Financial Health During COVID-19

GETTING REIMBURSED WHEN IT MATTERS MOST
Billing for FQHC telehealth services may feel overwhelming, but think of it this way:

- FQHC’s bill all commercial payers as any other fee for service (FFS) provider would. Each payer has their own coverage determination and billing requirements. Most of the time, you can go to the payer website and find the information easily.

- FQHC’s billing telehealth services to Medicaid payers and Medicare plans must follow FQHC specific guidelines. CMS resources, like MLN Matters focus their guidelines around FFS providers. Be careful when researching billing directives. FQHC’s do not have the same opportunities to receive telehealth reimbursement as non-FQHC providers do.

- Remember to modify your workflows and billing set-up after COVID-19.
Can somebody please just tell what to put on a claim?

### Billing Guidelines for Telemedicine Services During COVID-19-FQHC's as Distant Site Providers

<table>
<thead>
<tr>
<th>PAYER</th>
<th>DESCRIPTION</th>
<th>MODIFIER</th>
<th>POS</th>
<th>FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainecare</td>
<td>Replaces in person visit</td>
<td>GT to the Service Line/Not the T-CODE</td>
<td>There are no POS codes on an institutional claim</td>
<td>UB/PPS-Revenue Code 052x</td>
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<tr>
<td>Medicare</td>
<td>Replaces in person visit</td>
<td>95</td>
<td>There are no POS codes on an institutional claim</td>
<td>UB/PPS for Now*-Revenue Code 052x</td>
</tr>
<tr>
<td>Anthem</td>
<td>Replaces in person visit</td>
<td>Will accept GT or 95</td>
<td>02</td>
<td>HCFA/FFS</td>
</tr>
<tr>
<td>United HealthCare</td>
<td>Replaces in person visit</td>
<td>95</td>
<td>02</td>
<td>HCFA/FFS</td>
</tr>
<tr>
<td>Harvard Pilgrim</td>
<td>Replaces in person visit</td>
<td>GT or 95</td>
<td>02</td>
<td>HCFA/FFS</td>
</tr>
<tr>
<td>Community Health Options</td>
<td>Replaces in person visit</td>
<td>None</td>
<td>02</td>
<td>HCFA/FFS</td>
</tr>
<tr>
<td>OPTUM Behavioral Health</td>
<td>Replaces in person visit</td>
<td>GT</td>
<td>02</td>
<td>HCFA/FFS</td>
</tr>
<tr>
<td>United HealthCare Community Plan</td>
<td>Replaces in person visit</td>
<td>95</td>
<td>11 (03 school, 12 home)</td>
<td>HCFA/FFS</td>
</tr>
</tbody>
</table>

*Medicare will reimburse FQHC’s their PPS rate initially. In July, 2020, all claims with the 95 Modifier will be reversed and reprocessed with a $92.00 FFS rate. After July 2020, FQHC’s will use the newly created Telehealth G2025 CPT code. Remember to talk to your Finance Department-this will impact your Medicare revenue!
Proper use of modifier CR:

Modifier CR is used for Part B items and services only, but may be used in either institutional or non-institutional billing.

Use of modifier CR is required when an item or service is impacted by an emergency or disaster and Medicare payment for that item or service is conditioned on the presence of a “formal waiver”;

Cost-sharing does not apply for which payment is made to:
Hospital Outpatient Departments
Physicians and other NPP
Critical Access Hospitals
Rural Health Clinics
Federally Qualified Health Centers

CMS is not requiring modifier CR on telehealth services (FQHC Core Services)
Virtual Communication

- Prior to PHE

  - Payment for G0071 is set at the average national non-facility PFS payment rates for HCPCS G2012 (communication technology-based services) and HCPCS code G2010 (remote evaluation services). Reimbursement is set at $13.69.
    - CPT codes 99441-99443 and 98966-98968 are equivalent to HCPCS G0071.

- Under the PHE

  - Expansion of Virtual Communication Services to include online digital evaluation and management services using patient portals. 99421-99423

  - When performed, FQHC’s bill using HCPCS code G0071. Reimbursement is set at $24.76.

  - Beneficiary consent is required for all Virtual Communication Services.
    - May be obtained by auxiliary personnel under general supervision
<table>
<thead>
<tr>
<th>Type of Telemedicine</th>
<th>Brief Description</th>
<th>Billing (UB04)</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Check-In or Virtual Communication (Triage &amp; Patient Initiated)</td>
<td>Remote evaluation of a picture (G2010)</td>
<td>G0071 UB04 or 837I No Modifier Revenue code 0521</td>
<td>$24.76 (claims 03/01/20 until the end of PHE) $13.53 (prior to 03/01/20)</td>
</tr>
<tr>
<td></td>
<td>Brief communication with the patient 5 min or more (G2012)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digital E-Visits</td>
<td>Online Digital E&amp; M (99421-99423)</td>
<td>G0071 UB04 or 837I No Modifier Revenue code 0521</td>
<td>$24.76 (claims 03/01/20 until the end of PHE) $13.53 (prior to 03/01/20)</td>
</tr>
<tr>
<td>Telehealth (Telemedicine)</td>
<td>Substitute for a face to face visit</td>
<td>Normal G code (PPS) coding until 06/30/2020 with 95 Modifier Then G2025 no modifier UB01/837I on/after</td>
<td>$92.00</td>
</tr>
</tbody>
</table>
1. FQHCs must report both originating and distant site telehealth costs on Form CMS-224-14, the Federally Qualified Health Center Cost Report, on line 66 of the Worksheet A, in the section titled “Other FQHC Services”.

2. July 1, 2020, and the end of the COVID-19 PHE, RHCs and FQHCs will use an RHC/FQHC specific G code, G2025, to identify services that were furnished via telehealth. RHC and FQHC claims with the new G code will be paid at the $92 rate.

3. HRSA has not provided guidance on whether we may count telemedicine visits (replaces in person visits) on our UDS report. (Make sure that your UDS report filters have a way of carving out these visits, if necessary)

4. If providing a service via Telehealth does not provide the same quality of care as an in person visit, do not do it. For example, if your normal practice is perform a complete physical exam on your preventative visits, then exclude these services.

5. Don’t forget that many of your medical providers have a large population of patients with mental health disorders. Telemedicine may be a perfect opportunity for your providers to manage this population via telehealth. Counseling is certainly not limited to behavioral health providers.
Resources
CMS FQHC PPS
https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center

MLN Matters-04/17/2020 Edition

NGS COVID-19 News page
MLN Matters Article SE 20016
COVID-19 Interim Final Rule

Disclaimer:
• During the COVID-19 Public Heath Emergency (PHE), information and instructions may change
• It is vital to ensure that you receive the latest information as soon as possible