

## FEDERALLY QUALIFIED HEALTH CENTERS & RURAL HEALTH CLINICS ACTING AS DISTANT SITE PROVIDERS IN MEDICARE

The Center for Medicare and Medicaid Services (CMS) issued [guidance](#) on new and expanded flexibilities given to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) during the COVID-19 Public Health Emergency (PHE) crisis. There is also another [guidance](#) on flexibilities given to FQHCs and RHCs. The guidance documents were updated on April 30, 2020.

| THE QUESTION  | CMS INSTRUCTION   |
|---|---|
| What modality may be used?  | For telehealth, FQHCs and RHCs may furnish services through an interactive audio and video telecommunications system. Some services CMS is allowing to be covered by <a href="#">audio-only</a> . For virtual check-ins, store-and-forward and services delivered through an online portal, this is not considered telehealth. See “Virtual Communications Services” below. |
| What provider in my FQHC/RHC can provide services?  | Any health care practitioner working at an FQHC/RHC as long as its within his/her scope of practice.  |
| Can my practitioners furnish services when they are at home?  | Yes, the health care practitioner does not need to be located at the FQHC/RHC during the telehealth interaction.  |
| What services can be provided?  | Only the services that are approved for coverage when delivered via telehealth. The list of services can be found <a href="#">HERE</a> .  |
| Will an FQHC get their PPS rate/RHC their AIR rate?   | No. The CARES Act required a methodology based upon the fee-for-service rates be used to calculate an amount to be paid for telehealth services provided by FQHC/RHCs. This amount is \$92.03.  |
| If the FQHC and RHC don't get their PPS/AIR rate, does the Medicare Advantage (MA) wrap-around payment apply to these services? | No. Wrap-around payment for distant site telehealth services will be adjusted by the MA plans.  |
| Co-pays?  | For services related to COVID-19 testing including those done through telehealth, RHCs/FQHCs must waive the collection of co-insurance from beneficiaries. Use the “CS” modifier on the service line.   |
| Will the costs for providing telehealth be used to determine the PPS/AIR?   | No, but the cost still must be reported on the appropriate cost form. For RHCs – Form CMS-222-17 on line 79 of Worksheet A in the “Cost Other Than RHC Services.” FQHCs use CMS-224-14, on line 66 of Worksheet A, “Other FQHC Services.”   |
| Do I need to get informed consent?  | Not for telehealth, but you do for Care Management and Virtual Communication Services. The consent can be obtained at the same time the services are being furnished and can be obtained by someone working under the general supervision of the RHC/FQHC practitioner and direct supervision of obtaining the consent is not required.                                     |
| Services that can be provided via telehealth  | Any service Medicare has approved to be furnished via telehealth. See list <a href="#">HERE</a> .   |

### **Billing?**

FQHCs/RHCs will not receive their PPS/AIR rates. They will receive \$92.03 for the telehealth interaction.

FQHCs and RHCs are to bill using the HCPCS code G205 for services furnished via telehealth beginning on January 27, 2020. (NOTE: The home became an eligible originating site on March 6, 2020).

For RHCs, services provided January 27, 2020 to June 30, 2020 will be billed with HCPCS code G205 with the modifier “CG” on the claim. The “95” modifier is not required. The AIR rate will be paid, **but these claims will automatically be reprocessed in July with the new payment rate. The RHC will not need to resubmit these claims.** This is being done as the processing system is not anticipated to be in place until then. Beginning July 1, 2020, the RHC will no longer need to use the CG modifier.

For FQHCs, telehealth distant site services furnished between January 27, 2020, and June 30, 2020, that are also FQHC qualifying visits, three HCPCS/CPT codes for distant site telehealth services must be used:

- PPS specific payment system code: G0466, G0467, G0468, G0469, or G0470
- The HCPCS/CPT code that describes the services furnished via telehealth with modifier 95; and
- G2025 with modifier 95.

These 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 G205. Beginning July 1, 2020, FQHCs will only be required to submit G205 where modifier 95 may be appended but it is not required.

### ***Virtual Communication Services***

Virtual Communication Services are **NOT** considered telehealth services by Medicare. These services use telehealth technologies like live video as well as the telephone but are not considered by CMS to come under the umbrella of telehealth.

FQHCs and RHCs may provide virtual check-in services which can be done via live video, phone or asynchronously and are typically billed with G2010 or G2012. FQHCs and RHCs may also use online digital evaluation and management services. These are non-face-to-face, patient initiated, digital communications on a secure patient portal.

- 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)

To bill for any of the aforementioned Virtual Communication Services, use code G0071 and it can be either alone or with other payable services. For G0071 claims submitted on or after March 1, 2020 to end of the PHE, the rate paid is \$24.76.

You can download a copy of the CMS guidance [HERE](#).