RHC/FQHC Telehealth Rules

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11TH Annual Telehealth Summit of South Carolina
December 4 - 6, 2023
Hyatt Regency Greenville
Greenville, South Carolina

OBJECTIVES

- Understand the different types of Telehealth services
- Documentation/Requirements of Telehealth visits
- Review RHC/FQHC Billing Requirements

Current State of Telehealth

- An originating site is the location where a patient gets clinician medical services through telehealth.
- Through 12/31/2024, all patients can get telehealth wherever their located. They don’t need to be at an originating site.
- Behavioral health and mental health patients can be located anywhere.
- Provider must be licensed in the state where the patient is located at the time of the telehealth visit.

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.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider	RHC/ FQHC
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency	G2025 $98.27 for 2023
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.	G0071 $23.72 for 2023
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.	

G0071: Virtual Check-In

- Virtual Check-In (G2010) or Brief Communication with patient (G2012):
  - 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
  - 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. Cannot be used for communication of test results, scheduling appointments, or for other communication that does not include E&M services.

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 Required Documentation

- Medical necessity of the visit
- Total time (not time range)

SE20016 Revised: RHC/FQHC

- **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 Federally Qualified Health Centers and Rural Health Clinics through 12/31/2024**.

SE 20016

CS Modifier for COVID-Related Services: Co-Insurance MUST be Waived

- ✓ 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 must use “CG and CS” and FQHCs must report the “CS” modifier on the service line.
- ✓ The CS-modifier NOW also applies to preventive services rendered via telehealth, where patient cost sharing should not apply.
- ✓ Providers MAY waive cost sharing for ALL telehealth services if so desired.

Preventive Visits + Modifier requirements

- Per SE20016 revised: “There are several CPT and HCPCS codes included in the list of telehealth codes that describe preventive services that have waived cost-sharing.
- FQHCs- CS Modifier
- RHCs- CG and CS modifier are required.
- As stated earlier in this article, telehealth services on this list are billed using HCPCS code G2025.

Annual Wellness Visits and Telehealth

- “Currently, Medicare policy allows for the billing of the AWV (G0438-G0439) when delivered via telehealth provided that all elements of the AWV are provided
- Reminder- If billing via Telehealth use the telehealth codes not AWV codes. This will not show up in the CWF.
- If you are part of an ACO the AWV by Telehealth will not show up since you are billing a telehealth code!

Medicare *Telephone Only Visits must include:*

- ✓ 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.

Distant Site Updates

Distant Site Providers during PHE

- Distant site telehealth services can be furnished by *any health care practitioner* working for the RHC or 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

XXXXX

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

RE: Stakeholder Letter Urging Swift Action on Practitioner Reporting of Home Address for Medicare Enrollment and Billing

Dear Administrator Brooks-LaSure,

On behalf of the undersigned organizations, we thank the Centers for Medicare and Medicaid Services (CMS) for the continued support for telehealth by proposing to extend many of the Medicare telehealth flexibilities implemented during the COVID-19 Public Health Emergency (PHE) beyond CY2023. We appreciate CMS providing this necessary clarity for patients and providers, but we write today to raise attention to an issue that will hinder providers' ability to continue to offer telehealth services post CY2023 if not addressed.

The provision of remote health care services offers great benefit not only to the patient receiving the services, but to the provider as well. Allowing appropriately licensed and credentialed providers to practice telehealth from their home improves patient access to healthcare services, reduces healthcare costs, while maintaining and meeting patient demand for care. This was necessary during the height of the COVID-19 pandemic and remains just as important today amidst provider workforce shortages and burnout, given that 78 percent of health care practitioners agree that retaining the option to provide virtual care from a location convenient to the practitioner would "significantly reduce the challenges of stress, burnout, or fatigue" facing their profession and 8 in 10 indicate that this flexibility would make them more likely to continue providing medical care.[1] This option should be made permanent. **It is not practical, workable, or safe to require a provider to publicly report their home address as their practice location.** Medicare providers should not be compelled to share their personal information, especially when it relates to their home addresses. **In an environment in which threats against healthcare professionals has markedly increased, the safety and privacy of physicians must be paramount.**

Prior to the pandemic, CMS policy on this was not clear. When discussing the distant site, the Medicare Claims Processing Manual, Chapter 12, section 190.6.1 Submission of Telehealth Claims for Distant Site Practitioners[2] and the MLN Booklet on Telehealth Services simply state that claims for telehealth services are submitted to the contractors that process claims for the performing practitioner's service area. However, "service area" is never explicitly defined. In letters requesting clarification on the topic, CMS has responded that practitioners should enter "where they typically practice" on line 32 of the 1500 claim

Telehealth Expansion Act of 2023

Would make permanent the CARES Act authority allowing providers to work at home.

-Not require providers to list home address.

-Over 300 signed onto letter.

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Mental Health- Telehealth

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Mental Health Visits via Telehealth

RHC

Revenue Code	HCPCS Code	Modifiers
0900	90834	95 (audio-video) or FQ or 93 (audio only) CG (required)

FQHC

Revenue Code	HCPCS Code	Modifiers
0900	G0470	95 (audio-video)or FQ or 93 (audio only)
0900	90834	N/A

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In Person Mental Health Visit Requirements

- Delayed until 01/01/2025

These in-person visit requirements apply only to a patient getting mental health visits via telecommunications at home:

- • There must be an in-person mental health visit 6 months before the telecommunications visit
- • In general, there must be an in-person mental health visit at least every 12 months while the patient is getting services from you via telecommunications to diagnose, evaluate, or treat mental health disorders
- There are exceptions- SE22001

Documentation of a visit

Telephone Note Example*

Patient Demographics

TELEMEDICINE/TELEPHONIC NOTE

☐ Claim Date ___________
☐ Scanned to EHR by ____

Date: _________ Provider Name: _______________________ Provider Credential: ____________

Pt Name: _________________________ DOB/Age_______ Start Time: _______ Stop Time: ______
☐ Minor: Parent/Guardian is present.
Account/Med Record #____________________ ☐ New Pt ☐ Established Pt
☐HIPAA Acknowledged ☐ Verbal Consent Obtained By _________________________________
Type of Service: ☐ Audio/Visual Live ☐ Audio/Visual Stored ☐ Audio Only ☐ Phone Call
☐ Virtual Communication Service ☐ No Pt Devise/Computer App Used: __________________

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PURPOSE OF TELEMEDICINE/TELEHEALTH SERVICE:
☐ Possible Exposure to COVID-19 ☐ Symptoms of COVID-19 ☐ Other Respiratory S/S
☐ Other Acute Condition ___________________ ☐ Other Chronic Condition _________________
☐ Other: ____ ☐ Care Management
Location of Patient: _____________________ Location of Provider:_________________________

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HPI: Telephone Note Example*

Status of Chronic Conditions as HPI

HISTORY OF PRESENT ILLNESS or Reason for Telemedicine/Telehealth Visit

Signs and Symptoms: ☐ Cough ☐ Fever _________ ☐ Body Aches ☐ Sinus Congestion
☐ Chest Congestion ☐ Fatigue/Malaise ☐ Nausea ☐ Diarrhea ☐ Headache ☐SOB
☐ Other Acute Signs/Symptoms: ______________________________ ☐ **COVID Exposure**
ONSET/ Exposure Date: ____________________ Family/Friends/Coworkers Sick: ☐ Yes ☐ No
Travel History Self/Family/Others: ____

Status of Chronic Conditions: **1**. _________________________ ☐ Stable ☐ Worse ☐ Better
2. __________________ ☐ Stable ☐ Worse ☐ Better **3**. ______________ ☐Stable ☐ Worse ☐ Better

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☐ **Problem List Reviewed** ☐ **Medications Reviewed** ☐**Allergies**_____________________

Review of Systems: Experiencing Any Other Complaints Unrelated to HPI? ☐ Yes ☐ No
If yes, which body system and complaint: ____

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Vitals per Pt/Historian: ☐ **Temp**______ ☐**Weight**________ ☐**Height**________ ☐**BP**________
Observation/Visualization:

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Assessment and Plan: Telephone Note Example*

Assessment and Plan

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Assessment: Plan:

1.____

2.____

3.____

☐ Lab Ordered:____________________ ☐ Send to Hospital:______________

☐ Self-Quarantine ☐ See in clinic ________ ☐ Refer to: ______________ ☐ Record Sent

☐ Rx Ordered/Refill: ____

Pharmacy Name/Phone________________________ ☐ Electronically ☐ Called In

☐ Patient Education Given ________________ ☐ Follow-up ________________

Signature: ______________________________ Date/Time:______________

Telehealth Resources

- For patients
- **For providers**
  - Getting started
  - Planning your telehealth workflow
  - Preparing patients for telehealth
  - **Policy changes during the COVID-19 Public Health Emergency**
  - Billing and reimbursement during the COVID-19 Public Health Emergency
  - Legal considerations
  - Resources by topic

Policy changes during the COVID-19 Public Health Emergency

The federal government has taken concrete steps to make telehealth services easier to implement and access during this national emergency. These changes are temporary measures during the COVID-19 Public Health Emergency and are subject to revision. Here are some of the highlights.

Open all sections

- **Incorporating newly allowed technology due to HIPAA flexibility** +
- **Providing telehealth services for Medicare patients** +
- **Providing telehealth services at Federally Qualified Health Centers and Rural Health Clinics**
- **Prescribing controlled substances**
- **Reducing or waiving cost-sharing obligations**

Last updated: July 7, 2020

TELEHEALTH SERVICES

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Questions?

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