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The information in this session is intended to be educational and is not legal advice. No attorney-client relationship is created by way of this informational session.
Pre-COVID

- **CMS Covered Telehealth Services list**
  - Originating site
    - Geographic area
    - Limited eligible sites
      - The office of a physician or practitioner
      - A critical access hospital
      - A rural health clinic
      - A Federally qualified health center
      - A hospital
      - A hospital-based or critical access hospital-based renal dialysis center (including satellites)
      - A skilled nursing facility
      - A community mental health center
      - A renal dialysis facility, **but only for limited purposes**
      - The home of an individual, **but only for limited purposes**
  - Distant site
    - Defined by DHHS/CMS (not by statute)
  - Telecommunications system
    - Defined by DHHS/CMS (not by statute)
Public Health Emergency (PHE) renewed April 2022

Expected to renew again in July 2022

National Public Health Emergency Status
COVID Public Health Emergency
Telehealth Flexibilities

- Distant site professionals could be paid for telehealth rendered to patients in states where professional was not licensed
  - Payment rule, not licensing rule
- Eliminated geographic restriction on originating sites
- Added home as eligible originating site
- *Clarified* telehealth can be rendered incident-to professional’s services
- Allows direct supervision of telehealth be provided via virtual presence (permanent)
- Revised definition of telecommunications system to include audio-only for certain services
COVID Public Health Emergency
Telehealth Flexibilities

• Professionals allowed to render telehealth services from home
  • As always, must be within U.S.

• Does not require adding provider’s home as practice location on 855

• Added RHCs to list of eligible distant site telehealth billers

• Expansion of services that can be delivered via telehealth
Question: Who can provide telehealth services for an RHC?

Answer: Any provider currently authorized to deliver primary care (physicians, NPPs, PAs, CNM)

Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish telehealth services within their scope of practice and consistent with Medicare benefit rules that apply to all services.

COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing (cms.gov)
Question: What services can an RHC deliver via telehealth?

RHCs have always been able to render originating site fees. Use rev code 0780 and HCPCS code Q3014.
Question: What services can an RHC deliver via telehealth?

Answer: During the PHE + extension period, “any telehealth service that is included on the list of Medicare telehealth services under the Physician Fee Schedule”

COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing (cms.gov)
14. **Question**: Do distant site telehealth services have to be related to COVID-19?

**Answer**: No. Distant site telehealth services do not have to be related to COVID-19.

New: 5/27/2020
19. **Question**: Will coinsurance apply to distant site telehealth services?


New: 5/27/2020

20. **Question**: Are modifiers required to identify services to which coinsurance and deductibles do not apply?

**Answer**: RHCs and FQHCs must use the “CS” modifier on the claim to identify the COVID-19 testing-related services to which the coinsurance and deductible do not apply. Coinsurance and deductible amounts should not be collected from beneficiaries for these services.

New: 5/27/2020
13. **Question:** How should distant site telehealth services be reported on the cost report?

**Answer:** RHCs and FQHCs should report distant site telehealth service costs on their cost report along with costs for furnishing originating site telehealth services. 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.”

New: 5/27/2020
Mental Health Services via Telehealth

- SUPPORT Act and SUD coverage via telehealth pre-COVID PHE
- Consolidated Appropriations Act of 2020 and mental/behavioral telehealth
  - Home
  - Audio-only
  - In-person requirements: within 6 months prior to telehealth service, every year (exceptions apply)
- In-person requirements aren’t triggered until PHE ends
  - Only apply if service would not be covered under basic telehealth rules
- CAA of 2022 tolls implementation of in-person requirements for another 151 days
- Includes when rendered by FQHCs, RHCs
Expansion of Virtual Communication Services

- Online digital E/M (CPTs 99421, 99422, 99423)
- Use HCPCS code G0071
- Can be used along or with other payable services
- Available through the end of the PHE (no extension published yet)
- For 2022 payment is $23.88
Certain flexibilities will extend for 151-days after the PHE ends

Extensions to Telehealth Flexibilities Affecting RHCs After the PHE
Proposed Legislation

• Telehealth Extension and Evaluation Act
  • Introduced in February 2022
  • Concepts in large part adopted by CAA of 2022
  • Would have established a two-year extension for certain COVID-19 emergency telehealth waivers
    • Geographic and originating site restrictions
    • Controlled substances to be prescribed via telehealth under Ryan Haight Act
    • Extend payment flexibilities for RHCs including being eligible distant site billers
Consolidated Appropriations Act of 2022

- $1.5 trillion Omnibus Spending Package passed in March 2022 that will extend Medicare telehealth coverage for 151 days after end of PHE
- Services covered as audio-only during PHE will continue to be covered for 151 days
- Requires certain distant site professionals continue to be allowed to bill as distant site professionals during that time
- RHCs included as distant site providers
- Originating site redefined for 151 days after PHE ends
Geographic Requirements

• Amends 1834(m)(4)(C) Definition of Originating Site
  • 1834(m)(4)(C) (i) = rural geographic area
  • 1834(m)(4)(C)(ii) = eligible originating healthcare sites

• RHCs typically are eligible originating sites but not eligible to bill for distant site services
  • During the PHE and for 151 days after, RHCs may act as distant sites
Mental Health Visits by RHCs

• Made a PHE flexibility in 2020
• January 1, 2022 – Permanent change
• RHC Mental Health Visit benefit includes visits furnished using interactive, real-time telecommunications technology
• Allows RHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way they currently do when visits take place in-person, including audio-only visits when the beneficiary is not capable of, or does not consent to, the use of video technology
• Revenue code 0900, HCPCS code for the mental health visit, -CG
  • Also use -95 for audio/visual or
  • -FQ for audio-only
• G2025 distant site telehealth visit ($97.24)
Resources

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COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing (cms.gov)

Originating site fees: https://www.cms.gov/Medicare/Medicare-General-Information/Medicare-Medicare-General-Information/Telehealth/Telehealth-Codes
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
htrc@kumc.edu

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