

Oklahoma Rural Health RHC-FQHC and Telehealth

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Rural Health Association
of Oklahoma

Serving as a united voice for Oklahomans in the promotion of rural health issues through advocacy, education, and leadership.

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Telehealth vs Telemedicine Services

Telehealth is the broad range of services rendered via audio visual technology.

Telemedicine refers to the professional services...rendered via Telehealth.

Three Main Types of Telehealth Services

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet:

- ✓ Virtual Check-ins
- ✓ e-Visits (via Portal, Text, Email)
- ✓ Telemedicine (Professional Services)

During the PHE:

On March 27, 2020, the (CARES Act) was signed into law. Section 3704 authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries *during the COVID-19 PHE*.

- ✓ Medicare telehealth services 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.*
- ✓ *As of 9.28.2021, RHC-FQHC as Distant Site stop immediately upon termination of the PHE.*

G2025 Only

RHCs and FQHCs must use HCPCS code G2025, the new RHC/FQHC specific G-code for distant site telehealth services, to identify services that were furnished via telehealth beginning on January 27, 2020, the date the COVID-19 PHE became effective.

- ▶ (see <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>).
- ▶ Changes in *eligible originating site locations*, including the patient's home during the COVID-19 PHE *are effective beginning March 6, 2020*.

RHC - FQHC Distant Site Provider Payment

Payment to RHCs and FQHCs for distant site telehealth services is set at **\$99.45**, which is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS.

- ▶ **Because these changes in policy were made on an emergency basis, CMS needs to implement changes to claims processing systems in several stages.**

See [MLN SE20016 Revised Feb. 23, 2021](#). [accessed 9.28.2021.]

Distant Site Providers

- ▶ Distant site telehealth services can be furnished by *any health care practitioner* working for the RHC or the FQHC within their scope of practice. (This includes 99201 and 99211.)
- ▶ 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)!!

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

Medicare Patient Consent

Patient Consent: Beneficiary consent is required for all services, including non-face-to-face services.

For RHCs and FQHCs, beneficiary consent to receive these services may be obtained by auxiliary personnel under general supervision of the FQHC or FQHC practitioner; and the person obtaining consent can be an employee, independent contractor, or leased employee of the FQHC or FQHC practitioner.

(see: <https://www.cms.gov/files/document/covid-final-ifc.pdf>).

Medicare Telephone Only Visits = G2025

During the COVID-19 PHE, RHCs and FQHCs can furnish any telehealth service that is approved as a Medicare Telehealth Service under the PFS. (See [Medicare Approved Telehealth Services](#))

- ▶ Effective March 1, 2020, these services include CPT codes **99441, 99442, and 99443**, which are audio-only telephone evaluation and management (E/M) services. RHCs and FQHCs can furnish and bill for these services using HCPCS code G2025.

Medicare *Telephone Only Visits*

RHCs and FQHCs *can* furnish and bill for these services using HCPCS code G2025. To bill for these services:

- ✓ at least 5 minutes of telephone E/M service by a physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian.
- ✓ These services cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.
- ✓ [Expect these to revert to Virtual Communication Services Post-PHE.]

Telehealth Co-Insurance and Deductible

Medicare WILL apply cost-sharing (co-insurance and deductible) to Telehealth services unless they are COVID-related.

COVID-Related Services: CS Modifier - NO Cost Sharing

- ✓ For services related to COVID-19 testing, including telehealth, RHCs and FQHCs must waive the collection of co-insurance from beneficiaries.
- ✓ For COVID-related services in which the coinsurance is waived, RHCs and FQHCs must report the “CS” modifier on the service line.

Telehealth Services Cost Sharing Waived

Per SE20016 revised: “There are several CPT and HCPCS codes included in the list of telehealth codes at the link above that describe preventive services that have waived cost-sharing.

- ▶ As stated earlier in this article, telehealth services on this list are billed using HCPCS code G2025.
- ▶ *In order to distinguish those telehealth services that do not have cost sharing waived from those that do, such as certain preventive services, RHCs and FQHCs must also report modifier CS.*

Annual Wellness Visits and Telehealth

“Currently, Medicare policy allows for the billing of the AWW (G0438-G0439) when delivered via telehealth provided that all elements of the AWW are provided (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWW_Chart_ICN905706.pdf)

For the duration of the public health emergency, the AWW may be administered using audio-only technology, if a video connection with the patient is not possible.

If the patient can self-report elements of the AWW (i.e., height, weight, blood pressure, other measurements deemed appropriate based on medical and family history), those measurements may be included and recorded in the medical record as reported by the patient. Guidance for when the patient cannot self-report is currently under review, and CMS plans to issue guidance soon.”

SE20016 Revised: CS - Modifier

CS - Cost-sharing waived:

- ✓ **for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test, and/or**
- ✓ **for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency.**

Major Cost Sharing Distinction

- ✓ Waiving cost sharing for COVID-related testing is required.
- ✓ Providers *MAY* waive cost sharing for ALL telehealth services if so desired, during the PHE.

Providers *MAY* waive Co-Insurance at their discretion

- ▶ In response to the unique circumstances resulting from the outbreak of 2019 novel coronavirus (COVID-19), the HHS Office of Inspector General (OIG) provided flexibility for healthcare providers to reduce or waive beneficiary cost-sharing for telehealth visits paid for by Federal health care programs through a policy statement issued on March 17, 2020.
- ▶ Ordinarily, if physicians or practitioners routinely reduce or waive costs owed by Federal health care program beneficiaries, including cost-sharing amounts such as coinsurance and deductibles, they would potentially implicate the Federal anti-kickback statute, the civil monetary penalty and exclusion laws related to kickbacks, and the civil monetary penalty law prohibition on inducements to beneficiaries.
- ▶ The policy statement notifies providers that OIG will not enforce these statutes if providers choose to reduce or waive cost-sharing for telehealth visits during the COVID-19 public health emergency, which the HHS Secretary determined exists and has existed since January 27, 2020.

[HHS Office of Inspector General Fact Sheet - March 2020](#)

Telehealth Cost Reporting - RHC

Costs for furnishing distant site telehealth services will not be used to determine the RHC AIR or the FQHC PPS rates but must be reported on the appropriate cost report form.

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.”

RHC-FQHC Telehealth Distant Site Services: After July 1, 2020:

| Rev CD | Desc | HCPCS/CPT | DOS | Units | Total Charge |
|--------|------------------|-----------|----------|-------|--------------|
| 0521 | RHC Distant Site | G2025 | 7/2/2021 | 1 | \$ 99.45 |
| 0001 | Total Charge | | | | \$ 99.45 |

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 \$99.45.***

G2025 Problems

1. No service detail for the *Medicare Coordination of Benefits* system to capture. Medicare will not “know” if an Annual Wellness or an E/M visit was performed.
2. How will Medicare know that this service was preventive and should not have co-insurance or deductible amounts applied.
3. How will our ACOs or other entities know that the FQHC is meeting quality measures?
4. If provider compensation is based on RVUs (Relative Value Units). How would these services be captured on our cost report? How will that work?

Posting AND SUPPRESSING Service Detail

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|----------------|------------------|-------------------|-------------|---------------|----------------------|
| 0521 | RHC Distant Site | G202595 | 7/9/2021 | 1 | \$ 99.45 |
| 0521* | Subsequent AWW | G043995* | | | (Suppressed) |
| 0001 | Total Charge | | | | \$ 99.45 |

- ▶ The example below is a *suggestion!* (G0439 or other CPT detail should NOT go out on the claim). This method is only a suggested method of capturing service detail.

***These services MUST be removed from Cost Report calculations! This will inflate the patient count!**

Posting AND SUPPRESSING Service Detail

| FL42 Rev CD | FL43 Desc | FL44 HCPCS/CPT | FL45 DOS | FL46 Units | FL47 Total Charge |
|----------------|------------------|-------------------|-------------|---------------|----------------------|
| 0521 | RHC Distant Site | G202595 | 4/1/2020 | 1 | \$ 99.45 |
| 0521 | Subsequent AWV | G0439 95 | | | (Suppressed) |
| 0001 | Total Charge | | | | \$ 99.45 |

The example below is a **suggestion!** (G0439 or other CPT detail should NOT go out on the claim). This method is only a suggested method of capturing service detail.

***These services MUST be removed from Cost Report calculations! This will inflate the patient count!**

Medicare Advantage Wrap Around

Since telehealth distant site services are not paid under the RHC AIR or the FQHC PPS, the Medicare Advantage wrap-around payment does not apply to these services. Wrap-around payment for distant site telehealth services will be adjusted by the MA plans.

Virtual Communication Services

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.

G0071 FAQ: Types of Communication

Virtual communication services would be initiated by the patient contacting the RHC or FQHC by:

- ▶ ***a telephone call;***
- ▶ integrated audio/video system;
- ▶ a store-and-forward method such as sending a picture or video to the RHC or FQHC practitioner for evaluation and follow up within 24 hours.

The RHC or FQHC practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

Virtual Communication - NOT an Encounter!

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 - Billing

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

Payment for G0071 is temporarily set at the PFS national average of the non-facility average for G2010, G2012, 99421, 99422, and 99423.

Effective January 1, 2021 through December 31, 2021, we'll pay the new rate of **\$23.73** for claims submitted with G0071

G0071: Virtual Check-In

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

- ▶ MUST be initiated by the patient. The provider cannot call the patient.
- ▶ Performed by a physician or other qualified health care professional.
- ▶ provided to an established patient **(Waived for COVID-19)**.
- ▶ **COVID-19: Available to ALL patients, including new effective 3.17.2020.**
- ▶ 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 FAQ: Virtual Communication Services

- ✓ Coinsurance and deductibles apply to RHC claims for G0071 and coinsurance applies to FQHC claims for G0071.
- ✓ **Coinsurance is 20 percent of the lesser of the charged amount or the payment amount for code G0071.**
- ✓ Beneficiary consent should be obtained before virtual communication services are furnished in order to bill for the service.

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 | 4/2/2021 | 1 | \$ 25.00 |
| 0001 | Total Charge | | | | \$ 25.00 |

- ✓ G0071 is for RHCs only.
- ✓ We do not bill G2010 OR G2012.
- ✓ Virtual Check-In G0071 encompasses Remote Check-In AND Remote Evaluation.
- ✓ It does NOT include remote monitoring.

Oklahoma Medicaid: Telehealth at an RHC or FQHC

OHCA PRN 2020-02 March 27, 2020

FQHC

In order to be paid the encounter rate for a “face-to-face” telehealth visit, bill the T1015 procedure code on line 1 with a GT modifier.

Also bill the E&M code on line 2 without the GT modifier. The first line will pay the encounter rate and the second line will deny.

RHC

In order to be paid the encounter rate for a “face-to-face” telehealth visit, bill revenue code 521 on line 1 with an E&M code and the GT modifier.

Oklahoma Medicaid Telephone Only Visits

The procedure codes for physician telephonic services are 99441, 99442 and 99443. Other healthcare professionals can bill for telephonic services using procedure codes 98966, 98967 and 98968. It is not appropriate to receive the encounter rate for the telephonic codes since they do not meet the “face-to-face” requirement.

To be paid the fee-for-service rate for the telephonic visits, RHCs will need to have an additional fee-for-service Provider ID & Service Location contract.

Commercial Insurance

- ✓ Commercial Insurance payers all have their own payment provisions for Telehealth services and reimbursement.
- ✓ Many follow Medicare Fee-For-Service billing guidelines.
- ✓ Please confirm reimbursement and billing policies.

Proposed RHC Visit Definition Change: Behavioral Health Telehealth Visits

“We are proposing to revise the regulatory requirement that an RHC or FQHC mental health visit must be a face-to-face (that is, in person) encounter between an RHC or FQHC patient and an RHC or FQHC practitioner to also include encounters furnished through interactive, real-time telecommunications technology...

...but only when furnishing services for the purposes of diagnosis, evaluation, or treatment of a mental health disorder.”

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