



DAKOTA CONFERENCE ON RURAL AND PUBLIC HEALTH – TELEHEALTH SERVICES

Part A Provider Outreach and Education June 2022



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- [Noridian Medicare website](#)
- [CMS website](#)

AGENDA

- Telehealth Services and Background
- Eligible Providers
- Originating and Distant Sites
- Coverage and Coding
- Virtual Communications
- Frequently Asked Questions
- Reminders and Resources



TELEHEALTH SERVICES AND BACKGROUND

TELEHEALTH

- Telehealth is use of interactive audio and video telecommunications system that allows real-time communication between originating (patient location) and distant site (provider's location)
 - Statutorily allowed services
 - Medicare restricts procedure codes providers can submit as telehealth
 - Patient geographic location restrictions
- [CMS Telehealth Codes](#)

ELIGIBLE PROVIDERS



ELIGIBLE PRACTITIONERS

- Physician MD, DO
- Nurse Practitioners
- Physician Assistant
- Clinical Nurse Specialist
- Nurse Midwives
- Certified Registered Nurse Anesthetists
- Registered Dieticians
- Nutritional Professional
- Clinical Psychologists
- Clinical Social Workers
- Note: CP and CSWs cannot bill for medical E/M (90792, 90833, 90836,90838)

ORIGINATING AND DISTANT SITES



ORIGINATING SITE

- Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC) – originating site
 - Location of beneficiary
- 1135 Waivers
 - Eliminated all unnecessary barriers to accessing telehealth, including originating site and geographic restrictions

DISTANT SITE

- 1135 Waivers expand FQHC/RHC services to include distant-site telehealth services
 - New or established patients
 - Consent obtained when service furnished
 - Performed by qualified healthcare provider
 - Revision of Home Health Agency (HHA) shortage requirement for visiting nursing services

COVERAGE AND CODING

PART A PAYMENT AND BILLING GUIDELINES

Originating Site	Payment Methodology	Bill Type	Rev Code
Outpatient Hospital	Outside of OPPOS	13X	078X
Inpatient Hospital	Outside DRG	12X	078X
Critical Access Hospital (CAH)	Separate from cost-based (80% of originating site fee)	85X	96X, 97X, 98X
FQHC or RHC	Separate from Prospective Payment System (PPS) or All-Inclusive Rate (AIR)	77X or 71X	078X
Hospital-Based or CAH-Based Renal Dialysis Center	In addition to ESRD PPS or Monthly Capitation payment	72X	078X
SNF	Outside of SNF PPS (not subject to consolidated billing)	22X or 23X	078X
CMHC	Not a partial hospitalization service (or used to determine payment for partial hospitalization). Not bundled in per diem	76X	078X

CRITICAL ACCESS HOSPITAL

- Critical Access Hospital (CAH) Method II on institutional claims
 - Submit appropriate CPT/HCPCS code
 - Covered list of telehealth services
 - Submit with GT modifier
 - TOB 85X
 - Revenue Codes 96X, 97X, or 98X

ORIGINATING SITE CLAIM REQUIREMENTS

- Claims are billed on CMS-1450 (UB-04)
- HCPCS Q3014
 - Originating site facility fee \$27.59

Originating Site	Payment Methodology	Bill Type	Rev Code
FQHC	Separate from Prospective Payment System (PPS)	77X	078X
RHC	Separate from All Inclusive Rate (AIR)	71X	078X

DISTANT SITE CLAIM REQUIREMENTS FOR RHCs

- Starting July 01, 2020
- Payment rate \$97.24 for CY 2022
 - \$99.45 for CY 2021

Revenue Code	HCPCS Code	Modifier(s)
052X	G2025	95 (optional)

DISTANT SITE CLAIM REQUIREMENTS FOR FQHCs

- Starting July 07, 2020
- Payment rate \$97.24 for CY 2022
 - \$99.45 for CY 2021
- No FQHC specific payment code or FQHC PPS Qualifying Payment code

Revenue Code	HCPCS Code	Modifier(s)
052X	G2025	95 (optional)

MENTAL HEALTH SERVICES

- Clarified in [CY 2022 Medicare Physician Fee Schedule \(PFS\) Final Rule](#)
- Allows RHC/FQHC to report and receive payment for mental health services
 - Furnished via real-time telecommunication technology
 - Includes audio-only visits if beneficiary does not have access to video technology
 - Beneficiary must provide consent to use of technology
- In-person visit must be furnished at least every 12 months
 - Exception could be based on beneficiary circumstances

MENTAL HEALTH SERVICES BILLING – RHC

Revenue Code	HCPCS Code	Modifier(s)
0900	90834 (or other Qualifying Mental Health Visit Payment)	95 (audio-video) or FQ (audio-only)

MENTAL HEALTH SERVICES BILLING – FQHC

Revenue Code	HCPCS Code	Modifier(s)
0900	G0470 (or other appropriate FQHC Specific Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only)
0900	90834 (or other FQHC PPS Qualifying Mental Health Visit Payment Code)	N/A

MODIFIERS

Modifier	Description
CG	Charges subject to coinsurance and deductible on 052X/0900 revenue codes
CS	Cost-sharing waived
FQ	Services furnished via audio-only
FR	Supervising practitioner was present through real-time two-way, audio/video communication technology
95	Services furnished via audio-video communication

PLACE OF SERVICE (POS)

Place of Service	Descriptor
02 - Telehealth Provided Other than in a Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology
10 - Telehealth Provided in Patient's Home	The location where the health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology

RHC AND FQHC COST REPORTING

- Report originating and distant site services
- RHCs
 - Form CMS-222-17, line 79, Worksheet A
 - Section titled “Cost Other Than RHC Services”
- FQHCs
 - Form CMS-224-14, line 66, Worksheet A
 - Section titled “Other FQHC Services”

CS MODIFIER

- Cost-sharing waived for:
 - Specified COVID-19 testing-related services
 - Order or for administration of COVID-19 test, and/or
 - And/or, Preventive services furnished via telehealth
 - In RHC/FQHC and have cost-sharing waived

CLAIM BILLING – RHCs AND FQHCs, COST-SHARING WAIVED

- Began July 01, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	CS (required) 95 (optional)

PREVENTIVE SERVICES

■ CMS Preventive Services Chart

- Can find services billed via telehealth
- Can find services for beneficiary liability



CARDIAC REHABILITATION AND INTENSIVE CARDIAC REHABILITATION ADDED AS CATEGORY 3 CODES

HCPSCS	Descriptor
G0422	Intensive Cardiac Rehabilitation with exercise
G0423	Intensive Cardiac Rehabilitation no exercise
93797	Cardiac Rehabilitation
93798	Cardiac Rehabilitation and monitor

VIRTUAL COMMUNICATIONS



VIRTUAL COMMUNICATIONS OVERVIEW

- Payment for virtual communication services now includes:
 - 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
- [CMS Virtual Communication Services in Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\)](#)

PAYMENT FOR VIRTUAL COMMUNICATION

- HCPCS G0071
 - Set at average of national non-facility PFS payment rates for 5 codes
 - CPT code 99421, 99422, 99423, G2010, G2012
 - Payment rate \$23.88
 - January 1, 2022 – December 31, 2022
 - Cost-sharing applies
 - Billed either alone or with payable charges

PRODUCTIVITY STANDARDS – RHC ONLY

- Determine average cost per patient for reimbursement
 - Standard may not be met during COVID-19 (i.e., excessive cost)
 - Exceptions may be granted by MAC
- [COVID-19: Exceptions to the Productivity Standards for Rural Health Clinics \(RHCs\)](#)

DOCUMENTATION REQUIREMENTS

- Same as any face-to-face patient encounter
- Statement indicating service provided via telemedicine
 - Patient location
 - Provider location
 - Names of all persons participating in telemedicine service and their role in encounter

FREQUENTLY ASKED QUESTIONS



QUESTIONS AND ANSWERS

- **Q.** Can FQHC/RHC submit procedure code G0071 when provided by an RN?
 - **A.** No. Virtual services are performed by qualified professionals (Physician or NPP).

QUESTIONS AND ANSWERS 2

- **Q.** Can a medical visit and a mental health visit be reported on the same day when furnished as a distant site telehealth service?
 - **A.** Yes. A medical visit and a mental health visit can be furnished on the same day as distant site telehealth services for the duration of the COVID-19 Public Health Emergency (PHE).

QUESTIONS AND ANSWERS 3

- **Q.** How are modifiers billed on claims? For example, CG and CS
 - **A.** Review the slides in the Coding and Coverage section of this presentation
 - [CMS MLN SE20016 Revised: New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE](#)
 - [CMS MLN SE20011 Revised: Medicare FFS Response to the PHE on COVID-19](#)

QUESTIONS AND ANSWERS 4

- **Q.** Will wrap-around payments apply for telehealth distant site services?
 - **A.** The distant site services are paid outside of FQHC PPS or AIR and do not apply to wrap-around. Wrap-around payment for distant site telehealth services are adjusted by Medicare Advantage (MA) plans

QUESTIONS AND ANSWERS 5

- **Q.** Can we bill G0438 for an Annual Wellness Visit (AWV) via telehealth if the patient is at their home and unable to take their blood pressure and/or Body Mass Index (BMI)?
 - **A.** All the elements of the AWV must be performed to bill the distant-site telehealth service

**REMINDERS AND
RESOURCES**



CMS RESOURCES

- [MLN SE20016 Rural Health Clinics \(RHC\) and Federally Qualified Health Centers \(FQHC\) during the COVID 19 Public Health Emergency \(PHE\)](#)
- [MLN SE20011 Medicare Fee-for-Service Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)
- [SE22001 - Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers](#)
- [COVID 19 FAQs](#)
- [Federally Qualified Health Centers \(FQHC\) Center](#)
- [Rural Health Clinics Center](#)

APPEAL REQUEST – LATE FILING REMINDER

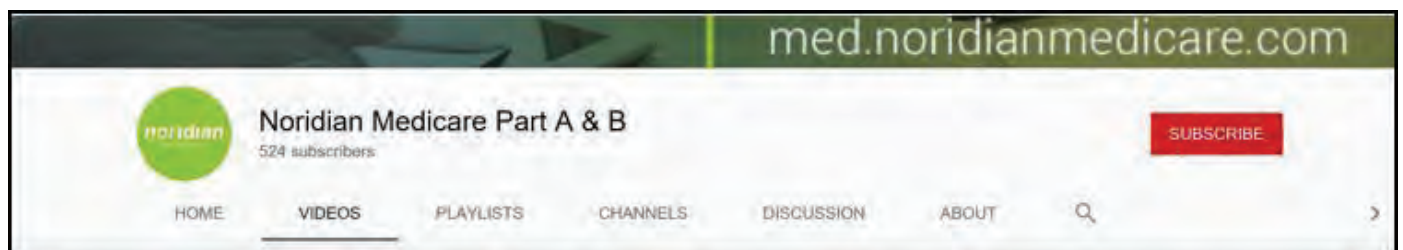
- Service past timely filing not appealable
 - Claim submission allowed up to 12 months from date of service
 - Revisions allowed up to 12 months (with few exceptions)
- Provider must appeal within 120 days of initial determination
- Noridian Appeals have up to 60 days to complete
 - From date of initial appeal
- If applicable, providers can collect 20% patient responsibility
- [JF Timely Filing](#)
- [CMS Internet-Only-Manual \(IOM\) 100-04, Chapter 29-Appeals of Claims Decisions](#)

CUSTOMER SERVICE – PEAK CALL TIMES

- Noridian committed to excellent provider customer service
- Part B provider contact center (PCC) seeing increased call wait times between **11am – 2pm** Central or **9am – Noon** Pacific
- PCC open to assist between 8am – 6pm Central
 - Consider calling outside of time span for faster service
- Utilize Noridian Medicare Portal (NMP) for patient eligibility and claim status or Interactive Voice Response (IVR)
- Outsourcing billing and/or revenue cycles?
 - Make them aware of checking NMP/IVR first
 - Out of U.S. outsourcing companies can not have access to NMP

TUTORIAL RECORDINGS

- Available through Noridian website
 - Education and Outreach
 - Education on Demand Tutorials
- [Noridian YouTube playlists](#)



ALL MAC CUSTOMER EXPERIENCE (MCE) SURVEY

- Includes all Medicare Administrative Contractors (MACs)
- POE Survey
 - Webinars (3 Chances!)
 - Via CHAT after Resources presented
 - Via Automated Email 1 Hour After Event
 - Via Email with CEU within 1 Business Day of the Event
 - POE Webpages
 - Schedule of Event, ACT
 - YouTube
 - Education on Demand
 - Individual Education
- Noridian Website Survey
 - Entire Site Feedback including Search, Policies and Content
- Noridian Medicare Portal (NMP) Survey
 - Functionality, availability, registrations, recommendations
- Expanded! (i.e., Appeals, Enrollment)
- Results
 - Drive Change
 - Identify Best Practices
 - Every Result Reviewed
 - Articles Share our Progress

THANK YOU!

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