



RHC UPDATES 2022

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PRESENTATION OBJECTIVES: BREAKING NEWS!!

CY 2022 Medicare Physician Fee
Schedule Final Rule

CY 2022 Medicare Hospital Outpatient
Prospective Payment System Final Rule
(CMS-1753-P)



MAJOR CHANGES

RHC Definition of
Encounter has been
changed to include
Mental Health
Telehealth Encounter!



§ 405.2463 WHAT CONSTITUTES A VISIT

A mental health visit is a face-to-face encounter or an encounter furnished using interactive, real-time, audio and video telecommunications technology or audio only interactions in cases where the patient is not capable of, or does not consent to, the use of technology for the purposes of diagnosis, evaluation or treatment of a mental health disorder...

MENTAL HEALTH VISITS FURNISHED USING TELEHEALTH

Beginning January 1, 2022, RHC mental health visits will include visits furnished using interactive, real-time telecommunications technology.

This change will allow RHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way they currently do when visits take place in-person, *including audio-only visits* when the beneficiary is not capable of, or does not consent to, the use of video technology.

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IN-PERSON VISITS

“There must be an in-person mental health service furnished within 6 months prior to the furnishing of the telecommunications service and that, in general, An in-person, non-telehealth visit must be furnished at least every 12 months for these services;”

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MENTAL HEALTH VISITS FURNISHED USING TELEHEALTH

“however, we may make exceptions to the in-person visit requirement based on patient circumstances (with the reason documented in the patient’s medical record)

and also allow more frequent visits as driven by clinical needs on a case-by-case basis.”

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BEHAVIORAL HEALTH CLAIMS

RHCs should bill Revenue code 0900, along with the appropriate HCPCS code for the mental health visit along with modifier CG. Use modifier 95 for services furnished via audio and video telecommunications and use modifier FQ for services that were furnished audio-only.

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BEHAVIORAL HEALTH QUALIFIED VISITS

HCPCS	Short Description
90791	Psych Diagnostic Evaluation
90792	Psych Diag Eval w/Med Srvcs
90832	Psytx Pt/Family 30 minutes
90834	Psytx Pt/Family 45 minutes
90837	Psytx Pt/Family 60 minutes
90839	Psytx Crisis Initial 60 min
90845	Psychoanalysis

BEHAVIORAL HEALTH => TELEHEALTH

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0900	Psytx Pt Family 30 Min	90832 CG 95	01/01/2022	1	\$ 120.00
0001	Total Charge				\$ 120.00

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0900	Psytx Pt Family 30 Min	90832 CG FQ	01/01/2022	1	\$ 120.00
0001	Total Charge				\$ 120.00

HOSPICE BENEFIT – EFFECTIVE 1.1.2022

Allows Rural Health Clinics (RHCs) to furnish and bill for hospice attending physician services when RHC patients become terminally ill and elect the hospice benefit beginning January 1, 2022.

ADDED HOSPICE AS A SERVICE LOCATION

RHC visits can take place at:

- ✓ RHC
- ✓ Patient's home, including an assisted living facility
- ✓ Medicare-covered Part A skilled nursing facility
- ✓ Scene of an accident
- ✓ Hospice*

HOSPICE AS AN RHC LOCATION

60.6 - RHCs and FQHCs for billing Hospice Attending Physician Services

(Rev. 11200, Issued :01-12-22, Effective: 01-01-22, Implementation: 01-03-22)

Effective for services furnished on or after January 1, 2022, RHCs or FQHCs can bill and receive payment under the RHC All-Inclusive Rate (AIR) or FQHC Prospective Payment System (PPS), when a designated attending physician employed by or working under contract with the RHC or FQHC furnishes hospice attending physician services during a patient's hospice election.

RHCs must report a GV modifier on the claim line for payment (that is, along with the CG modifier) each day a hospice attending physician service is furnished.

Claim Processing Manual Chapter 9: Federally Qualified Health Centers and Rural Health Clinics

HOSPICE CLAIM

FL42 Rev CD	FL43 Desc	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge
0521	Office Visit Est III	99214CG GV	04/02/2022	1	\$ 160.00
0001	Total Charge				\$ 160.00

RHCs must report a GV modifier on the claim line for payment (that is, along with the CG modifier) each day a hospice attending physician service is furnished.

AUTHORIZES RHCS TO FURNISH DISTANT SITE TELEHEALTH SERVICES TO MEDICARE BENEFICIARIES *DURING THE COVID-19 PHE.*

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 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 with this capability can provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE.

AUTHORIZES RHCS TO FURNISH DISTANT SITE TELEHEALTH SERVICES TO MEDICARE BENEFICIARIES *DURING THE COVID-19 PHE.*

Any health care practitioner working for you within your scope of practice can provide distant site telehealth services. Practitioners can provide distant site telehealth services (approved by Medicare as a distant site telehealth service under the Physician Fee Schedule (PFS)) from any location, including their home, during the time that they're working for you.

RHC – FQHC DISTANT SITE PROVIDER PAYMENT: **PHE ONLY**

Claims for G2025 are paid at the CY2021 rate of \$99.45. The CY 2022 rate is \$97.24.

[CMS Rural Center 2022](#)

RHC TELEHEALTH DISTANT SITE SERVICES: BEGINNING JULY 1, 2020

Rev CD	Desc	HCPCS/CPT	DOS	Units	Total Charge
0521	RHC Distant Site	G2025 95	01/1/2022	1	\$ 97.24
0001	Total Charge				\$ 97.24

Beginning July 1, 2020, ***RHCs should no longer put the CG modifier*** on claims with HCPCS code G2025. **These claims will be paid at the \$97.24 rate. Modifier-95 is optional.**

TELEHEALTH SERVICES WITH COST SHARING

The coinsurance for these services will be 20% of the lesser of the allowed amount (\$92.03 for 2020 claims, \$99.45 for 2021, or \$97.24 for 2022 claims based on date of service) or actual charges.

PHYSICIAN ASSISTANT (PA) SERVICES

Section 403 of the Consolidated Appropriations Act, 2021 (CAA) (Pub. L. 116-260, December 27, 2020), amended section 1842(b)(6)(C)(i) of the Act to remove the requirement to make payment for PA services only to the employer of a PA effective January 1, 2022. With the removal of this requirement, PAs will be authorized to bill the Medicare program and be paid directly for their services in the same way that NPs and CNSs do. Effective with this amendment, PAs also may reassign their rights to payment for their services, and may choose to incorporate as a group comprised solely of practitioners in their specialty and bill the Medicare program, in the same way that NPs and CNSs may do.

RHC - CMS RESOURCES

“New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE”. Centers for Medicare and Medicaid Services. MLN SE20016 Revised. Article Release Date: January 13, 2022. website: <https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf>. Accessed 01.28.2022.

CMS Rural Health Clinic Center. Center for Medicare and Medicaid Services. <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>. Accessed 2.15.2022.

CMS Claim Processing Manual. Chapter 9 – FQHCS and RHCs. Center for Medicare and Medicaid Services.

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