

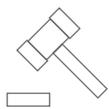
RHC and FQHC Payment Update

UPDATED INFO

See yellow highlights for updated content from previous published version.

Background

Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) anxiously waited for CMS to release payment information for services rendered, especially telehealth services, during the COVID-19 Coronavirus Public Health Emergency (PHE).



Finally, on April 17, 2020, CMS released an MLN Matters article addressing these issues.¹ First and foremost they addressed payment for telehealth services. On March 27, 2020, the 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.

The April 17, 2020 MLN article was subsequently revised and re-released on July 6, 2020 further addressing billing and cost-sharing for RHCs and FQHCs.²

Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner (or provider) and the patient. The initial MLN article indicated that RHCs and FQHCs with this capability could immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE.

The Act required that CMS develop payment rates for these services that are similar to the national average payment rates for comparable telehealth services under the PFS. Subsequently, CMS has set payment to RHCs and FQHCs for distant site telehealth services at \$92, which is the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS.

Payment and guidelines for claim submission by the RHC and FQHC distant site providers is based on the date of service (DOS).

Beginning July 1, 2020, RHCs should no longer put Modifier CG 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)

RHC Claims for Telehealth Services starting July 1, 2020

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

Example of FQHC Claims for Telehealth Services January 27, 2020 through June 30, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G0467 (or other appropriate FQHC Specific Payment Code)	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

FQHC Claims for Telehealth Services starting July 1, 2020

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

Virtual Communication Services although similar are not considered telehealth services. They include online digital evaluation, management services and virtual check-in services.

Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal. The online digital evaluation and management codes that are billable during

the COVID-19 PHE are: *Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days...*

- ✓ CPT code 99421, ...5-10 minutes over a 7-day period.
- ✓ CPT code 99422, ...11-20 minutes over a 7-day period.
- ✓ CPT code 99423, ...21 minutes or more over a 7-day period.

Virtual check-in services are non-face-to-face, brief (5-10 minutes) check-in with a qualified nonphysician health care professional via telephone or other approved telecommunications device to decide whether an office visit or service is needed, or a remote evaluation of recorded video and/or images submitted by an established patient.

- ✓ HCPCS code G2010, *remote evaluation of recorded video.*
- ✓ HCPCS code G2012, *brief communication tech-based service.*

To receive payment for the online digital evaluation and management or virtual communication services, RHCs and FQHCs **must submit an RHC or FQHC claim with HCPCS code G0071**, *Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only; either alone or with other payable services.*

For claims submitted with HCPCS code G0071 on or after March 1, 2020, and for the duration of the COVID-19 PHE, payment for HCPCS code G0071 is set at the average of the national non-facility PFS payment rates for these five codes.

Claims submitted with G0071 on or after March 1, 2020, and for the duration of the PHE will be paid at the new rate of \$24.76, instead of the CY 2020 rate of \$13.53. MACs will automatically reprocess any claims with G0071 for services furnished on or after March 1 that were paid before the claims processing system was updated.

Other issues further discussed in the revised MLN released on July 6, 2020:

Cost Report:

- ✓ 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."

- ✓ FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled "Other FQHC Services".

Productivity Standards:

- ✓ RHCs may have difficulty in meeting the productivity standards. To minimize the burden on RHCs, exceptions to the productivity standard may be granted by your MAC during the COVID-19 PHE. Further direction will be forthcoming from your MAC.

Medicare Advantage:

- ✓ 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.

COVID-19 Testing:

- ✓ During the COVID-19 PHE, CMS will pay all the reasonable costs for specific categories of Evaluation and Management (E/M) service related to the performance of order for COVID-19 testing, including applicable telehealth services, for services furnished beginning on March 18, 2020.

- ✓ For services related to COVID-19 testing, including 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 Modifier CS on the service line.

In the July 6, 2020 revision CMS expanded the definition of 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 used 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.*

- ✓ There are several CPT and HCPCS codes included in the list of telehealth codes that describe preventive services that have waived cost-sharing. For preventive services that are furnished via telehealth and have cost-sharing waived, RHCs must report G2025 on their claims with the CG and CS modifier and FQHCs must report G2025 with Modifier CS on or after July 1, 2020. (In addition to other modifiers required.)

- ✓ RHC and FQHC claims with Modifier CS will be paid with the coinsurance applied, and the Medicare Administrative Contractor (MAC) will automatically reprocess these claims beginning on July 1.

- ✓ Coinsurance should not be collected from beneficiaries if the coinsurance is waived.

Guidance

- ✓ Apply Modifier 95 to telehealth claims currently being held and through June 30, 2020 and submit for billing.
- ✓ Create telehealth charges in the CDM with G2025 rather than the existing CPT codes to be used as of July 1, 2020.
- ✓ Create digital online and virtual check-in charges in the CDM with G0071 retroactive to March 1, 2020.
- ✓ Apply G0071 to applicable claims with DOS of March 1, 2020 currently being held and release to billing.
- ✓ Review cost reporting guidelines with finance.
- ✓ Implement strategies to apply Modifier CS to E/M visits resulting in testing for COVID-19 to waive cost-sharing and collection of copays or deductibles from the patient.
- ✓ Contact MAC regarding productivity standards if experiencing difficulty maintaining standards.



Sources

1. MLN Matters SE20016, April 17, 2020, <https://www.cms.gov/files/document/se20016.pdf>
2. MLN Matters SE20016 Revised, July 6, 2020, <https://www.cms.gov/files/document/se20016.pdf> ■