Revised RHC Telehealth Medicare Part A Billing
Healthcare Business Specialists
Sponsored by Azalea Health and ChartSpan
May 1, 2020

HBS
Healthcare Business Specialists

Contact Information

Mark Lynn, CPA (Inactive), CRHCP
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (423) 243-6185
marklynnrhc@gmail.com
www.ruralhealthclinic.com

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HBS

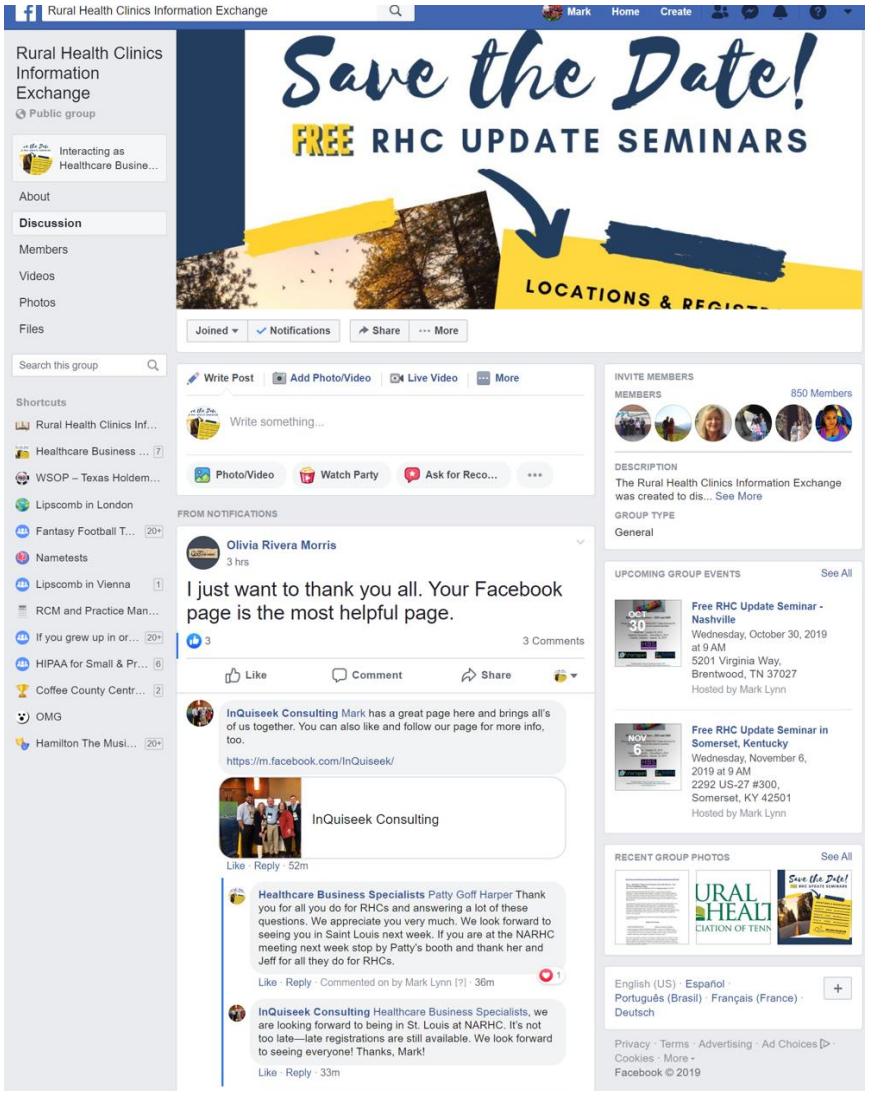
Healthcare Business Specialists

Dani Gilbert, CPA, CRHCP
RHC Consultant
Healthcare Business Specialists
Suite 214, 502 Shadow Parkway
Chattanooga, Tennessee 37421
Phone: (833) 787-2542
dani.gilbert@outlook.com
www.ruralhealthclinic.com

RHC Information Exchange Group on Facebook

- *"A place to share and find information on RHCs."*

RHC Information Exchange Group on Facebook



Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

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

HBS

Healthcare Business Specialists

- What does Healthcare Business Specialists do?
- Listing of Services

https://tinyurl.com/w63xbp9

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare Tenncare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- RHC Cost Report Brochure

For Updates, a recording of this webinar, slide presentations, and lots of information on RHCs and COVID-19 go to our COVID-19 Website

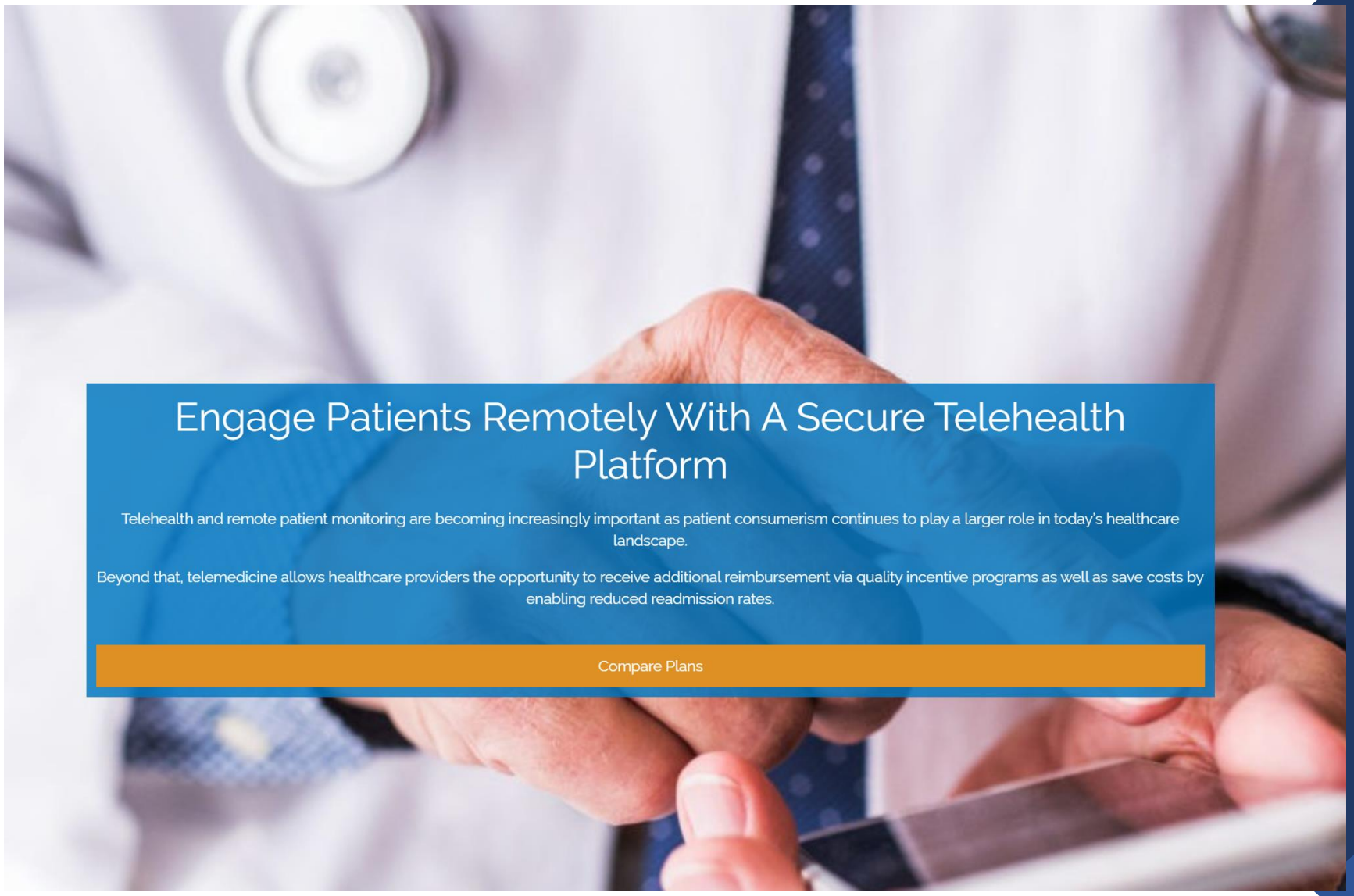
http://www.ruralhealthclinic.com/covid19

Disclaimer

- Due to COVID-19 Healthcare Policy is changing rapidly, waivers are being issued, guidance is being backdated, issued and retracted, official documents are out of date almost as soon as they are issued, so proceed with caution. Some of our resources will contain outdated information, but most of the information is still relevant. The trick and frustrating part is knowing what changed and when. This presentation was prepared on May 1, 2020 and we believe it to be current as of that date, but we could have missed something. If you know of an omission or change, please let us know and we correct it.

Agenda

Time	Speaker	Subject
12:00 to 12:05	Mark Lynn, HBS	Administration
12:05 to 12:07	Ellen Knowles, Azalea Health	Sponsor Message
12:07 to 12:10	Mark Lynn, HBS	Introduction of Speakers & Panelists
12:10 to 12:25	Nathan Baugh, NARHC	Washington Update on Telehealth
12:25 to 12:45	Mark Lynn - HBS, Charles James - North American, Shannon Chambers SCORH	RHC Billing Changes per the Revised SE 2016
12:45 to 1:00	Patty Harper, InQuiseek, LLC	Documentation, Virtual Visits – G0711
1:05 to 1:15	Julie Quinn - HSA	Cost Reporting Implications of Telehealth
1:15 to 1:45	Speakers and Panelists including Douglas Swords	Questions and Answers


Engage Patients Remotely With A Secure Telehealth Platform
Telehealth and remote patient monitoring are becoming increasingly important as patient consumerism continues to play a larger role in today's healthcare landscape.
Beyond that, telemedicine allows healthcare providers the opportunity to receive additional reimbursement via quality incentive programs as well as save costs by enabling reduced readmission rates.
Compare Plans

Panelist Questions

- **Panelist Questions will show up in Purple. If you are a Panelist, please feel free to comment or help us answer the question.**

Meet the Speakers

Nathan Baugh, ***BS, Director of Government Affairs, NARHC, Alexandria, VA***

Nathan Baugh is the Director of Government Affairs for the National Association of Rural Health Clinics (NARHC) where he has worked since April of 2015. Nathan works on both regulatory and legislative policy at the federal level. He has been involved in issues such as the CPT reporting policy, the Chronic Care Management benefit, and the Emergency Preparedness rules.

Patty Harper, RHIA, CHTS-PW, CHTS-IM, CHC®
InQuiseek Consulting
Pharper@inquiseek.com
318-243-2687

Patty Harper is CEO of InQuiseek, LLC, a business and healthcare consulting company based in Louisiana. She has over 21 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration (cum laude) from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA's ICD-10 Academy and has been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough the Compliance Certification Board. Patty is a frequent speaker and contributor for national, state and regional and rural healthcare associations on these and other reimbursement-related topics. She has held memberships regional, state and national organizations throughout her healthcare career including NARHC, NRHA, AHIMA, MGMA, and HFMA. Patty currently serves on the Board of NARHC and LRHA.

Meet the Speakers

Shannon Chambers, ***AHIMA App CD-10 CM/PCS Trainer, Ambassador, Dir. of Provider Sol., SCORH, Lexington, SC***

Shannon assists private physician offices who desire to convert to RHC status & provides technical assistance to RHCs in maintaining compliance with the SC Department of Health & Environmental Control guidelines. Shannon also provides technical assistance in billing & coding, EHR implementation, & practice mgm for all RHCs. Prior to joining the SC Office of Rural Health, Shannon worked in multiple physician practices. She has experience in Family Practice, Internal Medicine, Orthopedics, Urology, Peds, & many other specialties. Shannon has been a certified professional coder with the AAPC since 2006. She is also a Notary Public for the State of South Carolina since 2001. In 2015, Shannon became an AHIMA approved ICD 10 CM/PCS Trainer. Shannon has been a key player in the creation of NARHC's RHC Clinic Manager Certification.

Charles James, Jr.-Charles took the position of President & CEO in 2004 after the loss of the company founder, Charles James, Sr. North American celebrates its 25th year in business in 2017. Charles began his career with James Clinic running the IT department. As part of North American, Charles has overseen & helped develop all aspects of the company. Today, North American is a proud gold-certified, Aprima EHR/PRM. In addition, he provides Revenue Cycle Management, RHC certification/cost reporting/Annual Evaluations, Provider Enrollment, and Financial Consulting to all types of healthcare entities.

Julie Quinn, CPA, VP Cost Reporting & Provider Education
jquinn@hsagroup.net
231-250-0244

Ms. Quinn is a CPA with over 20 years experience in governmental cost reporting, 15 of which she spent in the Medicare Contractor arena. During her years with Medicare, she managed an audit staff responsible for the tentative and final settlement of independent RHC cost reports in 15 states. She served as Compliance Officer for a Medicare Contractor prior to joining Health Services Associates as Vice President of Cost Reporting and Provider Education in 2010. Ms. Quinn has worked with policy personnel at CMS in the development and clarification of CMS policy for specialty providers including Rural Health Clinics. She has worked closely with CMS on interpretation and reporting for HIPAA and privacy issues. She wrote position papers and defended those positions in official intermediary hearings and has worked with congressional offices for issue resolution. In her current role, she assists RHCs with cost reporting, audit resolution, rate setting and various cost issues. Ms. Quinn also works to provide educational opportunities for RHCs across the nation through webinars and presentations at conferences for NARHC, NRHA and state associations.

Meet the Speakers & Panelists – **Douglas Swords**

- I am Azalea Health's Co-Founder and Vice President of Revenue Cycle Management. I established the Azalea Health's back-office Revenue Cycle Management (RCM) service division, while providing financial planning and leadership to Azalea Health. I have seventeen years of experience in the healthcare industry, specializing in management and scaling of RCM operations for medical providers and facilities of all sizes. I graduated from Valdosta State University with a BBA majoring in Finance. I am a member of the Healthcare Billing and Management Association (HBMA), the American Association of Professional Coders (AAPC), and the South Georgia chapter of MGMA.

Revised RHC Medicare Telehealth Billing Guidance

This is Complicated and Ever Changing!!!
Law, Regulations, Guidance have different and often conflicted effective dates.

Panelist Question: Should drinking now be allowed on the job?

We are just the Messengers

Information is becoming Quickly Outdated!!!


The view from 30,000 Feet
A few high-level items we bring to your attention

Second Round of Sweeping Changes announced April 30, 2020

https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid

Press release

Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic

Apr 30, 2020 | Hospitals, Policy, Telehealth

Share

At President Trump's direction, and building on its recent historic efforts to help the U.S. healthcare system manage the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services today issued another round of sweeping regulatory waivers and rule changes to deliver expanded care to the nation's seniors and provide flexibility to the healthcare system as America reopens. These changes include making it easier for Medicare and Medicaid beneficiaries to get tested for COVID-19 and continuing CMS's efforts to further expand beneficiaries' access to telehealth services.

CMS is taking action to ensure states and localities have the flexibilities they need to ramp up diagnostic testing and access to medical care, key precursors to ensuring a phased, safe, and gradual reopening of America.

Today's actions are informed by requests from healthcare providers as well as by the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act. CMS's goals during the pandemic are to 1) expand the healthcare workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community or other states; 2) ensure that local hospitals and health systems have the capacity to handle COVID-19 patients through temporary expansion sites (also known as the CMS Hospital Without Walls initiative); 3) increase access to telehealth for Medicare patients so they can get care from their physicians and other clinicians while staying safely at home; 4) expand at-home and community-based testing to minimize transmission of COVID-19 among Medicare and Medicaid beneficiaries; and 5) put patients over paperwork by giving providers, healthcare facilities, Medicare Advantage and Part D plans, and states temporary relief from many reporting and audit requirements so they can focus on patient care.

Second Round of Sweeping Changes Press Release announces That CMS will begin paying more for Telephone Services

CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. Now, CMS is broadening that list to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about $14-$41 to about $46-$110. The payments are retroactive to March 1, 2020. **(Payment Rates are going up for Telephone service on the Part B Fee Schedule)**

Until now, CMS only added new services to the list of Medicare services that may be furnished via telehealth using its rulemaking process. CMS is changing its process during the emergency, and will add new telehealth services on a sub-regulatory basis, considering requests by practitioners now learning to use telehealth as broadly as possible. This will speed up the process of adding services. **(Things may change quickly- as if that is any different)**

Second Round of Sweeping Changes Press Release announces RHCs can provide audio only telephone services

As mandated by the CARES Act, CMS is paying for Medicare telehealth services provided by rural health clinics and federally qualified health clinics. Previously, these clinics could not be paid to provide telehealth expertise as **"distant sites."** Now, Medicare beneficiaries located in rural and other medically underserved areas will have more options to access care from their home without having to travel. **(Effective March 6, 2020)**

Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services. As a result, **Medicare beneficiaries will be able to use an audio-only telephone to get these services**. **(Celebrate – RHCs will be paid for CPT 99441- 99443 at $92.03 using G2025)**

The Centers for Medicare & Medicaid Services (CMS) today issued a second round of sweeping regulatory waivers and rule changes to provide greater flexibility to the healthcare system in the wake of the Covid-19 Public Health Emergency (PHE). These changes largely centered on these items:

- **Flexibilities needed to ramp up diagnostic testing**
- **Expand beneficiaries' access to telehealth services**

Some standout flexibilities that have been expanded include:

- Practitioners now allowed to provide telehealth services, including physical therapists, occupational therapists, and speech language pathologists
- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home
- Hospitals may bill for services furnished remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is at home when the home is serving as a temporary provider-based department of the hospital
- Brock Slabach
  National Rural Health Association
  Sr. Vice-President, Member Services
  Leawood KS

// CMS ACTIONS TO EXPAND **SARS-CoV-2 TESTING**

CMS

WHERE MEDICARE BENEFICIARIES CAN GET TESTED

DOCTOR'S OFFICE, HOSPITAL

- Medicare is separately paying hospitals and practitioners to assess patients and collect laboratory samples for COVID-19 testing even when that is the only service the patient receives. This approach supports both hospitals and physician practices to operate testing sites.
- To ensure that Medicare beneficiaries have broad access to testing, for Medicare payment purposes, Medicare no longer requires an order from the treating physician or other practitioner for beneficiaries to get both COVID-19 testing and laboratory tests for influenza and respiratory syncytial virus that may be part of a COVID-19 diagnosis. COVID-19 tests may be covered when ordered by any healthcare professional authorized to do so under state law.
- Medicare is covering serology (or antibody) tests, which may be helpful for patients, practitioners, and communities in making decisions on medical treatment and responsible social distancing policies.

HOME (INCLUDING NURSING HOMES)

- For beneficiaries who are homebound and unable to travel, Medicare pays labs to send technicians to a beneficiary's home, including a nursing home when a beneficiary is not in a Part A skilled nursing stay, to collect a lab sample.
- A home health nurse could collect a lab sample as part of a normal visit for beneficiaries receiving home health services.
- A visiting nurse working for a Rural Health Clinic or Federally Qualified Health Center and making a home visit can collect a lab sample under certain conditions.

PHARMACY

- Medicare will pay for COVID-19 tests performed by pharmacists as part of a Medicare-enrolled laboratory.
- A pharmacist also may furnish basic clinical services, such as collect lab samples, under contract with a doctor or practitioner, in accordance with a pharmacist's scope of practice and state law.
- Beneficiaries can get tested at "parking lot" test sites operated by pharmacies consistent with state requirements.

DRIVE-THROUGH TESTING OR ALTERNATIVE SITES

- Healthcare facilities like hospitals, doctor's offices, labs can set up off-site locations like drive- through testing to collect samples. Medicare pays these healthcare providers as they normally would.

MEDICARE PAYMENT FOR LAB SERVICES

LAB SERVICE	MEDICARE PAYMENT	BILLING CODE
CDC RNA Based Lab Test	**Approx. $36**	HCPCS code U0001
Non- CDC Lab Test that uses any technique, multiple types or subtypes (includes all targets)	**Approx. $51**	HCPCS code U0002
Non CDC Lab Test using RNA based technique	**Approx. $51**	CPT code 87635
Serology (antibody) test	**TBD**	CPT code 86328 CPT code 86769
Lab Test Using High Through-Put Technology	**$100** *(effective 4/14)*	HCPCS code U0003; HCPCS code U0004
Lab Specimen Collection from a Patient	**Approx $23-$25**	HCPCS code C9803 billed by hospital outpatient department HCPCS code 99211 billed by a physician office HCPCS code G2023/G2024 for home/nursing home collection by a lab or on behalf of a home health agency

Panelist Questions: Does anyone want to elaborate on this?

Revision of Bed Count Methodology for Determining Provider-Based RHCs Exemption to the RHC Payment Limit

RHCs that are provider-based to a hospital with fewer than 50 beds are exempt from the national per-visit payment limit for RHCs. Due to the COVID-19 PHE, some hospitals have been or are planning to increase inpatient bed capacity to address the increased need for inpatient care. To prevent RHCs that are currently exempt from the national per-visit payment limit from losing their exemption due to the COVID-19 PHE, and to not discourage hospitals from increasing bed capacity if needed, CMS will use the number of beds from the cost reporting period prior to the start of the COVID-19 PHE as the official hospital bed count for determining exemption to the payment limit. As such, RHCs with provider-based status that were exempt from the national per-visit payment limit in the period prior to the effective date of the COVID-19 PHE (January 27, 2020) will continue to be exempt from the national payment limit for the duration of the PHE for the COVID-19.

Source: SE20016

Rural Health Clinic Specific Information in Second Round of Sweeping Changes

CMS also released the attached additional guidance on Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) billing and providing additional flexibilities related to the following:

- Additional claims submission and processing instructions
- Information on cost-sharing related to COVID-19 testing
- Additional information on telehealth flexibilities
- Information on provider-based RHCs exemption to the RHC payment limit

Brock Slabach
National Rural Health Association
Sr. Vice-President, Member Services
Leawood KS

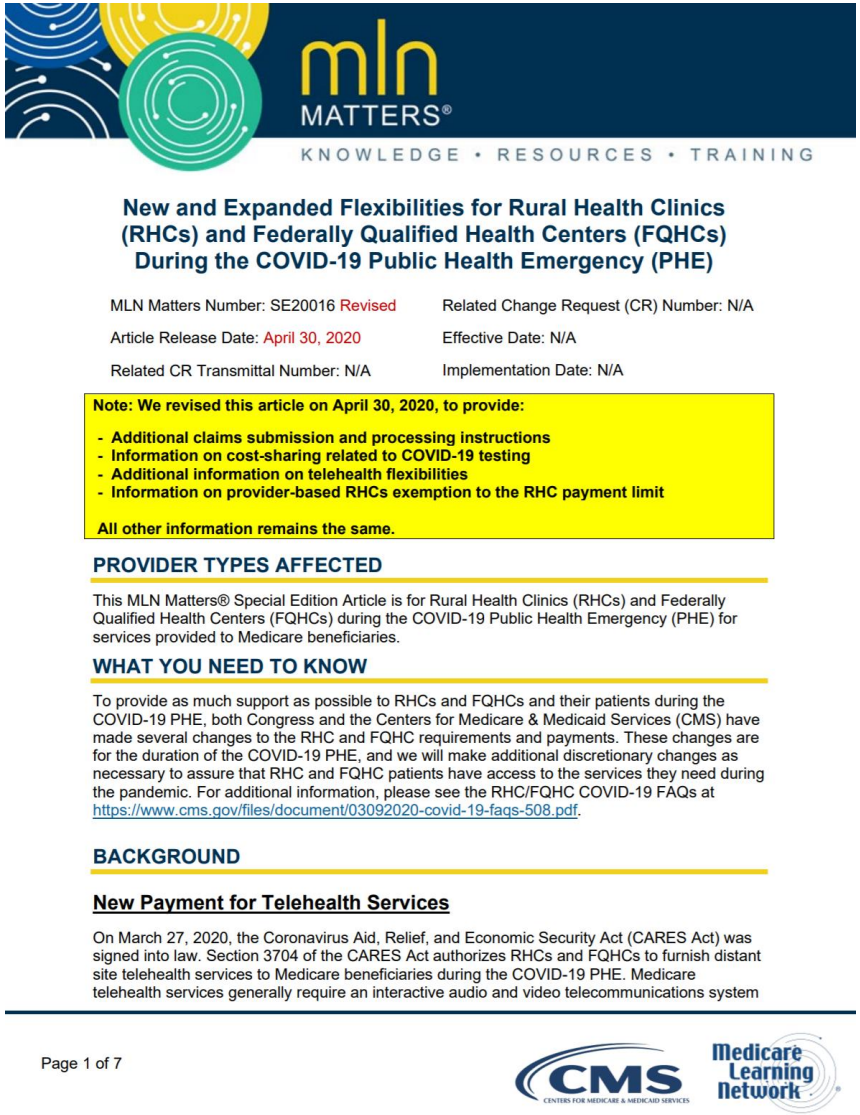
Rural Health Clinic Information

April 30: New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE) MLN Matters Article

A revised MLN Matters Special Edition Article SE20016 on New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE) is available. Learn new information on billing for distant site telehealth services during the COVID-19 PHE, including:

•New telehealth services that can be provided by RHCs and FQHCs, **including audio only telephone evaluation and management services**

•Revised bed count methodology for determining the exemption to the RHC payment limit for provider-based RHCs



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New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016 Revised | Related Change Request (CR) Number: N/A

Article Release Date: April 30, 2020 | Effective Date: N/A

Related CR Transmittal Number: N/A | Implementation Date: N/A

Note: We revised this article on April 30, 2020, to provide:

- **Additional claims submission and processing instructions**
- **Information on cost-sharing related to COVID-19 testing**
- **Additional information on telehealth flexibilities**
- **Information on provider-based RHCs exemption to the RHC payment limit**

All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

To provide as much support as possible to RHCs and FQHCs and their patients during the COVID-19 PHE, both Congress and the Centers for Medicare & Medicaid Services (CMS) have made several changes to the RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will make additional discretionary changes as necessary to assure that RHC and FQHC patients have access to the services they need during the pandemic. For additional information, please see the RHC/FQHC COVID-19 FAQs at https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf.

BACKGROUND

New Payment for Telehealth Services

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 and FQHCs 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

Page 1 of 7

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®

On April 30, 2020 CMS released a revised SE20016 which updated, changed, and clarified information from the April 17, 2020 version.

https://www.cms.gov/files/document/se20016.pdf

CMS is backdating some of the guidance – Watch your dates. For example RHCs can bill Telehealth visits starting January 27,2020 two months before the CARES Act was approved on March 27th **allowing RHCs to be Distant Site Providers** and 39 days before patient homes were allowed as originating sites on March 6th.

Originating Sites for Telemedicine can now be in urban areas and can be initiated from a patient's home during the PHE – March 6, 2020

So can RHCs bill for Telehealth services as a distant site starting on January 27th or March 6th?

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. 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).

Note that the changes in eligible originating site locations, including the patient's home during the COVID-19 PHE are effective beginning March 6, 2020.

Source: Page 2 of Revised SE0016

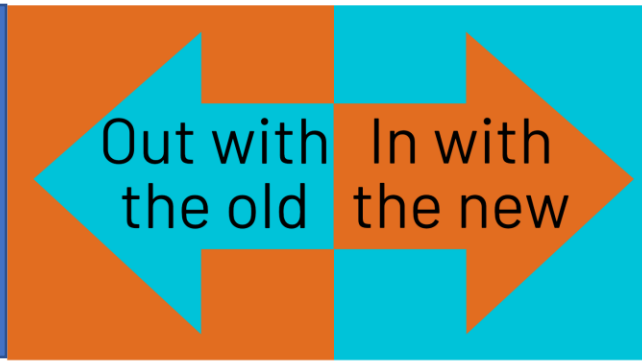
Practical Application: While an RHC could in theory be a distant site back to January 27, 2020 that patient would have been located at a qualified originating site (not their home) at that time. That scenario is highly unlikely to have ever happen in an independent RHC and extremely rare in a provider-based RHC. So from a practical standpoint, RHCs can go back to March 6, 2020 and bill as a distant site.

Panelists Input – How Far can we go back?

How to Bill Medicare Telehealth Claims from January 27, 2020 to June 30, 2020

April 17th Guidance

CPT: Per Telehealth Listing
Modifiers CG & 95
Rate: $92
Payment: AIR
Reprocessed? Yes



April 30th Guidance

CPT: G2025
Modifier CG
Rate: $92.03
Payment: AIR
Reprocessed? Yes

Panelist Question: Is it a good idea to keep including the 95 modifier? It might help identify telehealth services for the cost report.

Payment Rate increased to $92.03 and G2025 must now be used

Payment to RHCs and FQHCs for distant site telehealth services is set at $92.03, 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.

Claims Requirements for RHCs

For telehealth distant site services furnished between January 27, 2020, and June 30, 2020, RHCs must report HCPCS code G2025 on their claims with the CG modifier. Modifier "95" (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) may also be appended, but is not required. **These claims will be paid at the RHC's all-inclusive rate (AIR), and automatically reprocessed beginning on July 1, 2020, at the $92.03 rate.** RHCs do not need to resubmit these claims for the payment adjustment.

Beginning July 1, 2020, RHCs should no longer put the CG modifier on claims with HCPCS code G2025.

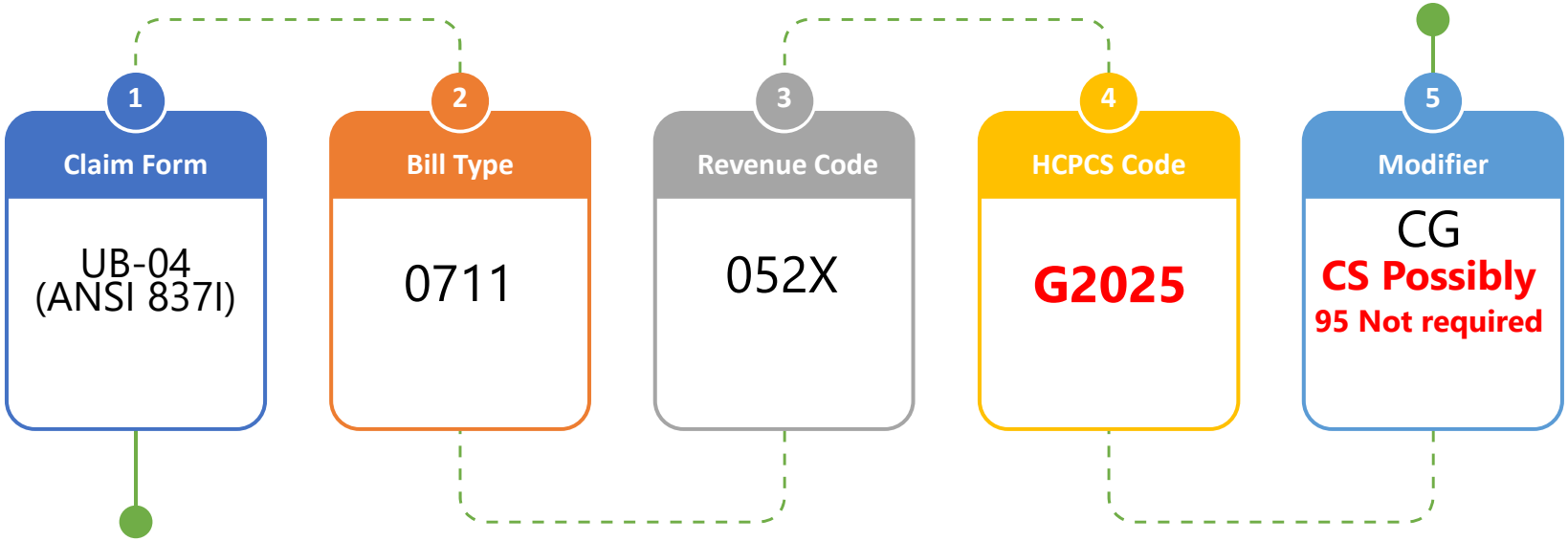
RHC Claims for Telehealth Services from January 27, 2020 through June 30, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	CG (required) 95 (optional)

Revised SE20016

RHC Claims for Telehealth Services from January 27, 2020 through June 30, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	CG (required) 95 (optional)



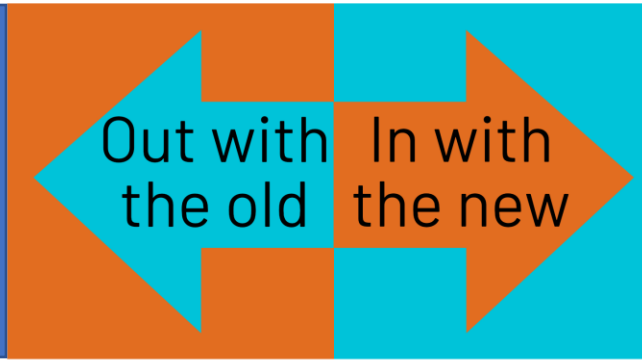
Why use the CG Modifier? CMS will not update their system until July 1, 2020, so claims will reject without a CG modifier until that date. CG does not indicate co-insurance or deductible applies so you can use the CS as well if appropriate. **There is no Place of Service on a UB-04.**

Panelist Input – Will RHCs have to append or refile claims already processed?

How to Bill Medicare Telehealth Claims on and after July 1, 2020

April 17th Guidance

CPT: G2025
Modifiers: None
Rate: $92
Payment: $92
Reprocessed? No



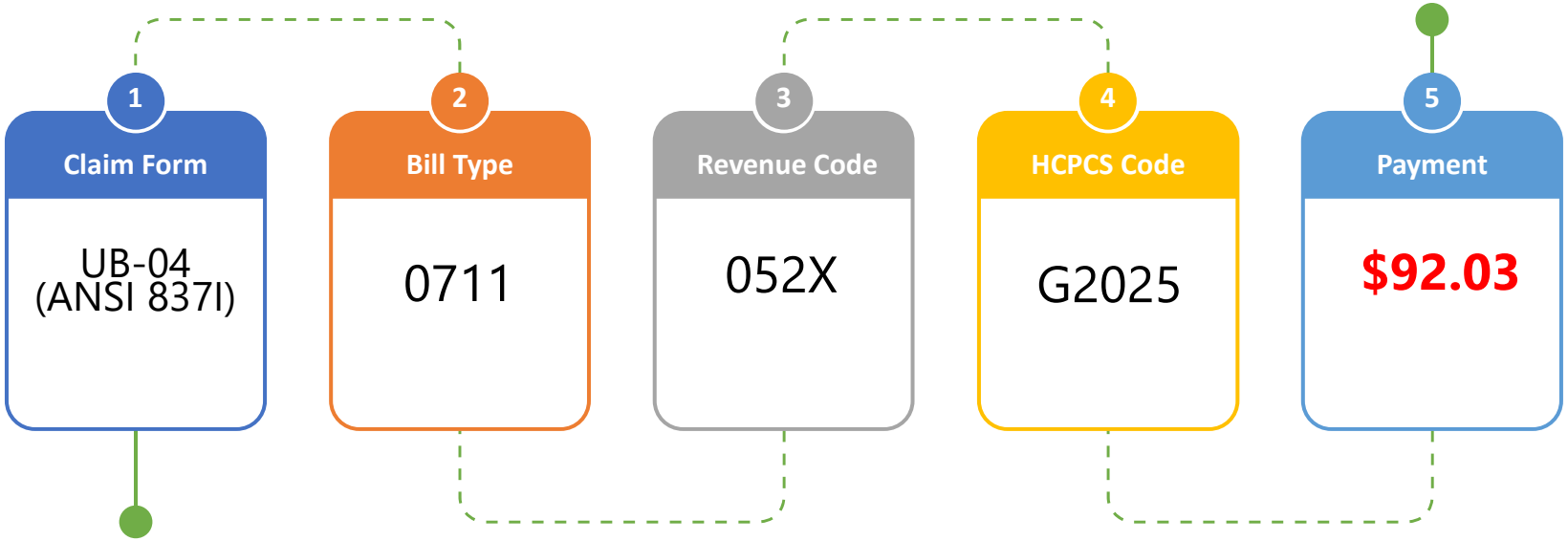
April 30th Guidance

CPT: G2025
Modifier: None
Rate: $92.03
Payment: $92.03
Reprocessed? No

Revised SE20016

How to Bill Medicare for G2025 on or after July 1, 2020

Beginning July 1, 2020, RHCs should no longer put the CG modifier on claims with HCPCS code G2025.



RHC Claims for Telehealth Services starting July 1, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	95 (optional)

Question: Do we know what will happen to claims already submitted under old guidance? (Ex 99213 with CG and 95 modifiers)

Answer: Panelists

CMS Settlement of Telehealth Claims

Revised SE20016

	Assumptions		Settlement Calculation	
	Independent RHC	**Provider-Based RHC**	**Independent RHC 80%**	**Provider-Based RHC 80%**
Charge - 99213	$100	$100	NA	NA
All-Inclusive Rate	$86.31 is the capped rate	$214 is the average rate per Benchmarking reports .	$69.05	$171.20 .
Telehealth Payment Rate	**$92.03**	**$92.03**	**$73.63**	**$73.63**
Co-Payment	$20	$20	NA	NA
Receivable/Payable per Visit	NA	NA	**$4.58**	**($97.57)**

Revised SE20016

Telehealth Visit for Established Patient occurring from March 6, 2020 through June 30, 2020 in an Independent RHC

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	**G2025CG**	3/06/2020	1	$100	**$86.31 (AIR)**

Simple T- Account

Description	Debit	Credit
Charges		$100.00
Receipts - Copay	$20.00	
Receipts - Medicare	$69.05	
Contractual Adjustments	$10.95	
Totals	$100.00	$100.00

Reprocessed Claim at **$92.03** in July 2020

Description	Debit	Credit
Receipts - Medicare	$4.58	
Contractual Adjustments		$4.58
Receipts - Medicare	$4.58	$4.58

$73.63 ($92.03 X .80) – 69.05 = $4.58

Revised SE20016

Telehealth Visit for Established Patient occurring from January 27, 2020 through June 30, 2020 in a Provider-based RHC

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	G2025CG	1/27/2020	1	$100	**$214.00 (Mean AIR)**

Simple T- Account

Description	Debit	Credit
Charges		$100.00
Receipts - Copay	$20.00	
Receipts - Medicare	$171.20	
Contractual Adjustments		$91.20
Totals	$191.20	$191.20

Reprocessed Claim at **$92.03** in July 2020

Description	Debit	Credit
Contractual Adjustments Medicare	$97.57	
Recoupment – Medicare Cash		$97.57
Totals	$97.57	$97.57

$171.20 – 73.63 ($92 X .80) = $97.57

Panelist Input – Should Provider-based RHCs hold claims until July 1?

Telehealth Visit for Established Patient occurring from July 1, 2020 through end of PHE in a Rural Health Clinic

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	RHC Telehealth Visit	**G2025**	7/1/2020	1	$100	**$92.03**

Simple T- Account

Description	Debit	Credit
Charges		$100.00
Receipts - Copay	$20.00	
Receipts - Medicare	$73.63	
Contractual Adjustments	$6.37	
Totals	$100.00	$100.00


TELEPHONE VISITS

RHCs may bill for Telephone Calls Effective March 1, 2020 Using G2025 with a payment rate of $92.03

Additional Telehealth Flexibilities

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 https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.) In addition, 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. 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.

Panelists: Can claims already submitted be refilled as corrected claims to get more reimbursement? IE, Cancel all those G0711 claims?

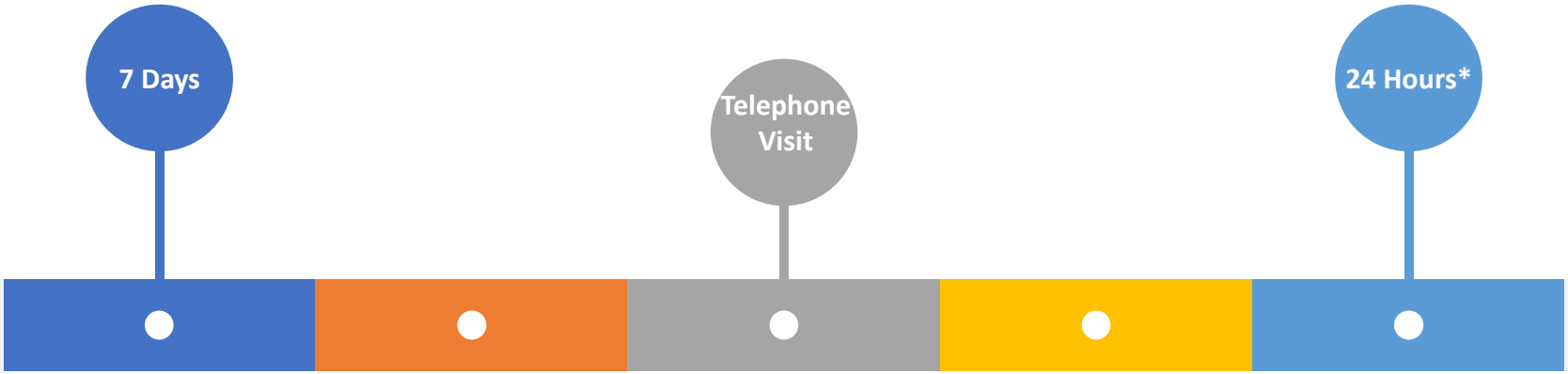
HCPCS Codes for Telephone Visits

Procedure code 99441: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian 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

Procedure code 99442: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion

Procedure code 99443: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion

TIMELINE of a Medicare Telephone Visit



Look Back Period

The medical discussion or remote evaluation is for a condition not related to an RHC service provided within the previous 7 days

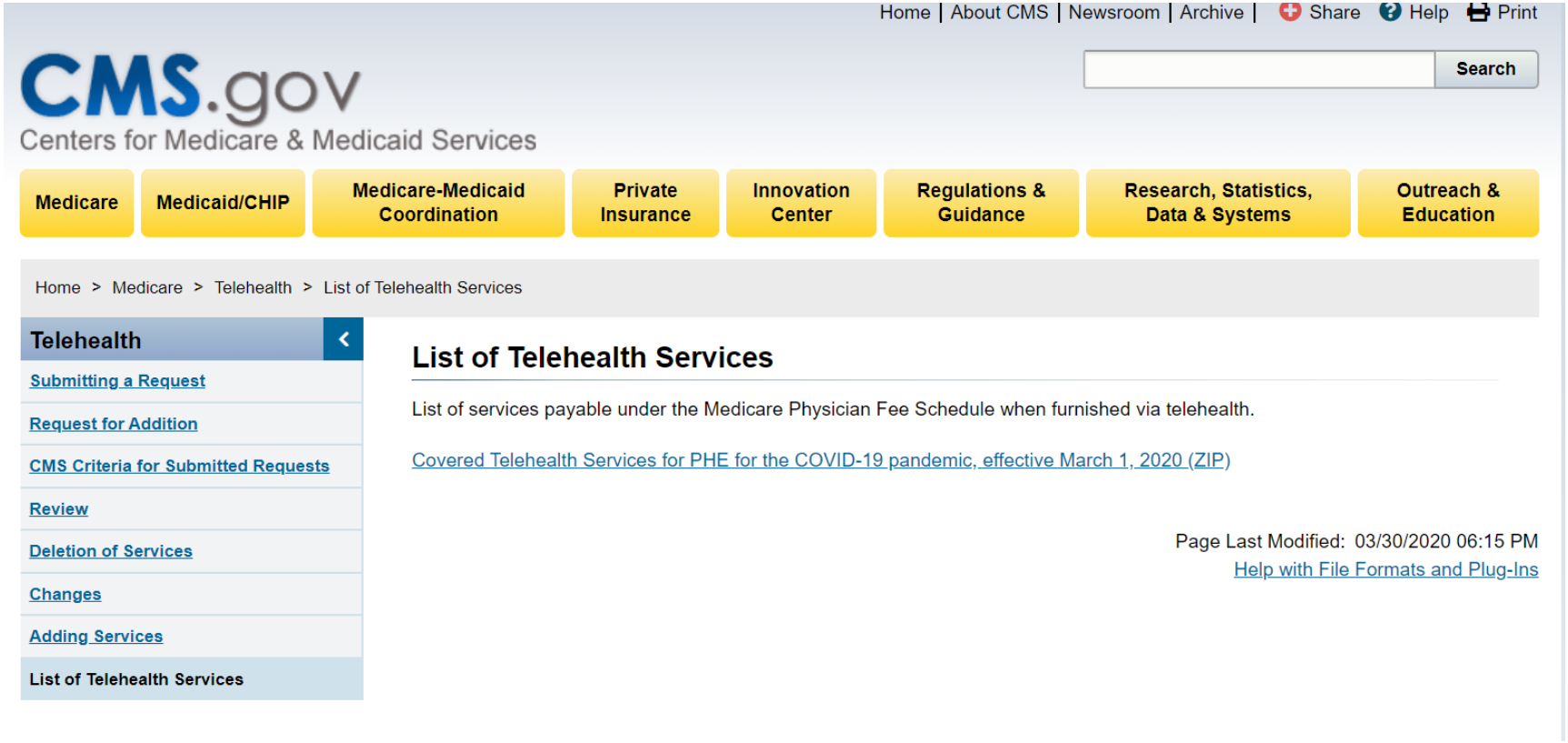
The Telephone Visit

Represents at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC practitioner to a patient.

Going Forward

*The medical discussion or remote evaluation does not lead to an RHC visit within the next 24 hours or at the soonest available appointment.

CMS Expanded the number of payable Medicare Part B Telehealth services from 191 to 238



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

99441	Phone e/m phys/qhp 5-10 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99442	Phone e/m phys/qhp 11-20 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99443	Phone e/m phys/qhp 21-30 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99468	Neonate crit care initial	Temporary Addition for the PHE for the COVID-19 Pandemic		
99469	Neonate crit care subsq	Temporary Addition for the PHE for the COVID-19 Pandemic		
99471	Ped critical care initial	Temporary Addition for the PHE for the COVID-19 Pandemic		
99472	Ped critical care subsq	Temporary Addition for the PHE for the COVID-19 Pandemic		
99473	Self-meas bp pt educaj/train	Temporary Addition for the PHE for the COVID-19 Pandemic		
99475	Ped crit care age 2-5 init	Temporary Addition for the PHE for the COVID-19 Pandemic		
99476	Ped crit care age 2-5 subsq	Temporary Addition for the PHE for the COVID-19 Pandemic		
99477	Init day hosp neonate care	Temporary Addition for the PHE for the COVID-19 Pandemic		
99478	Ic lbw inf < 1500 gm subsq	Temporary Addition for the PHE for the COVID-19 Pandemic		
99479	Ic lbw inf 1500-2500 g subsq	Temporary Addition for the PHE for the COVID-19 Pandemic		
99480	Ic inf pbw 2501-5000 g subsq	Temporary Addition for the PHE for the COVID-19 Pandemic		
99483	Assmt & care pln pt cog imp	Temporary Addition for the PHE for the COVID-19 Pandemic		
99495	Trans care mgmt 14 day disch			
99496	Trans care mgmt 7 day disch			
99497	Advncd care plan 30 min		Yes	
99498	Advncd care plan addl 30 min		Yes	
0373T	Adapt bhv tx ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
S9152	Speech therapy, re-eval	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Not valid for Medicare purposes
0362T	Bhv id suprt assmt ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
90785	Psytx complex interactive		Yes	
G0108	Diab manage trn per indiv		Yes	
G0109	Diab manage trn ind/group		Yes	
G0270	Mnt subs tx for change dx		Yes	
G0296	Visit to determ ldct elig		Yes	
G0396	Alcohol/subs interv 15-30mn		Yes	
G0397	Alcohol/subs interv >30 min		Yes	
G0406	Inpt/tele follow up 15		Yes	
G0407	Inpt/tele follow up 25		Yes	
G0408	Inpt/tele follow up 35		Yes	
G0410	Grp psych partial hosp 45-50	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Statutory exclusion
G0420	Ed svc ckd ind per session		Yes	
G0421	Ed svc ckd grp per session		Yes	
G0425	Inpt/ed teleconsult30		Yes	
G0426	Inpt/ed teleconsult50		Yes	
G0427	Inpt/ed teleconsult70		Yes	
G0436	Tobacco-use counsel 3-10 min		Yes	
G0437	Tobacco-use counsel>10min		Yes	
G0438	Ppps, initial visit		Yes	
G0439	Ppps, subseq visit		Yes	
G0442	Annual alcohol screen 15 min		Yes	
G0443	Brief alcohol misuse counsel		Yes	
G0444	Depression screen annual		Yes	
G0445	High inten beh couns std 30m		Yes	
G0446	Intens behave ther cardio dx		Yes	
G0447	Behavior counsel obesity 15m		Yes	

Panelist Questions: G0438 and G0439 (AWV) are included as telephone only. How can do take vital signs? Document?

LIST OF MEDICARE TELEHEALTH SERVICES

Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
90785	Psytx complex interactive		Yes	
90791	Psych diagnostic evaluation		Yes	
90792	Psych diag eval w/med srvcs		Yes	
90832	Psytx w pt 30 minutes		Yes	
90833	Psytx w pt w e/m 30 min		Yes	
90834	Psytx w pt 45 minutes		Yes	
90836	Psytx w pt w e/m 45 min		Yes	
90837	Psytx w pt 60 minutes		Yes	
90838	Psytx w pt w e/m 60 min		Yes	
90839	Psytx crisis initial 60 min		Yes	
90840	Psytx crisis ea addl 30 min		Yes	
90845	Psychoanalysis		Yes	
90846	Family psytx w/o pt 50 min		Yes	
90847	Family psytx w/pt 50 min		Yes	
90853	Group psychotherapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Non-covered service
90951	Esrd serv 4 visits p mo <2yr			
90952	Esrd serv 2-3 vsts p mo <2yr	Temporary Addition for the PHE for the COVID-19 Pandemic		
90953	Esrd serv 1 visit p mo <2yrs	Temporary Addition for the PHE for the COVID-19 Pandemic		
90954	Esrd serv 4 vsts p mo 2-11			
90955	Esrd srv 2-3 vsts p mo 2-11			
90956	Esrd srv 1 visit p mo 2-11	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
90957	Esrd srv 4 vsts p mo 12-19			
90958	Esrd srv 2-3 vsts p mo 12-19			
90959	Esrd serv 1 vst p mo 12-19	Temporary Addition for the PHE for the COVID-19 Pandemic		
90960	Esrd srv 4 visits p mo 20+			
90961	Esrd srv 2-3 vsts p mo 20+			
90962	Esrd serv 1 visit p mo 20+	Temporary Addition for the PHE for the COVID-19 Pandemic		
90963	Esrd home pt serv p mo <2yrs			
90964	Esrd home pt serv p mo 2-11			
90965	Esrd home pt serv p mo 12-19			
90966	Esrd home pt serv p mo 20+			
90967	Esrd svc pr day pt <2			
90968	Esrd svc pr day pt 2-11			
90969	Esrd svc pr day pt 12-19			
90970	Esrd svc pr day pt 20+			
92002	Eye exam new patient	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92004	Eye exam new patient	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92012	Eye exam establish patient	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92014	Eye exam&tx estab pt 1/>vst	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92508	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
92521	Evaluation of speech fluency	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92522	Evaluate speech production	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92524	Behavral qualit analys voice	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92601	Cochlear implt f/up exam <7	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92602	Reprogram cochlear implt <7	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92603	Cochlear implt f/up exam 7/>	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92604	Reprogram cochlear implt 7/>	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
94002	Vent mgmt inpat init day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		

Panelist Questions: Non-covered?

Question on CPT 90832

- Question: I am assuming counseling codes such as 90832 are not billable via telephone only? Only the E/M telephone codes? Is this correct?

- Answer: CPT 90832 is included on the list of Telehealth codes that can be performed audio only.

Revised SE20016

Telephone Only (CPT Code 99443) Visit for Established Patient occurring from March 1, 2020 through June 30, 2020 in an Independent RHC

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	**G2025CG**	3/01/2020	1	$100	**$86.31 (AIR)**

Simple T- Account

Description	Debit	Credit
Charges		$100.00
Receipts - Copay	$20.00	
Receipts - Medicare	$69.05	
Contractual Adjustments	$10.95	
Totals	$100.00	$100.00

Reprocessed Claim at **$92.03** in July 2020

Description	Debit	Credit
Receipts - Medicare	$4.58	
Contractual Adjustments		$4.58
Receipts - Medicare	$4.58	$4.58

$73.63 ($92.03 X .80) – 69.05 = $4.58

Telephone Only Visit (99441) only Telehealth Visit occurring from July 1, 2020 through end of PHE in a Rural Health Clinic

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	RHC Telehealth Visit	**G2025**	7/1/2020	1	$50	**$92.03**

Simple T- Account

Description	Debit	Credit
Charges		$50.00
Receipts - Copay	$10.00	
Receipts - Medicare	$73.63	
Contractual Adjustments		$33.63
Totals	$83.60	$83.60


YOU KNOW WHAT WE NEED TODAY?
LIGHTYEAR
ANOTHER MODIFIER

CS Modifier effective March 18, 2020 applies to co-insurance related to furnishing or administration of a COVID-19 test or the evaluation of a patient of determining the need for such a test

Cost-sharing Related to COVID-19 Testing

For services furnished on March 18, 2020 through the duration of the COVID-19 PHE, CMS will pay all of the reasonable costs for specified categories of evaluation and management (E/M) services if they result in an order for or administration of a COVID-19 test and relate to the furnishing or administration of such test or to the evaluation of an individual for purposes of determining the need for such test. This would include applicable telehealth services. (See MLN Matters article SE20011 for more information.) For the specified E/M services related to COVID-19 testing, including when furnished via telehealth, RHCs and FQHCs must waive the collection of co-insurance from beneficiaries. For services in which the coinsurance is waived, RHCs and FQHCs must put the "CS" modifier on the service line. **RHC and FQHC 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, 2020. Coinsurance should not be collected from beneficiaries if the coinsurance is waived.**

Coinsurance and Deductible Waived – CS Modifier Announced 4/7/2020

- **Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services**

The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635.

https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

Telehealth Visit for Established Patient occurring from January 27, 2020 through June 30, 2020 in an Independent RHC And the Visit is to treat COVID-19 or to Rule out COVID-19

What the UB-04 will look like

FL 42 Revenue Code	FL43 Description	FL44 HCPCS/CPT	FL45 DOS	FL46 Units	FL47 Total Charge	RHC Payment Rate
0521	Established Office Visit	G2025CGCS	1/27/2020	1	$100	$86.31 (AIR)

CS

Simple T- Account

Description	Debit	Credit
Charges		$100.00
Receipts - Copay	$0	
Receipts - Medicare	$86.31	
Contractual Adjustments	$13.69	
Totals	$100.00	$100.00

Reprocessed Claim at $92.03 in July 2020

Description	Debit	Credit
Receipts - Medicare	$5.72	
Contractual Adjustments		$5.72
Receipts - Medicare	$5.72	$5.72

$92.03 – 86.31 = $5.72

CS Modifier Effective March 18, 2020

When
COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE)

Where
Office and other outpatient services, Hospital observation services, Emergency department services, Nursing facility services, Domiciliary, rest home, or custodial care services, Home services, Online digital evaluation and management services, RHCs

What
CS Modifier waives cost-sharing under Medicare Part B (coinsurance) for Medicare patients for COVID-19 testing-related services – Provider paid 100% of rate instead of 80%

How
Add the CS modifier along with the CG Modifier to the UB-04 Claim & refile or append claims already filed dated with starting with DOS of 3/18/20 till the end of the PHE

Reference
https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

CS

Panelist Questions: Does CS only apply to co-insurance? Can CS be used broadly or are there a very narrow range of ICD-10 codes?

Questions?

Thank You!!!

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