

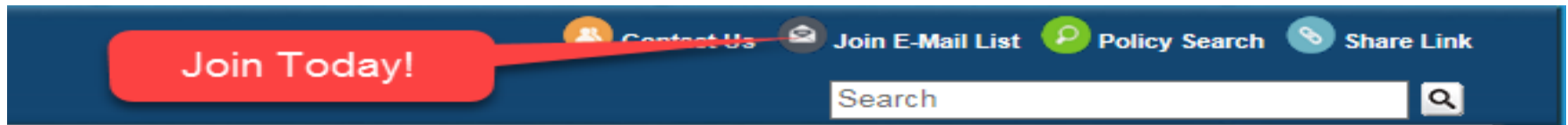
2020 Arkansas Annual Rural Health
Virtual Conference
RHC Updates for Telehealth and
Virtual Technology During the
Coronavirus Public Health
Emergency
July 24, 2020

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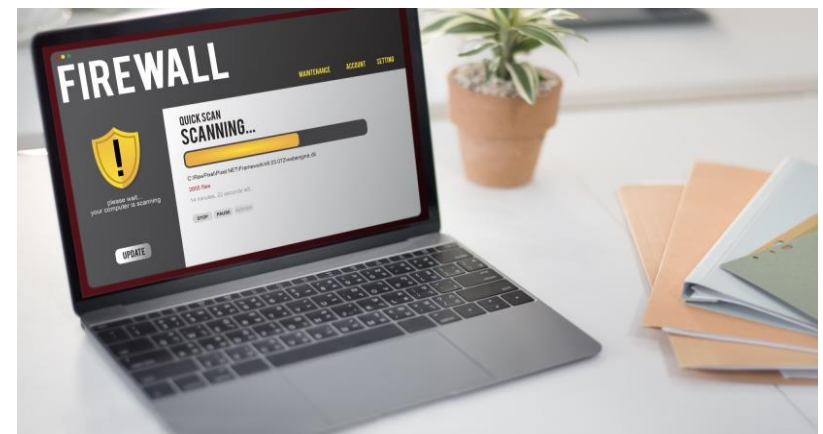
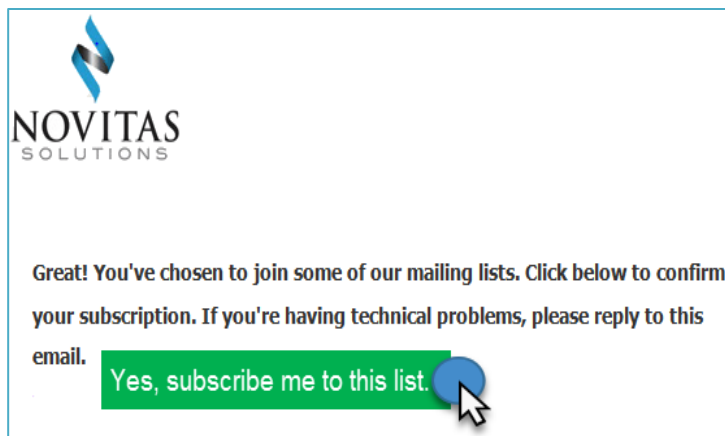


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Today's Presentation



- Agenda:
 - Medicare Telehealth Expansion for COVID-19
 - Telemedicine Services:
 - ✓ Telehealth Visits
 - ✓ Virtual Communication Services and Telephone Visits
 - Other Medicare RHC COVID-19 Updates
- Objectives:
 - Explore the expansion of Medicare telehealth services-under the Coronavirus Aid, Relief and Economic Security Act (CARES)
 - Review important resources relating to virtual services

Acronym List

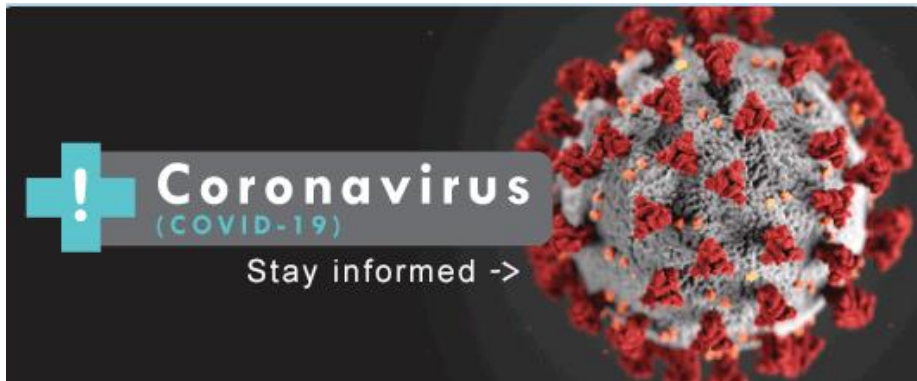


Acronym	Definition
AIR	All Inclusive Rate
CAH	Critical Access Hospital
CMS	Centers for Medicare and Medicaid Services
COVID-19	Coronavirus Disease 2019
CPT	Current Procedural Terminology
CTBS	Communication Technology Based Services
E&M	Evaluation and Management
FAQ	Frequently Asked Questions
HCPCS	Healthcare Common Procedure Coding System
HHS	U.S. Department of Health & Human Services

Acronym List Two



Acronym	Definition
MLN	Medicare Learning Network
NP	Nurse Practitioner
OIG	Office of Inspector General
PA	Physician Assistant
PFS	Physician Fee Schedule
PHE	Public Health Emergency
RC	Reason Code
RHC	Rural Health Clinic
TOB	Type of Bill
UB-04	Uniform Billing Form



Medicare RHC Telehealth Expansion for COVID-19

Coronavirus Aid, Relief and Economic Security Act (CARES Act)



- 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
- [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) During the COVID 19 Public Health Emergency \(PHE\)](#)
- [COVID 19 Frequently Asked Questions \(FAQs\)](#)

Telehealth Communications



- Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for Health Insurance Portability and Accountability Act (HIPAA) violations against health care providers
- Telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient:
 - RHCs with this capability can immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE
- Allowing use of communications during the COVID-19 nationwide PHE for video chats such as:
 - FaceTime
 - Skype
- For additional information:
 - [Notice of Enforcement Discretion for Telehealth](#)
- CMS encourages all providers to share with patients these new abilities to provide healthcare through telemedicine

Telemedicine Services

Telemedicine Services Explained



- Urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need
- Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread
- Virtual services physicians and other health care professionals can provide:
 - Telehealth visits
 - Virtual check-in
 - Telephone visits

Telemedicine Services Defined



- Telehealth Visits:
 - A visit with a provider that uses telecommunication systems that has audio and video capabilities between a provider and a patient:
 - ✓ During the COVID-19 PHE CMS now allows audio only effective March 1, 2020
- Virtual Check-Ins:
 - A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an new or established patient
- Telephone Services:
 - Non-face-to-face E&M services provided using telephone audio

Modifier CS



- Definition:
 - Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in RHCs during the COVID-19 public health emergency
- Purpose:
 - For services furnished on March 18, 2020, and through the end of the PHE, use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services and to get 100% of the Medicare-approved amount :
 - ✓ Results in the deductible and coinsurance being waived
 - ✓ Services are medical visits for the E&M categories when an outpatient provider, physician, or other providers and suppliers billing Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635
 - ✓ Certain preventive services
 - **Note: the CS modifier does not apply to services unrelated to COVID-19 or certain preventive services**
 - **For telemedicine only report the CS modifier when the service provided is for an evaluation that results with the ordering or administration of COVID 19 testing:**
 - ✓ Adjust previously processed claims if submitted without the CS modifier
- References:
 - [COVID-19: Infection Control, Maximizing Workforce, Updated Q&A, CS Modifier for Cost-Sharing, Payment Adjustment Suspended \(4/10/2020\)](#)
 - [COVID-19: Telehealth Video, Coinsurance and Deductible Waived, ASC Attestations, Ambulance Modifiers, Lessons From Front Lines, MLN Call Today 4/7/2020](#)

RHCs Using CS Modifier



- Patient has a telehealth visit unrelated to COVID-19 or certain preventive services:
 - Do not report the CS modifier
 - Patient is responsible for applicable coinsurance and deductible
- Patient has telehealth visit related to COVID-19 and the provider orders COVID-19 testing or certain preventive services:
 - Report the CS modifier
 - Patient is not responsible for any coinsurance or deductible
- For the specified E/M services related to COVID-19 RHCs must waive the collection of co-insurance from beneficiaries:
 - Append the CS modifier on the service line:
 - ✓ RHC claims with the CS modifier will be paid with the coinsurance applied:
 - RHCs should not collect coinsurance from beneficiary if the coinsurance is waived
- If the telehealth service is not related to COVID-19 or certain preventive services, RHCs have the option to waive coinsurance for telehealth services:
 - This would not be allowed as a “bad debt” on the cost report
- Note: Novitas will automatically reprocess these claims beginning on July 1, 2020

Additional CS Modifier Information



- CS - Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in RHCs during the COVID-19 public health emergency
- Preventive services that are furnished via telehealth and have cost-sharing waived on or after July 1, 2020:
 - HCPCS G2025
 - CS modifier

Telemedicine Services: Telehealth

RHC Distant Site Telehealth



- Distant site telehealth services can be furnished by any health care practitioner working for the RHC within their scope of practice
- Practitioners can furnish distant site telehealth services from any location:
 - During the time that they are working for the RHC and can furnish any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule (PFS)
- Services can be provided to new as well as established patients
- [Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020](#)
- [New and Expanded Flexibilities for Rural Health Clinics\(RHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#)

Telehealth Services after July 1, 2020



- For telehealth distant site services furnished between July 1, 2020, and the end of the COVID-19 PHE, RHCs will use an RHC specific G2025, to identify services that were furnished via telehealth
- HCPCS G2025:
 - Revenue code 052X
 - Modifier 95 (optional)
 - Modifier CS (if applicable)
- RHC claims with the new G2025 code will be reimbursed at the \$92.03 rate
- Only distant site telehealth services furnished during the COVID-19 PHE are authorized for payment to RHCs
- If the COVID-PHE is in effect after December 31, 2020, this rate will be updated based on the 2021 PFS average payment rate for these services, weighted by volume for those services reported under the PFS

Coding of Telehealth Visits cont.



- DR condition code is not required on telehealth services
- Two scenarios where modifiers are required on telehealth professional claims:
 - Modifier GQ – Used when telehealth services are furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii
 - Modifier G0 – Used for the diagnosis and treatment of an acute stroke
- Only CAH method II (TOB 85X) claims bill with the GT modifier:
 - RHCs would never use the GT modifier

Originating Site Facility Fee



- Definition:
 - Location of an eligible beneficiary at the time the service is furnished via a telecommunications system
- If the beneficiary is in a healthcare facility and receives services via telehealth the health care facility would only be eligible to bill for the originating site facility fee:
 - Report under HCPCS code Q3014
 - Revenue code 078x

Telemedicine Services: Virtual Communication Services and Telephone Visits

Virtual Communication Services



- Definition:
 - A brief CTBS (5 -10 minutes) check-in with the patient's practitioner via telephone, other telecommunications device or remote evaluation to decide whether an office or other service is needed
 - Condition not related to an RHC service within the previous 7 days and does not lead to an RHC visit within the next 24 hours or first available appointment
- Typically initiated by the patient:
 - Practitioner may need to educate beneficiaries on the availability of the service prior to patient initiation
- Clinicians can provide virtual check in services for new and established patients
- Patient must verbally consent to receive virtual communication services:
 - During the PHE for the COVID-19 consent can be obtained when the services are furnished instead of prior to service
 - During the PHE for the COVID-19 consent can be acquired by staff under general supervision of the RHC practitioner for the virtual communication
- Medicare coinsurance and deductible generally apply to these services

Expansion of RHC Virtual Communication Services



- Reimbursement for virtual communication services now include online digital evaluation and management services
- Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal
- Online digital evaluation and management codes that are billable during the COVID-19 PHE are:
 - 99421 (5-10 minutes over a 7 day period)
 - 99422 (11-20 minutes over a 7 day period)
 - 99423 (21 minutes or more over a 7 day period)
- Only one G0071 can be billed in a 7 day period
- Revenue Code 052X
- Modifier CS (if applicable)

Reimbursement of RHC Virtual Communication Services



- Reimbursement for the new online digital evaluation and management (CPT codes 99421, 99422, and 99423) or virtual communication services (HCPCS codes G2012 and G2010)
- RHCs must submit an RHC claim with HCPCS code G0071 (Virtual Communication Services) either alone or with other payable services:
 - Reimbursement for HCPCS code G0071 is set at the average of the national non-facility PFS payment rates for these 5 codes (G2010, G2012, 99421, 99422 and 99423)
- Claims submitted with G0071 on or after March 1 and for the duration of the PHE will be paid at the new rate of \$24.90, instead of the CY 2020 rate of \$13.54:
 - Novitas will automatically reprocess any claims with G0071 for services furnished on or after March 1 that were paid before the claims processing system was updated
- [COVID 19 Frequently Asked Questions \(FAQs\) for Rural Health Clinics \(RHCs\)](#)

Telephone Services



- Audio only telephone evaluation and management (E/M) services
- At least 5 minutes of telephone E/M service:
 - Physician or other qualified health care professional who may report E/M services:
 - ✓ Provided to an established patient, parent or guardian
- Telephone E/Ms cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment
- HCPCS-G2025:
 - Telephone service codes include 99441-99443 (Non-face-to-face physician telephone services)
- Revenue Code-052X
- No modifier required
- Modifier CS (if applicable)

Practitioner Telephone Services



- Practitioners can perform certain services by telephone to their patients:

HCPCS Codes	Description
99441	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days or leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days or leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days or leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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Resources Relating to COVID-19



- [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#)
- Novitas Coronavirus COVID-19 information ([JH](#)) ([JL](#)):
 - Dedicated page to encourage providers to stay current with all the updates related to COVID-19
- [CMS Coronavirus \(COVID-19\) website:](#)
 - Learn about CMS responses to Coronavirus and find the latest program guidance
- [COVID-19@cms.hhs.gov](#)
 - Questions related to COVID-19 can be directed to CMS

Resources Relating to COVID-19 (cont.)



- Novitas Coronavirus COVID-19 information ([JH](#)):
 - Dedicated page to encourage providers to stay current with all the updates related to COVID-19
- [CMS Coronavirus \(COVID-19\) website](#):
 - Learn about CMS responses to Coronavirus and find the latest program guidance
- COVID-19@cms.hhs.gov
 - Questions related to COVID-19 can be directed to CMS

Overview of Telemedicine

Overview Billing of Virtual Communication Services



Telemedicine Visit	Description of service	Billing	Reimbursement
Virtual Check in or Virtual Communication	Brief communication or remote evaluation (G2012 or G2010)	UB-04 or 837I RC-0521 HCPCS-G0071 No modifier CS (if applicable)	03/01/20 and after during COVID-19 \$24.90 Before and after COVID-19 \$13.54
E-Visit	Online digital E&M (99421-99423)	UB-04 or 837I RC-0521 HCPCS-G0071 No modifier CS (if applicable)	03/01/20 and after during COVID-19 \$24.90 Before and after COVID-19 \$13.54

Overview Billing of Telehealth



Telemedicine Visit	Description of service	Billing	Reimbursement
Telehealth After July 1, 2020	Same as a face-to-face encounter at RHC	UB-04 or 837I RC-052X/0900 HCPCS G2025 No Modifier required- (modifier 95 optional) CS (if applicable)	\$92.03

Overview Billing of Telephone Visits



Telemedicine Visit	Description of service	Billing	Reimbursement
Telephone Visit After July 1, 2020	Same as a face-to-face encounter at RHC	UB-04 or 837I RC-052X /0900 HCPCS G2025 No Modifier required-(modifier 95 optional) CS (if applicable)	\$92.03

FAQs



- Question:
 - Do we have to resubmit claims prior to May 1, 2020 that was submitted with E&M codes on the 1500 with the new G2025?
- Answer:
 - Yes, in order to be reimbursed correctly and for reprocessing of the G2025 in July 2020.
 - Ways to notify Novitas of a Part B 1500 overpayment:
 - ✓ Novitasphere Billed in Error ([JH](#)) ([JL](#))
 - ✓ [Unsolicited Return of Monies Form](#):
 - If refunding high volume of claims use [Voluntary Refunds Spreadsheet](#):
 - » 100 or more claims
 - Send check with Return of Monies Form
 - ✓ [Clerical Error Reopening](#)

FAQs cont.



- Question:
 - If I submitted G0071 for telephone calls do we need to submit a new UB-04 with G2025?
- Answer:
 - Yes, you will need to adjust your claim to show the G2025.
- Question:
 - Why are there HCPCS 99441-99443 if we do not bill them?
- Answer:
 - They are for guidance, if you telephone services fall under these codes then you bill G2025.
- Question:
 - For RHCs that have an AIR more than the \$92.03 what happens to those after June 30, 2020?
- Answer:
 - Novitas will reprocess to recoup the difference after July 1, 2020
- Question:
 - How does the RHC bill for the labs for COVID 19 testing?
- Answer:
 - Labs are billed on the CMS 1500 as any other lab the RHC administers.

Additional FAQs



- Question:
 - Are Medicare Advantage plans following the same billing guidelines as Medicare?
- Answer:
 - You will need to check with your Advantage plans.
- Question:
 - Will the CG modifier be used when billing G0071?
- Answer:
 - No, only on the G2025 claims before July 1, 2020
- Question:
 - Why are my claims RTPing with G0071 using 0521 revenue code?
- Answer:
 - This has been corrected, if you have claims that have been RTPd, go into the claim to correct and “F9” the claim back to Novitas.

Other Medicare RHC COVID-19 Updates

Consent for Care Management and Virtual Communication Services



- Beneficiary consent is required for all services, including non-face-to-face services:
 - During the COVID-19 PHE, beneficiary consent may be obtained at the same time the services are initially furnished:
 - ✓ RHCs, this means that beneficiary consent can be obtained by someone working under general supervision of the RHC practitioner, and direct supervision is not required to obtain consent
 - ✓ In general, beneficiary consent to receive these services may be obtained by auxiliary personnel under general supervision of the billing practitioner; and the person obtaining consent can be an employee, independent contractor, or leased employee of the billing practitioner.
 - ✓ RHCs, beneficiary consent to receive these services may be obtained by auxiliary personnel under general supervision of the RHC practitioner:
 - ✓ Person obtaining consent can be an employee, independent contractor, or leased employee of the RHC practitioner
- [COVID-19 PHE](#)

Revision of Visiting Nursing Services



- RHCs can bill for visiting nursing services furnished by an RN or LPN to homebound individuals under a written plan of treatment in areas with a shortage of home health agencies (HHAs)
- Effective March 1, 2020, and for the duration of the COVID-19 PHE, the area typically served by the RHC, is determined to have a shortage of HHAs, and no request for this determination is required RHCs must check patients eligibility before providing visiting nurse services to ensure that the patient is not already under a home health plan of care
- Eligibility Resources:
 - [Novitasphere Portal](#):
 - ✓ Novitasphere is a FREE, secure internet portal for providers, billing services, and clearinghouses
 - Interactive Voice Response (IVR):
 - ✓ This service is accessed via your telephone simply by calling the toll free provider customer service telephone number 1-855-252-8782:
 - [Part A](#)
 - [FISS/DDE HIQA](#):
 - ✓ Fiscal Intermediary Standard System (FISS) is the standard Medicare Part A claims processing system. This system is used only for Part A providers/suppliers

RHC Staffing Requirements

Waived



- CMS is waiving the requirement in the second sentence of 42 CFR § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC operates
- CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates
- This will assist in addressing potential staffing shortages by increasing flexibility regarding staffing mixes during the PHE
- [COVID 19 Emergency Declaration Blanket Waivers for Health Care Providers](#)

Physician Supervision of NPs in RHCs



- Effective March 1, 2020 through the end of the PHE
- We are modifying 42 CFR 491.8(b)(1) the requirement that physicians must provide medical direction for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff, only with respect to medical supervision of nurse practitioners, and only to the extent permitted by state law
- The physician, either in person or through telehealth and other remote communications, continues to be responsible for providing medical direction for the clinic or center's health care activities and consultation for the health care staff, and medical supervision of the remaining health care staff
- This allows RHCs to use nurse practitioners to the fullest extent possible and allows physicians to direct their time to more critical tasks.
- [COVID 19 Emergency Declaration Blanket Waivers for Health Care Providers](#)

Temporary Expansion Locations



- CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs be independently considered for Medicare approval if services are furnished in more than one permanent location
- Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs to expand services locations to meet the needs of Medicare beneficiaries
- This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1):
 - Will end when the HHS Secretary determines there is no longer a PHE due to COVID-19
- [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#)

Cost Reporting



- Costs for furnishing distant site telehealth services will not be used to determine the RHC AIR rate but must be reported on the appropriate cost report form:
 - RHCs must report both originating and distant site telehealth costs on Form CMS-222-17 on line 79 of the Worksheet A, in the section titled “Cost Other Than RHC Services.”

Exception to the Productivity Standards



- Productivity standards are used to help determine the average cost per patient for Medicare reimbursement in RHCs
- Physicians, nurse practitioners, physician assistants, and certified nurse midwives are held to a minimum number of visits per full time employee (FTE) that they are expected to furnish in the RHC
- Failure to meet this minimum may indicate that they are operating at an excessive staffing level, thus, generating excessive cost
- Many RHCs have had to change the way they staff their clinics and bill for RHC services during the COVID-19 public health emergency (PHE)
- As a result, these RHCs may have difficulty in meeting the productivity standards
- To minimize the burden on RHCs, exceptions to the productivity standard may be granted by your MAC during the COVID-19 PHE
- Further direction will be forthcoming from your MAC

Summary



- Explored Coronavirus Aid, Relief and Economic Security Act (CARES Act)
- Reviewed important resources relating to telehealth and virtual communication services
- Reviewed other RHC changes during the COVID-19 PHE

Question and Answer Panel is Open



- Responses in the question and answer panel are not considered written guidance of Medicare program requirements. They are intended to complement and not replace Medicare program requirements as set forth in statute, regulations and manual instructions. It is the responsibility of each healthcare professional/supplier submitting claims to Novitas Solutions to familiarize themselves with Medicare coverage requirements.
- Novitas Solutions makes efforts to ensure the information contained in the responses is accurate and current. However, because the Medicare program is constantly changing, it is the responsibility of each provider/supplier to remain abreast of the Medicare program requirements.

Customer Contact Information




- Providers are required to use the IVR unit to obtain:
 - Claim Status
 - Patient Eligibility
 - Check/Earning
 - Remittance inquiries
- Jurisdiction H:
 - Customer Contact Center- 1-855-252-8782
- Patient / Medicare Beneficiary:
 - 1-800-MEDICARE (1-800-633-4227)
 - <http://www.medicare.gov>

Thank You for Attending



- Complete the event satisfaction survey:
 - Pops up immediately after the event ends
- Continuing Education Unit (CEU):
 - Once your attendance for an event is confirmed, you will receive an email notification that you have completed the course:
 - ✓ **This process could take up to seven days**
 - After you receive your event completed notification email, you can print your CEU Certificate via the Novitas Learning Center:
 - ✓ Click Completed Training icon from Home Page
 - ✓ Certificate icon will be on the left of the Class activity name
 - ✓ Click icon to print your certificate

Activity	Code	Estimated Credit Hours	Completion Date ▼	Expiration Date
 VILT Course: 01/16/2019 TCD TEST	01162019_TCD_TEST		1/16/2019	