CRHC Telemedicine Guidance COVID -19

For Medicare Telemedicine Visits:

1-Telehealth VISIT - A substitute for an in-office service. Must be audio and video connection with the patient. Federally Qualified RHCs can serve as the originating site but not the distant site. What does this mean: the patient has to be located in the FQRHC to receive telemedicine services.

2-Digital E-vists - A new service as of 2020. This a digital back and forth with the patient over 7 days. Federally Qualified RHCs CANNOT bill for this currently.

3-Virtual Check-ins (Virtual Care Communications) – Federally Qualified RHCs can do this!
New Virtual Communication Services Covered by Medicare

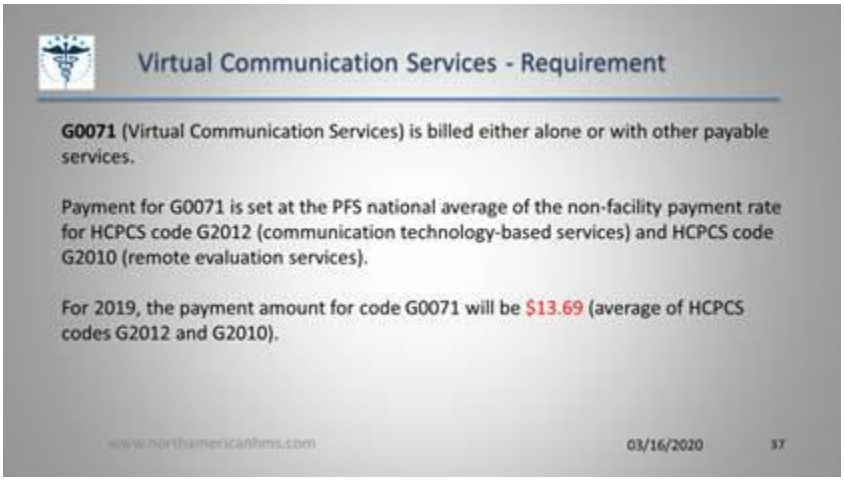
Effective January 1, 2019, RHCs can provide and bill Medicare for a new type of service called "Virtual Communication Services." This is a new type of health care service whereby the RHC practitioner provides at least 5 minutes of advice or counseling to a patient through some type of communications technology.

For instance, if a patient calls the RHC, and the RHC practitioner (not the nurse or receptionist) spends five minutes listening to the patient describe their condition and recommends that they schedule a visit with a specialist not associated with the RHC, then the RHC can bill for and get paid by Medicare for the five minutes of advice they gave to the patient.

Another scenario that might qualify as a billable virtual communication service could involve a patient emailing the RHC practitioner about a new condition they are experiencing. If your practitioner spends at least 5 minutes responding via email and advising the patient on what to do, and this condition is not related to an RHC service provided within the last 7 days (i.e. a follow-up), then this too would be considered a billable virtual communication service.

Similar to how CCM billing works for RHCs, virtual communication services performed in an RHC are billed using a different code than our FFS peers.

The code for RHCs is G0071 and will be paid at $13.69 in 2019. FFS providers have two different codes that are paid at slightly different rates. RHCs, on the other hand, have the one code which is paid at the average of the two FFS codes.



**It should be noted that unlike CCM services, the patient must initiate any virtual communications service. However, like CCM services, coinsurance and deductibles do apply. If you provide virtual communications services, be prepared to explain to patients why they are getting a bill for $2.74.

FOR NON FEDERALLY QUALIFED RHCs: The codes that will be billed for what Medicare actually defines as Medicare "telehealth services" will be evaluation and management (E/M) codes (for example, 99213, 99214) along with a telehealth Place of Service Code (https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set).

Moving forward with telehealth billing for Medicaid:

It is acceptable to use telemedicine to facilitate live contact directly between a member and a provider. Services can be provided between a member and a distant provider when a member is in their home or other location of their choice. **Additionally, the distant provider may participate in the telemedicine interaction from any appropriate location.**

Other standard requirements for telemedicine services include:

- The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service. [C. R. S. 2017, 25.5-5-320(2)].
- Providers may only bill procedure codes which they are already eligible to bill.
- Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.
- Providers must document the member's consent, either verbal or written, to receive telemedicine services.
- The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine.
- The use of telemedicine does not change prior authorization requirements that have been established for the services being provided.
- Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA. Office for Civil Rights (OCR) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

Billing Guidance:

To receive reimbursement for telemedicine services, providers must follow the following billing practices:

- UB-04 Institutional Claims - Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes. This identifies the service as provided via telemedicine during the COVID-19 State of Emergency.
- CMS 1500 Professional Claims - Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine. Only specific CPT/HCPCS are allowed.