

HBS

Healthcare Business Specialists

Telemedicine FAQ for RHCs

How to treat suspected COVID-19 patients safely has increased the demand for telemedicine for our rural health clinic providers. Unfortunately, most of the law that establishes RHCs is Public Law 95-210 was first enacted in 1977. While there have been updates and modernization of the act in the last 43 years, many of the original provisions remain unchanged and create barriers to safely identify and treat suspected COVID-19 patients via telemedicine. This FAQ will help RHCs understand what the options are for providing Telemedicine from a rural health clinic (RHC) and will update you via our website at <http://www.ruralhealthclinic.com/covid19> and please join our Facebook Group called Rural Health Clinic Information Exchange located at:

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

1. 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?

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.

2. Where can I find information on how to bill for Telemedicine services in a rural health clinic or other provider types?

One of the best places to start your search in the Center for Connected Policy. We have provided some links to information that we have found valuable for our RHC clients and recommend that you start your search here.

- [Updated Telehealth Reimbursement Guidance from the Center for Connected Health on March 16, 2020](#)
- Center for Connected Health Policy: <https://www.cchpca.org/>
- [Current State Laws and Reimbursement Policies by State](#)

3. Will Medicare pay RHCs to provide what most of us understand as traditional Telemedicine (i.e. a live video feed via a secured transmission) with the RHC provider being the “Distant” location provider and the patient using a cell phone or some type of portable device (ie. <https://www.tytocare.com/>) using a store and forward type of technology.

The simple answer is no. To get a much better explanation, the NARHC has written a letter to CMS Secretary Alex Azar and CMS Administrator Seema Verma:

[Letter from NARHC regarding Distant and Originating site issues in RHCs on March 16, 2020](#)

The bottom line is except for a virtual visit (explained in the next question), RHCs can only be an originating site for a telemedicine visit. Medicare published a Telehealth Fact Sheet that explains what a Distant site and an Originating site is as well as CPT codes that can be billed by non-RHCs

[Medicare Fact Sheet for Telehealth updated in January, 2019 \(Some guidance will have changed due to COVID-19\)](#)

4. So how can RHCs get paid from Medicare using telemedicine to screen patients.

RHCs can bill Medicare for a Virtual Visit and Medicare will pay 80% of up to \$13,67. We have provided the information as presented on the CMS RHC page at <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>

“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 (the State of Emergency waives this requirement)**, 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.

On March 17, 2020, CMS released an FAQ that due to the State of Emergency the virtual visits do not have to be with an established patient and HIPAA restrictions will not be enforced allowing providers to use apps like Facetime and Skype). To read the FAQ see below:

[March 17, 2020 Medicare Telehealth FAQ from CMS announcing changes to Telehealth due to COVID-19 State of Emergency](#)

5. President Trump announced changes to the Telehealth Benefit on March 17th 2020 which relaxed telemedicine Medicare reimbursement rules. Surely, that allowed RHCs to provide more telehealth services than just the virtual visit described in Question 4.

While the National State of Emergency and the 1135 waivers are extremely helpful to our healthcare providers in general, the waiver means almost nothing to RHCs from a Medicare reimbursement standpoint until the telehealth restrictions that only allow RHCs and FQHC to be paid as an "originating site" are lifted and the March 17th FAQs and supporting information do not do that for institutions (ie a rural health clinic)

Here is the language from Chapter 13 of the Medicare Benefit Policy Manual.

"RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations, which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by an RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a direct or indirect contract. For more information on Medicare telehealth services, see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, and Pub. 100-04, Medicare Claims Processing Manual, chapter 12."

Source: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>

6. How can we find more information about RHCs and Telemedicine

Healthcare Business Specialists has a website devoted to COVID-19 and it has current information on telehealth and RHCs. The link is <http://www.ruralhealthclinic.com/covid19> and here is a listing of source documents used to prepare this FAQ which can be found on the COVID19 website:

INFORMATION SOURCES

- Telemedicine and Rural Health Clinics FAQ (PDF)
- [March 17, 2020 CMS announces changes to the Telehealth Benefits - Press Release](#)
- [March 17, 2020 CMS Fact Sheet on Changes to the Telehealth Benefit due to the COVID-19 State of Emergency](#)
- [March 17, 2020 Medicare Telehealth FAQ from CMS announcing changes to Telehealth due to COVID-19 State of Emergency](#)
- [Updated Telehealth Reimbursement Guidance from the Center for Connected Health on March 16, 2020](#)
- Center for Connected Health Policy Website: <https://www.cchpca.org/>
- [Current State Laws and Reimbursement Policies by State](#)
- [Letter from NARHC regarding Distant and Originating site issues in RHCs on March 16, 2020](#)
- [Medicare Fact Sheet for Telehealth updated in January, 2019 \(Some guidance will have changed due to COVID-19\)](#)
- [Medicare FAQ for Virtual Visits](#)

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.