COVID-19 CORONAVIRUS

Coding Updates

UPDATED 5/6/20

Telehealth RHC/FQHC

Background

According to a bulletin released by the American Hospital Association (AHA) responding to the passage of the CARES Act stated: "this legislation will waive the Section 1834(m) restriction on FQHCs and RHCs that prohibits them from serving as distant sites. Specifically, during the emergency period, FQHCs and RHCs will be able to serve as distant sites to provide telehealth services to patients in their homes and other eligible locations. The legislation will reimburse FQHCs and RHCs at a rate that is similar to payment for comparable telehealth services under the physician fee schedule."[1]

The Interim Final Rule (IFR) releases on April 30, 2020 finally provides more definitive guidelines on how Rural Health Clinics (RHC) and Federally Qualified Health Clinics (FQHC) are to report and be reimbursed for these services.[2]

CMS also released an MLN article indicating RHCs and FQHCs with this capability can immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE. The following guidance is included in this article.[3]

Distant site telehealth services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice. 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). A list of these services is available at https://www.cms.gov/files/zip/covid-19-telehealth-services-phe.zip.

CMS also allows that 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, *Distant site telehealth services RHC/FQHC***.

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. While other provider types can report these services for new patients as well during the PHE the MLN article dated April 30, 2020 does not make this allowance.

Reimbursement

In order to receive payment for telehealth services RHCs and FQHCs must use 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 however; CMS cautions that the changes in eligible originating site locations, including the patient's home during the COVID-19 PHE are effective beginning March 6, 2020.

CMS indicates that because these changes in policy were made on an emergency basis, they need 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:
  - Report HCPCS code G2025, *Distant site telehealth services RHC/FQHC.*
  - Add Modifier CG, *Policy criteria applied.*
  - Append Modifier 95, *Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System,* upon request, and note it is currently not required for Medicare.
- ✓ 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:
  - Discontinue reporting Modifier CG on claims with HCPCS code G2025.

Claims Requirements for FQHCs

- ✓ For telehealth distant site services furnished between January 27, 2020, and June 30, 2020, that are also FQHC qualifying visits, FQHCs must report three HCPCS/CPT codes for distant site telehealth services:
  - Report the specific payment code as defined by the FQHC Prospective Payment System (G0466, G0467, G0468, G0469, or G0470) with Modifier 95;
  - Report the HCPCS/CPT code that describes the services furnished via telehealth with Modifier 95 (e.g., 99214).
  - Report G2025 with Modifier 95.
- ✓ Claims will be paid at the FQHC PPS rate until June 30, 2020, and automatically reprocessed beginning on July 1, 2020, at the $92.03 rate. FQHCs do not need to resubmit these claims for the payment adjustment.
- ✓ When furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should:
  - Hold these claims until July 1, 2020, and then
  - Bill them with HCPCS code G2025 and append Modifier 95 upon request, and note it is currently not required for Medicare.

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.

For the specified E/M services related to COVID19 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 append Modifier CS, *Cost-sharing for specified covid-19 testing-related services that result in an order for or administration of a covid-19 test,* on the service line in addition to the other modifiers discussed here and shown on the summary table below.

CMS has stated that RHC and FQHC claims Modifier CS 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.

See the summary below for coding guidance during each phase for each facility type:

	January 27, 2020 through June 30, 2020	Starting July 1, 2020
RHC		
Revenue Code	052X	052X
HCPCS Code	G2025	G2025
Modifier	CG (required) 95 (optional)	95 (optional)
Payment	AIR	$92.03
FQHC Qualifying Visits		
Revenue Code	052X	052X
HCPCS Code	G0466 (or other appropriate FQHC Specific Payment Code G0467-G0470)	
HCPCS Code	99214 (or other FQHC PPS Qualifying Payment Code)	
HCPCS Code	G2025	G2025
Modifier	95 (on Specific Payment and Qualifying Payment Codes)	95 (optional)
Payment	FQHC PPS rate	$92.03
FQHC Non-Qualifying Visits		
Revenue Code		052X
HCPCS Code	Hold Claims	G2025
Modifier		95 (optional)
Payment		$92.03

Expansion of Virtual Communication Services

In addition to telehealth payment for virtual communication services now include online digital evaluation and management 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:

- ✓ 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)

Other virtual communication services include HCPCS codes G2010-G2012.

- ✓ **G2010**, *Remote evaluation of recorded video and/or images submitted by an established patient including interpretation with follow-up with the patient within 24 business hours, 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.*

- ✓ **G2012**, *Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, 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.*

To receive payment for these services **both** RHCs and FQHCs must submit a 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 $24.76 which is the average of the national non-facility PFS payment rates for these 5 codes. This is higher than the CY 2020 rate of $13.53. MACs will automatically reprocess any claims with G0071 for services furnished on or after March 1, 2020 that were paid before the claims processing system was updated.

Consent for Care Management and Virtual Communication Services

Beneficiary consent is required for all services, including non-face-to-face services. During the COVID-19 PHE, beneficiary consent may be obtained at the same time the services are initially furnished. For RHCs and FQHCs, this means that beneficiary consent can be obtained by someone working under general supervision of the RHC or FQHC practitioner, and direct supervision is not required to obtain consent.

CMS further indicates that beneficiary consent to receive these services may be obtained by auxiliary personnel under general supervision of the billing practitioner; and the person obtaining consent can be an employee, independent contractor, or leased employee of the billing practitioner or the RHC/FQHC practitioner.

Cost Reporting

CMS has indicated that costs for furnishing distant site telehealth services will not be used to determine the RHC AIR or the FQHC PPS rate 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".

Medicare Advantage Wrap-Around

Since telehealth distant site services are not paid under the RHC AIR or the FQHC PPS, the Medicare Advantage (MA) wrap-around payment does not apply to these services. CMS states wrap-around payment for distant site telehealth services will be adjusted by the MA plans.

Guidance

- ✓ Identify services being provided by a telehealth distant provider or those providing virtual communication services.
- ✓ Ensure appropriate consent is obtained.
- ✓ Educate staff regarding the appropriate replacement codes required for both RHC and FQHC claims.
- ✓ Implement strategies to apply replacement codes and modifiers to the claim forms.
- ✓ Monitor reimbursement in each phase to ensure that all claims are paid appropriately and that cost-sharing amounts were paid appropriately.

Sources

1. https://www.aha.org/special-bulletin/2020-03-26-senate-passes-coronavirus-aid-relief-and-economic-security-cares-act
2. https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
3. MLN Matters Special Edition Article SE20016, https://www.cms.gov/files/document/se20016.pdf ■