

On March 17th, President Trump announced an expansion of the telehealth benefits due to the COVID-19 pandemic which included in paragraph 6 the following language.

“A range of healthcare providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to Medicare beneficiaries. Beneficiaries will be able to receive telehealth services in any healthcare facility including a physician’s office, hospital, nursing home or **rural health clinic**, as well as from their homes.

Source: <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>

This sounded exciting to me and the RHC community. However, if you read the statement closely, it says

“Beneficiaries will be able to receive telehealth services in any healthcare facility including... **rural health clinic**, as well as from their homes.” First, RHCs were already able to provide telehealth services in the rural health clinic as an originating site. To find out more about that, here is a Fact Sheet from CMS dated January 2019. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.pdf>

What paragraph 6 did not indicate was whether RHCs could now be a distant provider and the FAQs that accompany the press release does provide some clarification. Question 13 of the FAQ reads as follows:

“13. Q: Can hospitals, nursing homes, home health agencies or other healthcare facilities bill for telehealth services? A: Billing for Medicare telehealth services is limited to professionals. (Like other professional services, Critical Access Hospitals can report their telehealth services under CAH Method II). If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care



facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services can be paid for.”

The FAQ goes further to list providers who are considered qualified providers to furnish telehealth services (Medicare uses the term Distant Site Practitioners) in Question 6. You will notice that a rural health clinic is not listed below:

6. Q: Who are the Qualified Providers who are permitted to furnish these telehealth services under the new law? A: Qualified providers who are permitted to furnish Medicare telehealth services during the Public Health Emergency include physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish services within their scope of practice and consistent with Medicare benefit rules that apply to all services. This is not changed by the waiver”

Source: <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

As exciting as it was to see RHCs mentioned in the press release, the reality is very little has changed for RHCs as far as billing Telehealth is concerned. We will continue to stay abreast with the situation and hopefully receive a favorable resolution.

Mark R. Lynn, CRHCP, CPA (Inactive)
RHC Consultant

Healthcare Business Specialists, LLC

502 Shadow Parkway
Chattanooga, Tennessee 37421

Office (833) 787-2542

Cell/Text (423) 243-6185

Fax (800) 268-5055

Email marklynnrhc@gmail.com Website www.ruralhealthclinic.com

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