

How do the telehealth changes in Medicare CY 2019 impact FQHC/RHCs?

Virtual Check-In

FQHCs and RHCs will be allowed to bill for a Brief Communication Technology-Based Service or a "Virtual Check-In." These interactions take place over phone or live video and involve a physician or non-physician practitioner having a brief (5 to 10 minutes) check-in with a patient to assess whether the patient needs to come in for an office visit. The virtual check-in must be for a condition not related to an E/M service provided within the previous 7 days and does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment. The rate charged will be the physician fee schedule rate, not the all-inclusive rate (AIR) or prospective payment system (PPS).



Remote Evaluation Services



Similar to the virtual check-in, FQHCs and RHCs will be allowed to bill for asynchronous or store-and-forward, patient-initiated visits when recorded video or images are sent to the FQHC/RHC. The services can only be billed if the condition is not related to a service provided within the previous 7 days and does not lead to a service provided within the next 24 hours or soonest available appointment.

Things to Keep in Mind

- The new code to bill for Virtual Communication Services (live video or store-and-forward) is G0071.
- There must be at least 5 minutes of communication.
- The patient must have been seen by the FQHC/RHC in the past year.
- The service is provided by an FQHC/RHC practitioner.
- FQHCs and RHCs will NOT receive their PPS or AIR rates. The rate is set at the average of PFS payment rates for G2012 and G2010 and updated annually.
- Coinsurance would apply to FQHC claims.
- Face-to-face requirement is waived.
- Coinsurance and deductibles would apply to RHC claims.
- These are not to be considered substitutions for an in-person visit.
- No frequency limitation is implemented at this time.
- How to do cost reporting will be in subregulatory guidance.
- Goes into effect January 1, 2019.



Impacts of Chronic Care Management

CCM code 99491 will be included in the rate setting for RHC & FQHC General Care Management code, G0511. For FY 2019, 99491 is expected to be \$74.26 while G0511 is expected to be \$67, resulting in a higher payment had 99491 not been added to determine the rate.



eConsult

FQHCs and RHCs are not allowed to bill for interprofessional internet consultations (eConsult) because the AIR and PPS includes all costs associated with a billable visit, including consultations with other practitioners.

