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Medicare FQHC Telemed Update Re. COVID-19 1135 Waiver PHE... What you need to know... as of 21-April 2020!

On April 17th, CMS released much anticipated guidance for health centers regarding telemedicine reimbursement during the COVID-19 and 1135 Waiver Public Health Emergency (hereafter “COVID PHE”). Health centers had been waiting for this directive since March 17th when expanded language around Medicare billing was provided to nearly all providers, except health centers.

The Medicare Learning [Network \(MLN\) article](#) outlined important elements every health center needs to know to optimize Medicare reimbursement during this PHE. Here are the highlights:

Requisite Terminology:

- All telemedicine is telehealth but not all telehealth is telemedicine.
- Virtual Care Services, Chronic Care Management, E&M telephone, and E-visits are all types of telehealth (virtual healthcare) but they are not, by definition, telemedicine.
- Non-telemedicine telehealth have their own unique requirements in terms of audio and/visual interaction.

What’s Covered:

- Follow this link for pre-COVID PHE, covered telemedicine as well as traditionally covered services. <https://www.cms.gov/files/zip/covid-19-telehealth-services-phe.zip>.
- Telemedicine has historically paid for only established patients, but now also pays for new patients.
- Under COVID PHE, no “frequency” limit exists.
 - Telemedicine pre-COVID PHE had limitations based on place and type of service.
 - Unlike traditional health center daily visit limits around PPS, more than one medically necessary visit may be paid on a single date of service without meeting a special requirement.

Telemedicine Originating vs. Distant Site:

- Originating Site is where the patient is located.
- Distant Site is where the rendering provider is located.
- Health centers have always been a Medicare approved Originating Site but not permitted to be a Distant Site.
- Under COVID PHE, health centers are now also a Distant Site.
- Telemedicine required all care be received/delivered at an approved Originating/Distant Site.
 - Typically, these sites had to medical practice locations and not a patient/provider home
 - Under the COVID PHE, FQHC provider and patient homes may be Distant and Originating sites, respectively.
 - Health centers will bill under their facility NPI as a Distant Site.

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Technology Required:

- All telemedicine requires audio AND visual technology. This is true even during the COVID PHE.
- This [hyperlink](#) affords more detail regarding technology and expanded telehealth under COVID PHE.
 - NOTE: Technology discussion is relevant to Medicare payment but not FQHC payment from Medicare under COVID PHE.
- Use of actual telemedicine technology available via existing EMR/EHR products is recommended.
- In the absence of formal, EMR/EHR telemedicine technology, options like Zoom, Facetime, and Skype are permissible.
- Discouraged social media technologies: Facebook Live, Twitch, and TikTok.

HIPAA Security:

- HIPAA-secure technology is strongly recommended but flexibility exists under the COVID PHE exception.
- When used in good faith the [Office for Civil Rights](#) (OCR) will “exercise enforcement discretion and waive penalties for HIPAA violations” around non-HIPAA compliant technology.
- In short, use HIPAA secure systems as able and when not, caution is recommended around securing PHI while using a communications system that is not HIPAA-compliant.

Documentation Requirements:

- For all Evaluation and Management, document time as well as relevant findings.
- Document relevant ICD (i.e., problem(s) and/or diagnosis(es))
- From the [Federal Register Final Rule, 30-March](#): On an interim basis:
 - Office and outpatient E&M level selection (i.e., 99201-99215) furnished via telehealth can be based on MDM or time.
 - Time is defined as all of the time associated with the E&M on the day of the encounter.
 - Final rule removes any requirements regarding documentation of history and/or physical exam in the medical record.

Actual Coding & Payments:

- For dates of service (DOS) 27-January through 30-June telemedicine services are expanded.
 - During this period use traditional Medicare PPS G Codes as appropriate (i.e., G0466-G0470) with a -95 modifier.
 - Payment will initially be paid at the health center’s existing PPS rate BUT will be adjusted retroactively to \$92, the PHE FQHC telehealth rate.
 - Similar to Accelerated and Advance Payment Program, Medicare will recover funds before making additional payments.
 - For Telemedicine visits paid at the PPS rate (prior to 1-July), CMS has advised health centers that reconciliation (i.e., recovery) will automatically happen starting with payments in July. Health centers do (should) not resubmit anything.

- For DOS 1-July until the formal end of the PHE, use G2025
 - Payment for G2025 is \$92.
 - The \$92 is an average payment determination based on the 2020 professional fee schedule (PFS).
 - If the COVID PHE is still in effect as of 1-Jan 2021, fees will be adjusted based on the 2021 PFS.
- Telemedicine services are not reimbursable under the AIR or PPS payment option.
 - As such, even if you have written contracts with Medicare Advantage (MA) plans, telemedicine visits are not wrap-payment eligible.
- Cost reports for AIR calculation should exclude expenses related to delivery of telemedicine. Check with your accounting/cost-report professionals in this regard.

This is what we know now. Certainly, there will be more to come as things evolve. Many health centers have expressed frustration to me, PCA staff, NACHC, and other revenue cycle consultants that “we” don’t (for all payers) know how to code, submit claims, and obtain optimal reimbursement during this COVID PHE. Please remember we are ALL learning and coping with new norms both professionally and personally. Some days are better than others. Some payers are more clearly communicative and transparent than others. What we know, we promise we will share.

Lastly, if you have any questions, hear something new/unusual, or just want to affirm something you believe to be true, please be in touch with the [PMG team](#). Even if you are not a current client, PMG is here to support the health center community in any way we can.