



Telehealth RHCs and COVID-19

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Discrimination against RHCs, FQHCs and our Patients

- ✓ RHCs and FQHCs, and our patients, across the country are being discriminated against.
- ✓ This is a massive problem right now. The rest of the world can see patients electronically.
- ✓ RHCs are largely prohibited from doing so.



Effective January 1, 2019: Virtual Communication

RHCs can receive payment for Virtual Communication Services when at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC practitioner to a patient who has had an RHC billable visit within the previous year.

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





Virtual Communication Services - Requirement

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

Payment for G0071 is set at the PFS national average of the non-facility payment rate for HCPCS code G2012 (communication technology-based services) and HCPCS code G2010 (remote evaluation services).

For 2019, the payment amount for code G0071 will be **\$13.69** (average of HCPCS codes G2012 and G2010).





G0071: Virtual Check-In

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

- ✓ MUST be initiated by the patient. The provider cannot call the patient.
- ✓ by a physician or other qualified health care professional;
- ✓ provided to an established patient (**Waived for COVID-19**)
- ✓ not originating from a related E/M service provided within the previous 7 days;
- ✓ nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment;
- ✓ 5-10 minutes of medical discussion.





G0071: Virtual Evaluation Services

Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward),

- ✓ including interpretation with follow-up with the patient within 24 business hours,
- ✓ not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.





G0071 FAQ: Virtual Communication Services

- ✓ For 2019, the payment amount for code G0071 will be **\$13.69** (average of HCPCS codes G2012 and G2010).
- ✓ Claims submitted with HCPCS codes G2012 or G2010 be NOT be paid. Only G0071.
- ✓ Telehealth and virtual communication services ARE NOT the same.
- ✓ There are no frequency limitations [for billing G0071] at this time.
- ✓ Only billable by RHCs and FQHCs only when the discussion requires the skill level of an RHC or FQHC practitioners. [Physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers]



Virtual Check-In RHC Claim Example

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0521	Virtual Check-In	G0071	4/2/2020	1	\$ 13.69
0001	Total Charge				\$ 13.69

- ✓ G0071 is for RHCs only.
- ✓ We do not bill G2010 OR G201.
- ✓ Virtual Check-In G0071 encompasses Remote Check-In AND Remote Evaluation.
- ✓ It does NOT include remote monitoring.





NOT CMS APPROVED GUIDANCE!

My comments are mine only and do not reflect formal policy.

This is how to DOCUMENT the visit. NOT how to bill them.





Patient Consent

Patient Consent: Verbal Consent and Acknowledgment By Patient should be obtained that they understand the provider may be using a non-compliant communication method which may not be secure. The patient should also understand that these claims may not be paid. If co-payments are applied, they will be waived.





Medicare Telehealth Visits conducted via Skype/Face-Time/Zoom

- ✓ Bill the appropriate E/M code for the encounter.
- ✓ Append with modifier GT.
- ✓ Use POS 02.

Please see the attached list of approved CMS telehealth codes. They are essentially all E/M codes. (BH, Office Visits, Hospital, NH, etc)

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





Medicare Telehealth via Patient Portal

Newly released 9942X codes are for communication on a patient portal.

99421: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes

99422: 11—20 minutes

99423: 21 or more minutes

Time stamp these visits!





Non-Physician Providers: Telephone Only (G2061 – G2063)

Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;

G2061: 5-10 minutes;

G2062; 11-20 minutes

G2063; 21 or more minutes

Time stamp these visits!





Medicare Telehealth: Telephone Only (99441-99443)

Our recommendation for visits conducted solely on the telephone: 99441 – 99443 should be used.

99441: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. 5-10 minutes

99442: 11-20 minutes,

99443: 21-30 minutes, respectively.





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