Telehealth Billing for Rural Health Clinics

If you are not confused, you are not paying attention!

When it comes to movies, I am a bit of a dandy preferring period dramas to the usual Hollywood superhero action flicks. So, it should be no surprise, I was excited when I heard a remake of Little Women was to be released. I waited with great anticipation until opening night and while the movie was good, all the flash backs, flash forwards, flash sideways, the story of four sisters at different ages, and the movie ends with (spoiler alert) Jo still does not marry Laurie left a little something to be desired. That is pretty much the way Rural Health Clinics feel about the Medicare Telehealth guidance provided by CMS. First, I do not want to sound critical of the Center for Medicare and Medicaid Services (CMS) as they have worked through a difficult regulatory minefield and have MacGyvered an aging CMS computer system to provide payments to RHCs as quickly as possible. The effort of CMS is truly unprecedented, historic, heroic, and highly appreciated by the RHC community.

So, let us get started at the beginning. On **March 17, 2020** CMS released a document titled Medicare Telemedicine Health Care Provider Fact Sheet outlining several changes to the Medicare guidance on telehealth services. While there were many impactful changes in the document, **the one most impactful to RHCs was the removal of the originating site regulation and allowing the patient's home to be the originating site of a telehealth visit**. In addition, CMS removed all geographic restrictions on telehealth. Previously, Medicare only allowed Telehealth in certain rural, underserved areas. Effective **March 6, 2020** those restrictions were removed. To quote the CMS press release on this subject "While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting **March 6, 2020** and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility **and in their home."** Rural Health Clinics could only be originating sites and were precluded from being distant site providers before this announcement. Within the RHC community there was some disagreement between whether this announcement gave RHCs the green light to become distant site providers or they needed to wait until CMS issues language that clearly allows RHCs to be distant site providers (spoiler alert- that would be coming soon). We need to move this movie along so if you want to know exactly what CMS announced on March 17th, here is the link.

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

The CARES Act was approved on March 27, 2020 providing $2.2 trillion of economic stimulus to the economy including Section 3704 Enhancing Medicare Telehealth Services for RHCs During Emergency Period which 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 if 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

This is welcome news for RHCs as they now have it in statue that **RHCs can be a distant site provider** if only for the duration of the COVID-19 public health emergency.

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RHCs waited 31 agonizing days for CMS to publish guidance on RHC telehealth billing on April 17, 2020 titled SE20016 which CMS promptly revised 13 days later April 30, 2020 and can be found here:

https://www.cms.gov/files/document/se20016.pdf

Let us summarize how RHCs can bill for Telehealth services based upon the Revised SE20016 guidance from CMS:

1. Medicare will allow RHCs to bill RHC telehealth claims occurring on **January 27, 2020 and until the end of the Public Health Emergency.**
2. CMS has established a uniform RHC telehealth payment rate of **$92.03** per visit. This rate will apply to telehealth visits performed by independent and provider-based RHCs until December 31, 2020 when if we are still in the PHE, the rate will be revised.
3. RHCs can bill for all telehealth currently covered by Medicare during the PHE from the list of 238 Medicare approved Telehealth CPT codes **including audio only codes effective March 1, 2020** in the link below:

   https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

4. Because Medicare's computer system will not be updated until July 1, 2020, RHCs will have two different sets of billing guidance depending on the time period. For visits occurring January 27th through June 30, RHCs will Use HCPCS G2025 (Distant Site Telehealth Services at RHC/FQHC) for HCPCS Codes from the approved Telehealth visit list above (ie 99213 or 99441) and RHCs **MUST** add the **CG** modifier (the 95 modifier is optional) on the claim line to signify that the visit was via telehealth rather than in-person until July 1, 2020 when the CG modifier will no longer be required.
5. In order to expedite adoption of this policy, CMS will INITIALLY pay the RHC's all-inclusive rate for this visit. For Independent RHCs that are capped at $86.31 will in most cases receive less that the $92.03 telehealth rate and Provider-based RHCs with no Medicare cap will continue to get their interim rate which based on national averages will in most cases by higher than the $92.03 Telehealth rate.
6. Beginning in July, CMS will automatically adjust ALL RHC telehealth claims to reflect the $92.03 telehealth per visit rate that were submitted between now and July 1, 2020. RHCs with a per-visit rate below $92.03 will receive an additional payment reflecting the difference between their AIR and $92.03. For RHCs with an AIR above $92.03, CMS will RECOUP the difference. Independent RHCs can expect somewhere around $5 per visit payment when the claims are reprocessed while Provider-based RHCs may expect between a $75 to $100 recoupment per visit. Provider-based RHCs will want to plan for this recoupment by comparing their actual interim rate with the $92.03 Telehealth rate or they may prefer to hold the claims until July 1, 2020 and bill them as a G2025 and receive the correct rate without recoupment.
7. After July 1, 2020, through end of the COVID-19 Emergency RHCs will use G Code G2025 (no 95 or CG modifier required) to identify distant site telehealth visit services. This code will reimburse the correct amount of $92.03.
8. Costs associated with the delivery of a telehealth visit will be reported on the RHC cost report however, they will be included in line 79 of the Independent RHC cost report and the corresponding cost center in Worksheet M-1 on the Hospital Form 2552-10 for provider-based RHCs, non-reimbursable RHC costs. This is so that RHC telehealth costs and telehealth visits will not be counted when determining the RHCs cost-per visit. RHCs should keep good time and expense records during the PHE so costs can be accounted for on the cost report. Julie Quinn from HSA has an excellent time study for provider that I have linked below:

   Julie Quinn - HSA Time Study Document in Excel for keeping up with Telehealth time on the RHC Cost Report

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Table 1 – Summary of RHC Telehealth Billing

Description	Telehealth	Virtual Visits	E-Visits	Telephone
Modality	Audio & Visual (with exceptions during PHE)	Telephone & Store & Forward	Portal	Audio Only
Part B CPT Code	See listing of 238 codes currently	G2010 & G2012	99421 to 99423	99441 to 99443
RHC Billing Format	UB-04	UB-04	UB-04	UB-04
RHC Billing Code	G2025	G0071	G0071	G2025
Revenue Code	052X	0521	0521	0521
RHC Payment Rate	$92.03	$24.76	$24.76	$92.03
CG Modifier	Yes, until 6/30/20	No	No	Yes, until 6/30/20
95 Modifier	Not Required	Not Required	Not Required	Not Required
Interim Rate	AIR until 6/30/20	$24.76	$24.76	AIR until 6/30/20
Claim Reprocessed	Yes	No	No	Yes

Because CMS revised the guidance so quickly confusion reigns on how to bill for Telehealth in RHCs. There are numerous moving parts that must work in unison for a Medicare claim to be paid including CMS, Medicare Administrative Contractors (MAC), Clearinghouses, Software vendors, billing companies, and RHC billing personnel. If any link in the chain fails or is not updated the claim will reject. Unfortunately, that is the situation most RHCs face. Most of the telehealth claims filed with a G2025 are being rejected by the MACs at this time. There is also a question about whether claims filed using the April 17th guidance will need to be refiled or appended to process as well as whether or not the PC-ACE software provided by CMS has been updated to include these changes. As of the date of this publication, we do not have answers to the above questions and the NARHC is working diligently to find the answers which will be provided to the RHC community as soon as possible. The best advice, we can give you now is to hold your telehealth claims until the dust settles and when you do start to bill send test bills to determine if the claim will pay before sending batches of 100s or 1,000s of claims.

Like the movie Little Women, RHC telehealth billing has taken us on a quite a journey with more than its share of plot twists including some high points like RHCs being able to bill as a distant site and telephone audio only visits as a RHC telehealth visit and some lower points like RHCs not being paid the AIR and not having the visits and expense to be included in the AIR calculation. So, to conclude, as hard as everyone has been working, there is more work to do to make telehealth in RHCs a sustainable and viable service for all RHCs going forward. The genie is out of the bottle and patients, providers, and the healthcare industry do not want to go back to pre-COVID policies regarding telehealth. Please work with the NARHC to help make that happen. Thank you for what you do. For being the real heroes. Stay safe.

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