

Telehealth Frequently Asked Questions (FAQ) by Rural Health Clinics – March 25, 2020

Healthcare Business Specialists has compiled a listing of Frequently Asked Questions by RHCs after the March 24th webinar on Telehealth and RHCs. As of 7:00 PM Eastern, March 25, 2020 we still do not have the final text of the Senate bill, but as soon as it is published, we will read it and incorporate that information in this FAQ. Our plan is to schedule another webinar early next week (most likely on Tuesday at Noon Central) to go over the new guidance from CMS on how to bill telehealth in RHCs and to go over this FAQ in detail. Look for us to announce the webinar as soon as CMS releases billing guidance under the new rules. To keep up with the latest information, join our Facebook Group at <https://www.facebook.com/groups/1503414633296362/> and we will post daily updates on our website at <http://www.ruralhealthclinic.com/covid19>. Best wishes and stay safe.

Administrative Questions

Q1. Where can I find the recording of the Telehealth webinar on March 24th?

A1. <https://youtu.be/M1300ExuC8s> or <http://www.ruralhealthclinic.com/covid19> or in the Facebook Group <https://www.facebook.com/groups/1503414633296362/>.

Q2. Where can I find the slides for the Telehealth webinar on March 24th?

A2. Go to <http://www.ruralhealthclinic.com/covid19> for a listing of all the slide presentations from the webinar. Here is a link to the presentation by Mark Lynn that may be helpful as we answer these questions: [Mark Lynn Slide Presentation for Telehealth Webinar on March 24, 2020 \(PDF\)](#)

Q3. Where can I find the Facebook Group Rural Health Clinic Information Exchange?

A3. Go to or <https://www.facebook.com/groups/1503414633296362/> and ask to join.

General Questions

Q4. 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?

A4. 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. There are no licensure issues (ie, the conditions of Participation) that prohibit an RHC providing Telehealth services.

Q5. Where can I find information on how to bill for Telemedicine services in a rural health clinic or other provider types?

A5. One of the best places to start your search is 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](#)

One great source for information is the Telehealth Billing Guide produced by the CCHPCA. Here is a link:

Source: https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf?fbclid=IwAR2MolZSrs3NPo0FtDTumZiyG2-A5fPeXm8p1iFTNGnMzZ2uu-6ym58t2IE

Q6. How can we find more information about Telemedicine and Rural Health Clinics?

A6. 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](#)

Q7. With the Senate Bill finally passing can we as a rural health clinic go ahead and start billing for Telehealth?

A7. Currently an RHC can bill for a virtual visit (CPT Code G0711) which will be explained in Q8. As for other Telehealth services we will have to wait until CMS issues instructions on which codes to use in the next day or so. What CMS will do most likely is provide RHCs a few G codes with an established value to each of them that will be billed on the UB-04 with Revenue Code 0521. The cost will be included in Cost Center 79 of the Independent RHC Cost Report. The RHC should keep up with your cost of Telehealth in a separate general ledger account in your accounting system. While we are waiting for CMS, use the form that InQuiseek developed as a part of their InQuidocs system to keep up with the services provided and then bill for them when the instructions are provided to us. Here is a link to the form developed by Patty Harper. <https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5e72983884e4096f04763bf0/1584568376973/COVID-19+Pt+Service+Log.pdf>

Q8. RHCs have been able to bill for a virtual visit (G0071) since January 1, 2019. What is it?

A8. 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, 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.

Source: <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center>

The payment rate for this code is \$13.69 in 2019. Copays do apply and video is not required. This is not considered Telehealth.

Q9. Is it true that CMS has waived or will not enforce certain HIPAA provisions or the Ryan Haight Act provisions that require telehealth visits only with established patients?

A9. Congress and the Administration have also waived the requirement that **telehealth visits only be with established patients** and Medicare is allowing providers and patients to use popular video chat applications such as Facetime, Facebook Messenger video chat, Google Hangouts video, or Skype.

Source: NARHC letter dated March 25, 2020 by Nathan Baugh
<https://files.constantcontact.com/56500336201/92acbaa0-5152-43d5-9cb1-5509a0ae0110.pdf>

Source: HHS – HIPAA for Professionals – Special Topics
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Q10. Is there language in the recently passed COVID-19 Recovery Bill that would allow RHC clinicians to deliver full range Telemedicine services from home if they are on quarantine?

A10. No, that was not proposed due to site restrictions on RHCs. What you can do is bill it to Part B with a Place of Service Code 02 and add the provider's home address into their Medicare Part B enrollment (either individual or group). You would be paid what the Medicare Fee Schedule pays (ie around \$70 or so for a 99213). You would keep up with the cost of this service and include it in Cost Center 79 of the Independent RHC cost report - Telehealth. Question 11 describes how to include the physician/NP/PAs home address into your provider enrollment profile.

Q11. Can the distant site practitioner furnish Medicare telehealth services from their home? Or do they have to be in a medical facility?

A11. There are no payment restrictions on distant site practitioners furnishing Medicare telehealth services from their home. **The practitioner is required to update their Medicare enrollment with the home location. The practitioner can add their home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction through the provider enrollment hotline. It would be effective immediately so practitioners could continue providing care without a disruption.** More details about this enrollment requirement can be found at 42 CFR 424.516. If the physician or non-physician practitioner reassigns their benefits to a clinic/group practice, the clinic/group practice is required to update their Medicare enrollment with the individuals' home location. The clinic/group practice can add the individual's home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction through the provider enrollment hotline.

Source: <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

Q12. What are the Medicare Provider Enrollment Hotline numbers and hours of operation?

A12. The hotlines are operational Monday – Friday. Physicians and non-physician practitioners shall only contact the hotline for the MAC that services their geographic area. To locate your designated MAC refer to <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-AdministrativeContractors/Downloads/MACs-by-State-June-2019.pdf>.

- CGS Administrators, LLC (CGS) The toll-free Hotline Telephone Number: 1-855-769-9920 Hours of Operation: 7:00 am – 4:00 pm CT
- First Coast Service Options Inc. (FCSO) The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM EST
- National Government Services (NGS) The toll-free Hotline Telephone Number: 1-888-802-3898 Hours of Operation: 8:00 am – 4:00 pm CT
- National Supplier Clearinghouse (NSC) The toll-free Hotline Telephone Number: 1-866-238-9652 Hours of Operation: 9:00 AM – 5:00 PM ET
- Novitas Solutions, Inc. The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM EST
- Noridian Healthcare Solutions The toll-free Hotline Telephone Number: 1-866-575-4067 Hours of Operation: 8:00 am – 6:00 pm CT
- Palmetto GBA The toll-free Hotline Telephone Number: 1-833-820-6138 Hours of Operation: 8:30 am – 5:00 pm ET
- Wisconsin Physician Services (WPS) The toll-free Hotline Telephone Number: 1-844-209-2567 Hours of Operation: 7:00 am – 4:00 pm CT

Source: <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

Q13. What does the Section 3703 Increasing Medicare Telehealth Flexibilities during Emergency Period mean for RHCs once it is finalized and implemented?

A13. Section 3703 does five things:

- Medicare will pay for telehealth services that are furnished via a telecommunications system by a rural health clinic to an eligible telehealth individual enrolled in Medicare as long as the RHC is not at the same location as the beneficiary.
- Allows rural health clinics to serve as a distant site for telehealth services
- Allows CMS to develop a payment method based upon payment rates that are similar to the national average payment rates for comparable telehealth services under the Medicare Part B physician fee schedule
- Costs associated with telehealth shall not be used to determine the all-inclusive rate
- These provisions are temporary and only in effect during the declared state of National Emergency.

Source: <https://www.documentcloud.org/documents/6819239-FINAL-FINAL-CARES-ACT.html>

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.