HBS

Healthcare Business Specialists

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.

Q6. Do Medicare RHC rules for Telemedicine apply to all payor groups? Do we have to bill every payor using the same reimbursement methodology as prescribed by Medicare?

A6. No. Like the majority of Medicare rules, the reimbursement methodology as prescribed by Medicare **does not apply to other payor types**. We talk about the Golden Rule in our RHC billing seminars and webinars which is "He who has the Gold makes the rules." Medicaid has different rules in each state (as well as each Medicaid MCO) for Telemedicine and every insurance company has their own set of rules as well. The RHC has the responsibility to be aware of the payor contract and reimbursement rules for various treatments or procedure (think HCPCS codes) and abide by that guidance. There are no licensure issues (ie, the conditions of Participation) that prohibit an RHC providing Telehealth services. Since Medicaid and insurance payors have different and constantly changing Telehealth rules we recommend you use updated cheat sheets (see samples provided below and use the Center for Connected Health Policy (CCHPA) summary of state Telehealth reimbursement rules. Here are the links:

- Center for Connected Health Policy: https://www.cchpca.org/
- CCHPA Summary of State Telehealth Laws & Payment: https://tinyurl.com/ydxrzelw
- CCHPA Updates:https://www.cchpca.org/resources/covid-19-related-state-actions
- Insurance Company Cheat Sheet: https://preview.tinyurl.com/y79rv6lo
- EMPClaims Telemedicine Payor Guidelines: https://tinyurl.com/ya5856j8

Q7. Is it true that CMS has waived or will not enforce certain HIPAA provisions or the Ryan Haight Act provisions that require telehealth visits only with established patients?

A7. Congress and the Administration will not enforce the requirement that **telehealth visits only be with established patients** and Medicare is allowing providers and patients to use popular video chat applications such as Facetime, Facebook Messenger video chat, Google Hangouts video, or Skype. Public Facing platforms such as Facebook Live and Twitch may not be used. While the HIPAA rules have not been waived, they are not being enforced during the time of the Public Health Emergency (PHE).

- Source: NARHC letter dated March 25, 2020 by Nathan Baugh
  https://files.constantcontact.com/56500336201/92acbaa0-5152-43d5-9cb1-5509a0ae0110.pdf

- Source: HHS – HIPAA for Professionals – Special Topics
  https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Q8. What does the Section 3704 Increasing Medicare Telehealth Flexibilities during Emergency Period mean for RHCs once it is finalized and implemented?

A8. 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

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. On the last page of this document we have created **Table 1: Five types of Telemedicine visits covered by Medicare** to summarize the characteristics of each type and if they are billable by a rural health clinic.

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.

Q12. 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 195 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

Q13. Since 99211 is on the list of approved Telehealth codes can an RHC bill a nurse only visit meeting the criteria of a 99211 and be paid the $92 rate.

A13. The answer to that question is not included in the guidance; however, RHC reimbursement principles require a billable encounter to be between a physician, NP, PA, CNM, CP, or CSW and unless we receive information otherwise, I would assume that rule still applies.

Q14. How much will RHCs be paid for telehealth services?

A14. Per SE2016: "The statutory language authorizing RHCs and FQHCs as distant site telehealth providers requires that CMS develop payment rates for these services that are similar to the national average payment rates for comparable telehealth services under the PFS. **Payment to RHCs for distant site telehealth services is set at $92,** which is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS." The practical impact is that independent RHCs will be paid more for Telehealth services than treating patients face to face (have you ever seen a better argument for raising the cap from $86.31) while provider-based RHCs with an average reimbursement rate of $214 will be receive far less money for performing telehealth visits. Co-pays and deductibles will still apply (unless related to COVID-19 or a preventive service with no co-pay) so for example a rural health clinic (Independent or Provider-based) would expect to receive $73.60 per Telehealth visit and if the charge for a 99213 is $100, there would be a $20 co-pay for a total payment of $93.60. In contrast, and independent RHC at the cap (almost all are well above it) would have received $89.05 for the same service performed face to face. A provider-based RHC at the average reimbursement rate of $214 would have received $171.20 plus a $20 copay or $191.20 in our example.

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.

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.

Q17. Are the costs of providing Telehealth services used to compute the all-Inclusive rate calculation on the RHC Cost Report?

A17. Per SE2016: "Costs for furnishing distant site telehealth services will not be used to determine the RHC AIR but must be reported on the appropriate cost report form. Independent RHCs must report both originating and distant site telehealth costs on Form CMS-222-17 on line 79 of the Worksheet A, in the section titled "Cost Other Than RHC Services." Provider-based RHCs should report Telehealth costs on Line 66 of Worksheet M-1 on Form CMS-2552-10. **It is important that RHCs keep up with their telehealth cost, visits, and provider time closely. Since all three of these are not included in the All-Inclusive Rate calculation, they should be removed from the cost report calculation of the all-inclusive rate.** By removing the visits and the provider time from Worksheet B, the RHC benefits from lower overall visits as long as the time providing these visits is removed from the FTE calculation on Worksheet B, otherwise the RHC may be penalized by the Productivity standards. **Also, it is important to know the location of the provider when they performed the telehealth visit.** For example, if the provider was home when providing the visit, that could justify adjusting the cost out of the cost report versus reclassifying it which would increase the non-reimbursable overhead allocated to the telehealth visit.

Q18. What about coinsurance related to COVID-19 patients beginning on March 1, 2020 until the end of the COVID-19 PHE? How do RHCs use the CS modifier?

A18. Per SE2016: "For services related to COVID-19 testing, including telehealth, RHCs must waive the collection of co-insurance from beneficiaries. For services in which the coinsurance is waived, **RHCs must put the "CS" modifier on the service line**. **RHC claims with the "CS" modifier will be paid with the coinsurance applied**, and the Medicare Administrative Contractor (MAC) will automatically reprocess these claims beginning on July 1. **Coinsurance should not be collected from beneficiaries if the coinsurance is waived."** What this means for Independent RHCs is your MAC will continue to pay the RHC the normal $69.05 payment (assuming you are at the max rate of $86.31) and in July your claim will reprocess at the full rate of $86.31 and your clinic will get an extra $17.26 per visit with a CS modifier (this is not just for Telehealth visits) The process will be similar for provider-based RHCs except the amounts received will be higher. For example if your All-Inclusive rate is the National average of $214, you would receive approximately $42.80 per visit.

Q19. What has changed regarding virtual visits performed by RHCs on or after March 1, 2020 and through the duration of the COVID-19 PHE?

A19. Per SE2016: Payment for virtual communication services now include online digital evaluation and management services. Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal. The online digital evaluation and management codes that are billable during the COVID-19 PHE are:

- CPT code 99421 (5-10 minutes over a 7-day period)
- CPT code 99422 (11-20 minutes over a 7-day period)
- CPT code 99423 (21 minutes or more over a 7-day period)

To receive payment for the new online digital evaluation and management (CPT codes 99421, 99433, and 99423) or virtual communication services (HCPCS codes G2012 and G2010), RHCs and FQHCs must submit an RHC or FQHC claim with HCPCS code G0071 (Virtual Communication Services) either alone or with other payable services. **For claims submitted with HCPCS code G0071 on or after March 1, 2020, and for the duration of the COVID-19 PHE, payment for HCPCS code G0071 is set at the average of the national non-facility PFS payment rates for these 5 codes.** *Claims submitted with G0071 on or after March 1 and for the duration of the PHE will be paid at the new rate of $24.76*, instead of the CY 2020 rate of $13.53. **MACs will automatically reprocess any claims with G0071 for services furnished on or after March 1 that were paid before the claims processing system was updated.**

Q20. What where the Virtual RHC rules prior to March 1, 2020?

A20. 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. The payment rate for this code is $13.53 in 2020.Video is not required. This is not considered Telehealth.

Source: https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center

Q21. Is a Consent to Treat required for Telehealth Services?

A21. Per SE2016: "**Beneficiary consent is required for all services**, including non-face-to-face services. During the PHE, beneficiary consent may be obtained at the same time the services are initially furnished. **For RHCs this means that beneficiary consent can be obtained by someone working under general supervision of the RHC practitioner, and direct supervision is not required to obtain consent.** In general, beneficiary consent to receive these services may be obtained by auxiliary personnel under general supervision of the billing practitioner; and the person obtaining consent can be an employee, independent contractor, or leased employee of the billing practitioner. For RHCs and FQHCs, beneficiary consent to receive these services may be obtained by auxiliary personnel under general supervision of the RHC or FQHC practitioner; and the person obtaining consent can be an employee, independent contractor, or leased employee of the RHC or FQHC practitioner (see: https://www.cms.gov/files/document/covid-final-ifc.pdf).

Q22. Can an RHC bill a telephone call only (no visual, audio only) as a Telehealth visit?

A22. The guidance provided by CMS to RHCs does not include a provision for RHCs to bill for prolonged telephone services as defined in the Interim Final regulations published on April 6th, 2020 which included the new codes 98966, 98967, 98968 for prolonged telephone service. These codes are not listed in the 195 telehealth codes provided by CMS.

Q23. Does an RHC have to use the CG modifier with a Telehealth visit?

A23. No. Telehealth is not paid at the all-inclusive rate and does not require the CG modifier. RHCs should include the 95 modifier for dates of service from January 27, 2020 to June 30, 2020?

Q24. Can an RHC perform an Annual Wellness Exam via Telehealth and can a nurse perform this service?

A24. Yes, G0438 and G0439 are include on the list of 195 Telehealth services that can be performed by a rural health clinic. We do not have any guidance if a nurse can perform all of this visit or if a physician, NP, PA, CNM are required to do some portion face to face via telehealth at this time. We are working to get more guidance on this issue. Until we do, I would continue to have a physician, NP, PA, CNM do a portion of the AWV face to face.

Q25. Are there any other resources that will be helpful to get us quickly up to speed on Telehealth billing especially as it relates to Rural Health Clinics?

A25. Yes, here are some great resources. Remember to watch the dates as some items will have already gone out of date

- CMS Virtual Payment for Virtual Services: https://tinyurl.com/tojf4r8
- HBS Medicare Part B Telehealth Billing: https://tinyurl.com/y7qab7vy
- CCHPA RHC Billing on April 17, 2020: https://tinyurl.com/y824f52p

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Table 1: Five types of Telemedicine visits covered by Medicare

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

Thank you for reading this document. We will add to it as we find out more. If you have corrections, additional questions, or want to elaborate on any of the information, please let us know by emailing Mark Lynn at marklynnrhc@gmail.com or to check for updates go to our website or Facebook Group.