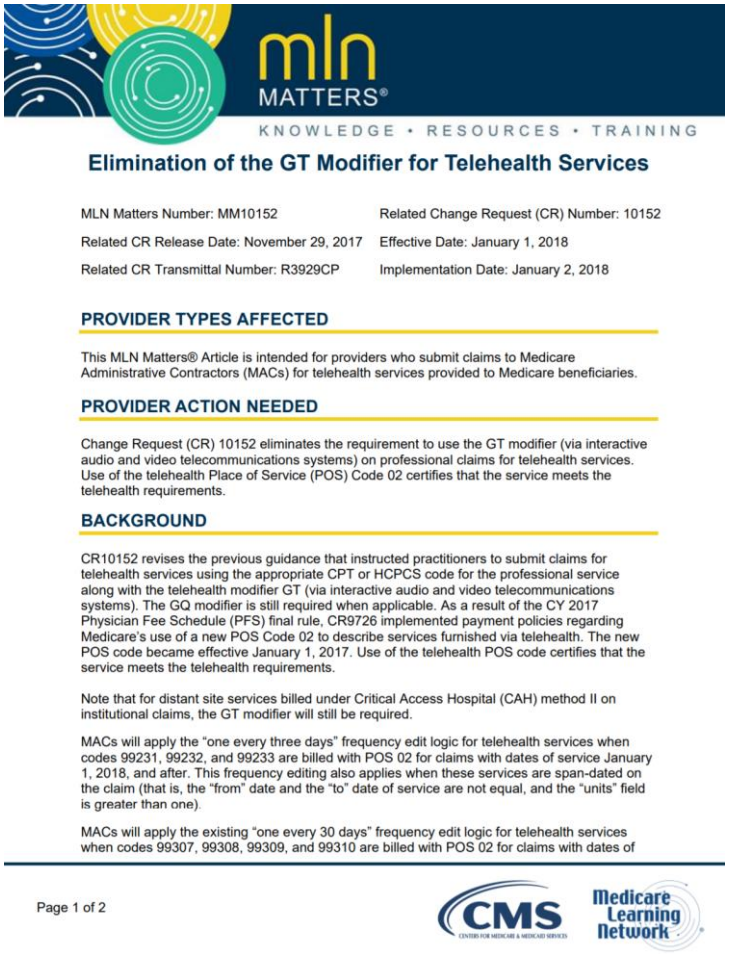
Telehealth service for diagnosis, evaluation or treatment of systems of an acute stroke

GY — ABN

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

HBS
Healthcare Business Specialists

Elimination of the GT Modifier for Telehealth Services



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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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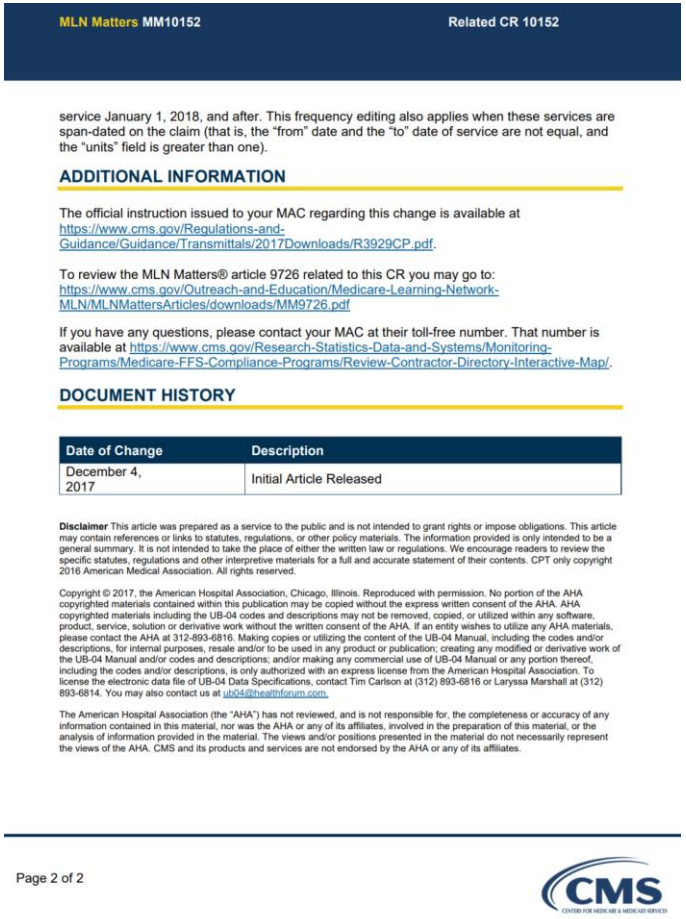
CMS Medicare Learning Network



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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CMS

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

Questions?