



COVID-19 Billing for FQHCs & RHCs

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All information is current as of the date and time of this presentation.

Louisiana's Health Initiative

MEDICARE



Things are changing...

- As mandated by the CARES Act, CMS is paying for Medicare Telehealth Services provided by RHCs and FQHCs
 - Previously, these entities could not be paid to provide Telehealth Services as “Distant Sites.”
 - Effective March 6, 2020, Medicare beneficiaries located in rural and other medical underserved areas will have more options to access care from their home, without the necessity of travel.

Things are changing...

- **As mandated by the CARES Act, CMS is paying for Medicare Telehealth Services provided by RHCs and FQHCs**
 - Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services. (Celebrate – RHCs will be paid for CPT 99441- 99443 at \$92.03 using G2025)
- **Practitioners now allowed to provide telehealth services, including:**
 - Physical therapists, occupational therapists, and speech language pathologists



Some standout flexibilities that have been expanded include:

- CMS has removed some regulatory requirements and added additional flexibilities to assist RHCs and FQHCs in furnishing services during the COVID-19 Public Health Emergency (PHE). These include:
 - a) Expansion of Virtual Communication Services for RHCs and FQHCs to include online digital evaluation and management services using patient portals; and
 - b) Revision of Home Health Agency Shortage Area Requirement for Visiting Nursing Services Furnished by RHCs and FQHCs
 - **These changes are in effect for the duration of the COVID-19 PHE and are not permanent.**



Online Digital Evaluation & Management Services

- Online digital evaluation and management services are non-face-to face, patient-initiated, digital communications using a patient portal, that require a clinical decision that otherwise typically would have been provided in the office.
- CMS has been paying separately under the physician fee schedule for these services since before the PHE and is expanding the same flexibilities to RHCs and FQHCs.

Codes Describing These Services

- 99421 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 99422 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
- 99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes



Online Patient Portal

- An online patient portal is a secure online website that gives patients 24-hour access to personal health information from anywhere with an Internet connection by using a secure username and password.



Provider Location

- The RHC or FQHC practitioner can respond from any location during a time that they are scheduled to work for the RHC or FQHC, including from home.



How Medicare Will Pay

- RHCs and FQHCs must use HCPCS code G2025, the new RHC/FQHC specific G code for distant site telehealth services, to identify services that were furnished via telehealth beginning on January 27, 2020, the date the COVID-19 PHE became effective.
- Note that the changes in eligible originating site locations, including the patient's home during the COVID-19 PHE are effective beginning March 6, 2020.
- **\$92.03**

Because of Emergency, CMS is Implementing Changes in Stages RHC Claims

For Telehealth Service Claims January 27th-June 30th

REVENUE CODE	HCPCS CODE	MODIFIERS
052X	G2025	CG (Required) 95 (Optional)

For Telehealth Service Claims Starting July 1st

REVENUE CODE	HCPCS CODE	MODIFIERS
052X	G2025	95 (Optional)

Paid at RHC AIR and automatically reprocessed beginning on July 1, 2020 at \$92.03 rate

Because of Emergency, CMS is Implementing Changes in Stages FQHC Claims

For Telehealth Service Claims January 27th-June 30th

REVENUE CODE	HCPCS CODE	MODIFIERS
052X	G0467 (or other appropriate FQHC Specific Payment Code)	No Modifier
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

For Telehealth Service Claims Starting July 1st

REVENUE CODE	HCPCS CODE	MODIFIERS
052X	G2025	95 (Optional)



2021 Payment Rate

- Only distant site telehealth services furnished during the COVID-19 Public Health Emergency are authorized for payment to RHCs and FQHCs
 - **If the COVID-19 is still in effect after December 31, 2020, this rate will be updated based on the 2021 Physician Fee for Service Schedule average payment rate for these services, weighted by volume for those services reported under the PFS.**



Cost Sharing Related to COVID-19 Testing (added)

- Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits:
 - furnished between March 18, 2020 and the end of the Public Health Emergency (PHE);
 - that result in an order for or administration of a COVID-19 test;
 - are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test;
 - and are in any of the following categories of HCPCS evaluation and management codes: (please see next slide)



Cost Sharing Related to COVID-19 Testing (added)

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services



Cost Sharing Related to COVID-19 Testing (added)

- The cost sharing is waived for the above medical visit services for which payment is made to:
 - Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
 - Physicians and other professionals under the Physician Fee Schedule
 - Critical Access Hospitals (CAHs)
 - Rural Health Clinics (RHCs)
 - Federally Qualified Health Centers (FQHCs)



Cost Sharing Related to COVID-19 Testing (added)

For institutional claims, providers, including hospitals, CAHs, **RHCs**, and **FQHCs**, who did not initially submit claims with the CS modifier must resubmit applicable claims submitted on or after 3/18/2020, with the CS modifier to visit lines to get 100% payment.

Cost Sharing Related to COVID-19 Testing

- For the specified E/M services related to COVID19 testing, including when furnished via telehealth, RHCs and FQHCs **must** waive the collection of co-insurance from beneficiaries.
 - For services in which the coinsurance is waived, RHCs and FQHCs must put the “CS” modifier on the service line.
 - RHC and FQHC claims with the “CS” modifier will be paid with the coinsurance applied, and the Medicare Administrative Contractor (MAC) will automatically reprocess these claims beginning on July 1, 2020.
 - *Coinsurance should not be collected from beneficiaries if the coinsurance is waived.*

Dates to Know:

DATE	ISSUE	SOURCE
January 27, 2020	(Date Emergency Period Became Effective)	https://www.cms.gov/files/document/se20016.pdf
January 27, 2020 Through End of Emergency Period	RHCs and FQHCs must use HCPCS code G2025 to identify services furnished via telehealth	https://www.cms.gov/files/document/se20016.pdf
March 1, 2020 Through End of Emergency Period	Audio-only telephone E & M services can be provided (99441, 99442, 99443) and billed using HCPCS G2025	https://www.cms.gov/files/document/se20016.pdf

Dates to Know:

DATE	ISSUE	SOURCE
March 6, 2020 Through End of Emergency Period	Changes in ORIGINATING SITE LOCATION became effective (INCLUDING PATIENT'S HOME)	https://www.cms.gov/files/document/se20016.pdf
March 18, 2020 through End of Emergency Period	Cost-Sharing Related to COVID-19 Testing Waived Use of CS Modifier Starts on Claims Billed after this date	https://www.cms.gov/outreach-and-education/outreachffsprovpartpro/provider-partnership-email-archive/2020-04-07-mlnc-se
March 27, 2020	CARES Act Signed into Law RHCs & FQHCs authorized to furnish distant site telehealth visits.	https://www.cms.gov/files/document/se20016.pdf

Dates to Know:

DATE	ISSUE	SOURCE
March 7, 2020	Medicare CS Modifier announced, and authorized use backdated to March 18, 2020 for RHCs and FQHCs	https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

LOUISIANA MEDICAID



TELEMEDICINE Services

GENERAL

- Providers must indicate **place of service 02** and append **modifier -95** on the **header and on all detailed service lines.**
- Services delivered via an audio/video system and via an audio-only system should be coded this same way.
- Reimbursement for these services in an FQHC/RHC will be at the all-inclusive prospective payment rate on file for the date of service

TELEMEDICINE Services

Secondary Claims (Third Party Liability – TPL)

- If a primary insurance claim for telehealth services was submitted with a place of service equal to the primary carrier's billing requirements and **modifier -95 is appended** to the procedure code for a covered service, DXC will allow the secondary claims and encounters.
 - Place of service (POS) 02 will NOT be required for these claims.
 - This instruction also applies to MCOs.
 - All secondary (TPL) claims submitted that were denied due to invalid place of service **that have modifier-95 appended** to applicable procedure codes will be reprocessed without any action required by providers.

TELEMEDICINE Services

EPSDT Preventive Care Services (Well-Child Care)

(effective for dates of service on/after March 5, 2020)

- Telemedicine/telehealth may be used to perform **clinically appropriate components** of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive services for members older than 24 months of age
- Essential components of an EPSDT preventive service visit that are impossible to perform via telemedicine/telehealth (*e.g., a complete physical exam, vision and hearing screenings, fluoride varnish, laboratory tests, and immunizations*) can be performed during an in-person interperiodic visit at a later date when limitations on non-emergent clinical care are lessened.

TELEMEDICINE Services

EPSDT Preventive Care Services (Well-Child Care)

- Coding for EPSDT preventive services completed through telemedicine/telehealth and interperiodic visits:
 - Normal EPSDT preventive services code by age (99381- 99385, 99391-99395) **with telehealth modifier (95), reduced services modifier (52), AND place of service (02).**
- The telemedicine/telehealth visit providing partial components of the EPSDT preventive services visit **(-52 modifier) is reimbursed at 75% of the normal rate.**
- The complete in-person interperiodic visit that occurs at a later date will be reimbursed at 100% of the fee on file.

TELEDENTISTRY Services

Effective 3/23/2020

- CDT Codes: Telecommunication technology can be used to triage patients or offer an evaluation to determine if the situation is urgent or emergent.
- The allowable CDT codes are listed below (Must use BOTH)
 - **D0140 limited oral evaluation** – problem focused An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.
 - **D9995 teledentistry** – synchronous; real-time encounter

TELEDENTISTRY Services

- All dental services must be billed using **ALL** of the following codes:
 - Encounter code (**D0999**)
 - The specific dental services provided (**D0140**)
 - The teledentistry code (**D9995**)
- Claim submissions must be billed with **POS 02** or the dental claim will be denied.
- Reimbursement for these services in an FQHC/RHC will be at the **all-inclusive prospective payment rate** on file for the date of service.
- Follow-up procedures cannot be billed separately.

MEDICAID Billing Examples

Medical Visit via Telemedicine

POS	CPT CODE	MODIFIER
02	T1015	95
02	99213	95

Paid at 100% of Encounter Rate

BH Visit via Telemedicine

POS	CPT CODE	MODIFIER
02	H2020	95
02	90834	95

Paid at 100% of Encounter Rate

MEDICAID Billing Examples

EPSDT Visit via Telemedicine

POS	CPT CODE	MODIFIER
02	T1015	95, 52
02	99393	95, 52

Paid at 75% of Encounter Rate

DENTAL Visit via Telemedicine

POS	CPT CODE	MODIFIER
02	D0999	-
02	D0140	-
02	D9995	-

Paid at 100% of Encounter Rate

NEW Medicaid Coverage of Uninsured Patients During COVID-19

- Effective 5/7/2020
- Under CMS guidance, testing-related services are services that are **directly related to the administration of a COVID-19 test or to determining the need for such a product.** Guidelines from the Centers for Disease Control and Prevention (CDC) recommend testing based on the patient's medical history (e.g., patient symptoms and/or reported exposures) and do not require a physical or radiological examination to determine if a test is necessary.
- Lab services are not paid separately for FQHCs and RHCs
- Physician or other licensed practitioner services related to COVID-19 testing

Procedure Code	Description
99201 - 99205	New Patient Visit
99212 - 99215	Established Patient Visit
T1015	FQHC/RHC Visit
99281 - 99285	Emergency Department Visit

NOTE: POS 02 and Modifier -95 are allowed/required for telehealth services

Medicaid Coverage of Uninsured Patients During COVID-19

- To be payable, claims must be coded with at least one of the following ICD-10 diagnosis codes to indicate that they are COVID-19 related.

ICD-10 Code	Description
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases (actual exposure to COVID-19)
Z11.59	Encounter for screening for other viral diseases
U07.1	COVID-19 (code only when there is a confirmed diagnosis). Available for services only after April 1, 2020



RESOURCES for Medicaid Coverage of Uninsured Patients During COVID-19

Louisiana Medicaid COVID-19 Uninsured Eligibility Group Provider Guide

<http://ldh.la.gov/assets/medicaid/COVID-19/COVID-19TestingCoverageforUninsuredProviderGuide.pdf>

Frequently Asked Questions

<http://ldh.la.gov/index.cfm/page/3967>

Application for Individual Coverage in the COVID-19 Uninsured Eligibility Group

<http://www.ldh.la.gov/assets/medicaid/MedicaidEligibilityForms/1-CS-Form.pdf>

Provider Enrollment with DXC.technology (Medicaid Fiscal Intermediary) for COVID-19 Emergency Expedited Applications

https://www.lamedicaid.com/Provweb1/Provider_Enrollment/ProviderEnrollmentIndex.htm

QUESTIONS?

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