

CMS TELEHEALTH POLICY CHANGES

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- **Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.**
- **Always consult with legal counsel.**
- **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**

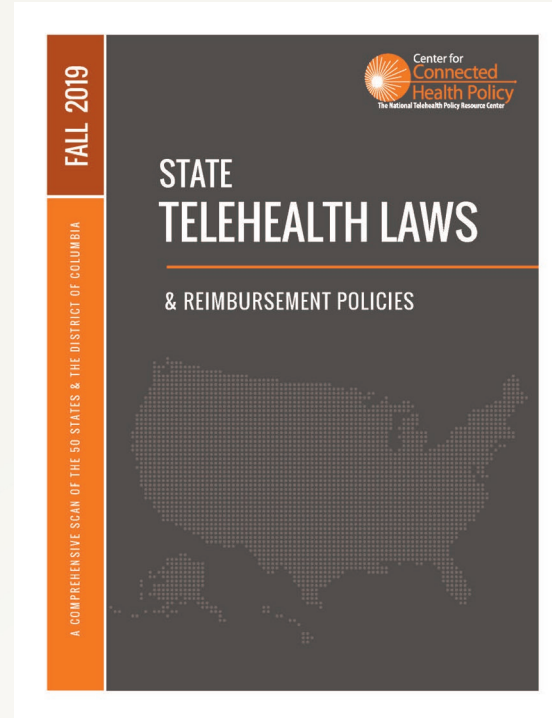
ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners



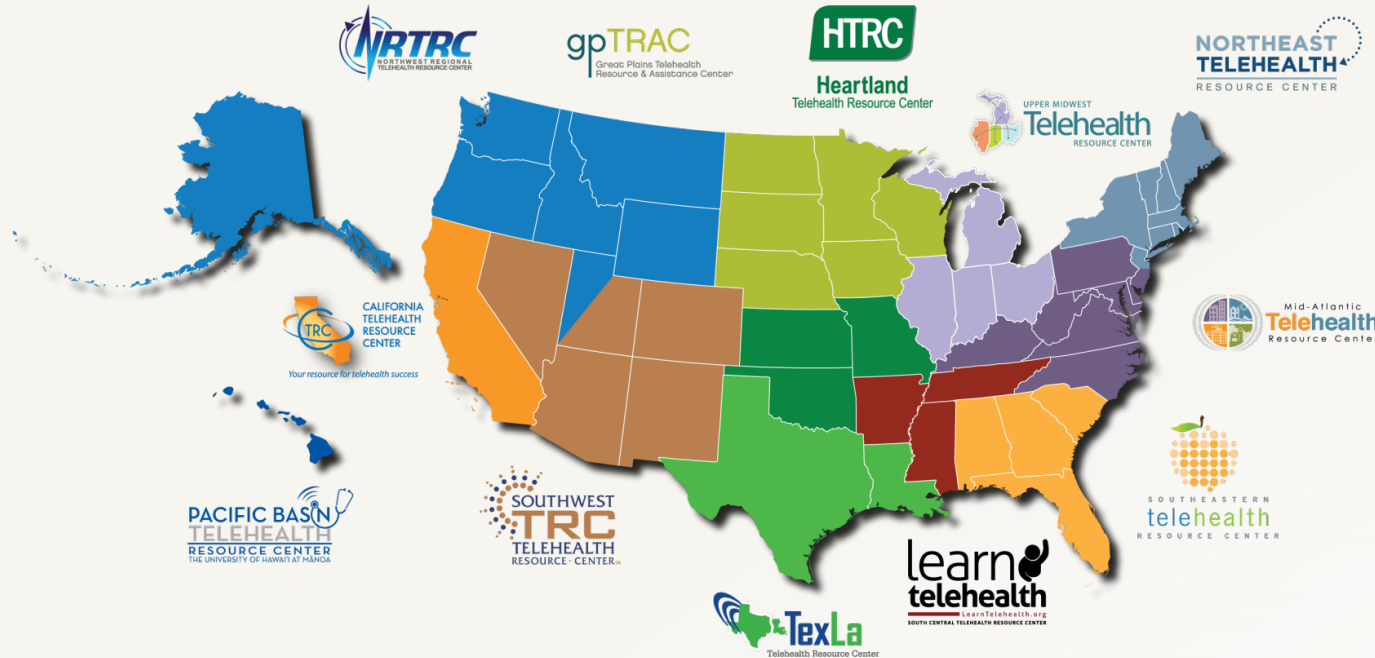
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the website's navigation bar with options for 'CURRENT STATE LAWS & POLICIES' and 'LEGISLATION & REGULATION TRACKING'. The main navigation includes 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is located on the right. Below the navigation, a text box explains that CCHP helps users stay informed about telehealth-related laws and regulations. The central feature is the 'Interactive Policy Map', which shows a map of the United States with state boundaries. A legend at the bottom indicates that orange shading represents 'Policy Exists/Explicitly Allowed' and grey shading represents 'No Policy Exists or Not Explicitly Allowed'. To the left of the map is a search filter panel with dropdown menus for 'All 50 States & D.C.', 'All Categories', and 'All Topics', along with an 'APPLY' button. A 'CITE CCHP' button is also visible next to the map.

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

CMS TELEHEALTH POLICY - NOW

SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Geographic/Site location for patient	No geographic restrictions, patient allowed to be in home during telehealth interaction	No geographic restrictions, patient allowed to be in home during telehealth interaction
Location of provider	Provider able to provide services when at home, need not put home address on claim	Provider able to provide services when at home
Modality	Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services	Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services
Type of provider	All health care professionals to bill Medicare for their professional services.	Temporarily added to list of eligible providers by CARES Act

CMS TELEHEALTH POLICY - NOW

SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Services	Approximately 180 different codes available for reimbursement if provided via telehealth. List available HERE .	Can only provide the services on THIS list via telehealth and be reimbursed by Medicare.
Amount of reimbursement	Same as would received if it had been provided in-person (Fee-for-service rate). Some rates for telephone visits have been increased.	\$92.03
Modifiers	Per the final interim rule, providers are allowed to report POS code that would have been reported had the service been furnished in person so that providers can receive the appropriate facility or non-facility rate and use the modifier “95” to indicate the service took place through telehealth. If providers wish to continue to use POS code 02, they may and it pays the facility rate	<p><u>For services delivered January 27, 2020 – June 30, 2020</u></p> <p>RHCs: Use G2025 with CG modifier. 95 modifier can be appended, but is not required.</p> <p>FQHCs: Must report 3 HCPCS/CPT codes: (1) the PPS specific payment code; (2) the HCPCS/CPT code that describes the service with the 95 modifier; (3) G2025 with modifier 95</p> <p>Beginning July 1, 2020</p> <p>FQHCs/RHCs: Only submit G2025. RHCs should no longer use CG modifier.</p>

CMS TELEHEALTH POLICY - NOW

OTHER ISSUES

POLICY DURING COVID-19

Dialysis Patients

Secretary has power to waive requirements that home dialysis patients receiving services via telehealth must have a monthly face-to-face, non-telehealth encounter in the first three months of home dialysis and at least once every three consecutive months.

Hospice

During an emergency period, the Secretary may allow telehealth to be used to meet the requirement that a hospice physician or nurse practitioner must conduct a face-to-face encounter to determine continued eligibility for hospice care.

Providers needing to put their home addresses

Allow physicians and other practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.

Hospitals & Originating Site Fee

Hospitals can bill an originating site fee when the patient is at home. [Guidance](#).

Hospital-Only Remote Outpatient Therapy & Education Services

Hospitals may provide through telecommunication technology behavioral health and education services furnished by hospital-employed counselors or other health professionals who cannot bill Medicare directly. Includes partial hospitalization services and can be furnished when the beneficiary is the home. [Guidance](#).

CMS TELEHEALTH POLICY - NOW

OTHER ISSUES	CMS
Removal of frequency limits	Subsequent inpatient visit limit of once every three days (CPT codes 99231-99233); Subsequent SNF visit limit of once every 30 days (CPT codes 99307-99310) • Critical care consult of once per day (CPT codes G0508-G0509).
Stark Laws	Some waivers allowed for Stark including hospitals and other health care providers can pay above or below fair market value to rent equipment or receive services from physicians; health care providers can support each other financially to ensure continuity of health care operations
Supervision/Practice Top of Licensure	Some supervision changes including allowing live video for physician supervision.

CMS Telehealth Manual: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.t.pdf>

CMS FAQ - <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

CMS Emergency Declarations - <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>


CMS Guidance - <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

CARES ACT

Pre-COVID-19, FQHCs & RHCs were not allowed to act as distant site providers in the Medicare program. The CARES Act changed that and during a public health emergency, they can provide services as a distant site provider using telehealth.

UPDATED APRIL 30, 2020.

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



New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016 Related Change Request (CR) Number: N/A
Article Release Date: April 17, 2020 Effective Date: N/A
Related CR Transmittal Number: N/A Implementation Date: N/A

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

To provide as much support as possible to RHCs and FQHCs and their patients during the COVID-19 PHE, both Congress and the Centers for Medicare & Medicaid Services (CMS) have made several changes to the RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will make additional discretionary changes as necessary to assure that RHC and FQHC patients have access to the services they need during the pandemic. For additional information, please see the RHC/FQHC COVID-19 FAQs at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

BACKGROUND

New Payment for Telehealth Services

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. RHCs and

MEDICARE GUIDANCE TO FQHCS/RHCS

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 and certain services via audio-only. Some services not considered “telehealth” but use telehealth technologies also available. 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 [HERE](#).

MEDICARE GUIDANCE TO FQHCS/RHCS

THE QUESTION	CMS INSTRUCTION
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.

MEDICARE GUIDANCE TO FQHCS/RHCS

THE QUESTION

CMS INSTRUCTION

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.

MEDICARE GUIDANCE TO FQHCS/RHCS

BILLING - RHCs

- For RHCs, services provided January 27, 2020 to June 30, 2020, use G2025 with modifier “CG.” 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.** Beginning July 1, 2020, CG modifier no longer needed.

MEDICARE GUIDANCE TO FQHCS/RHCS

BILLING - FQHC

- For FQHCs, services provided between January 27, 2020 to June 30, 2020 that are also FQHC qualifying visits, three HCPCS/CPT codes for distant site telehealth services must be used: 1) PPS specific payment system code: G0466, G0467, G0468, G0469 or G0470; 2) 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 G2025. Beginning July 1, 2020, FQHCs will only be required to submit G2025 where modifier 95 may be appended but it is not required.

TECHNOLOGY ENABLED/COMMUNICATIONS-BASED SERVICES

SERVICE	MODALITY
Virtual Check-In Codes G2010, G2012 Audio-Only Services - CPT codes 98966 -98968; 99441-99443	Live Video, Store-and-Forward or Phone
Interprofessional Telephone/Internet/EHR Consultations (eConsult) 99446, 99447, 99448, 99449, 99451, 99452	Can be over phone, live video or store-and-forward
<u>Remote monitoring services:</u> Chronic Care Management (CCM); Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)	RPM
Online Digital Evaluation (E-*Visit) – G2061-2063 Online Medical Evaluations – 99421-99423	Online portal

Interim Final Rule - <https://www.cms.gov/files/document/covid-final-ifc.pdf> No CMS guidance document issued yet

MEDICARE GUIDANCE TO FQHCS/RHCS

VIRTUAL COMMUNICATION SERVICES

- Virtual Communication Services are **NOT** considered telehealth services by Medicare. These service use telehealth technologies like live video as well as the telephone.
- May provide virtual check-in services which can be done via live video, phone or asynchronously. G2010 or G2012.
- May use online digital evaluation and management services. These are non-face-to-face, patient initiated, digital communications on a secure patient portal. CPT Codes 99421-99423
- **TO BILL FOR THE ABOVE SERVICES**, FQHCs/RHCs 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.

MEDICARE & TELEHEALTH

ADDITIONAL SERVICES

- Temporarily altered process in how new services are approved for reimbursement if delivered via telehealth.
- During the PHE, will use a subregulatory process to modify services included on the Medicare telehealth list.
- When CMS receives a request to add or identifies by internal review a service that can be furnished in full (as described by the relevant code) in a manner similar to in-person, it will post on the listing of eligible services delivered via telehealth.

CCHP

- CCHP Website – cchpca.org
- Telehealth Federal Policies - <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
- State Emergency Waivers/Guidances - <https://www.cchpca.org/resources/covid-19-related-state-actions>
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe



Thank You!

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