



Telehealth in the RHC: Where Are We?

A Deep-Dive Into Current Telehealth Regulations Post COVID-19 PHE

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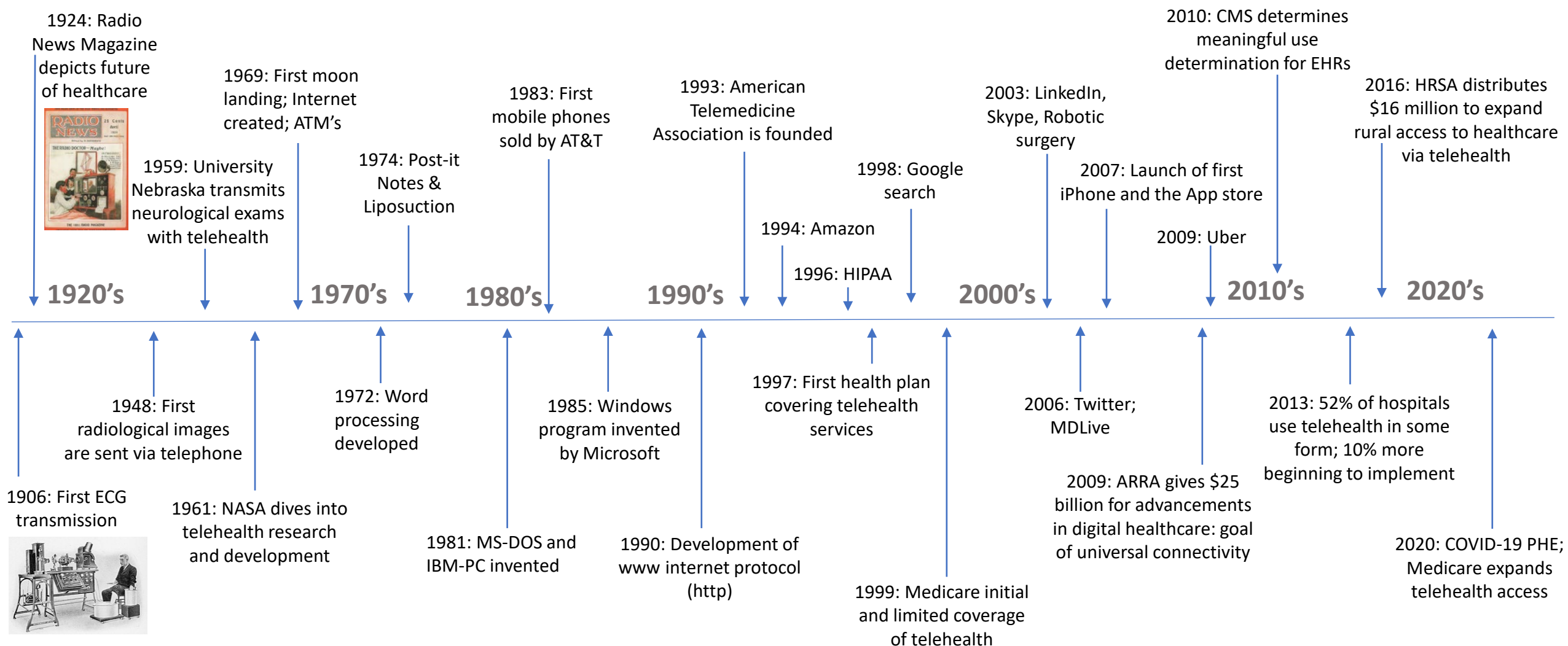
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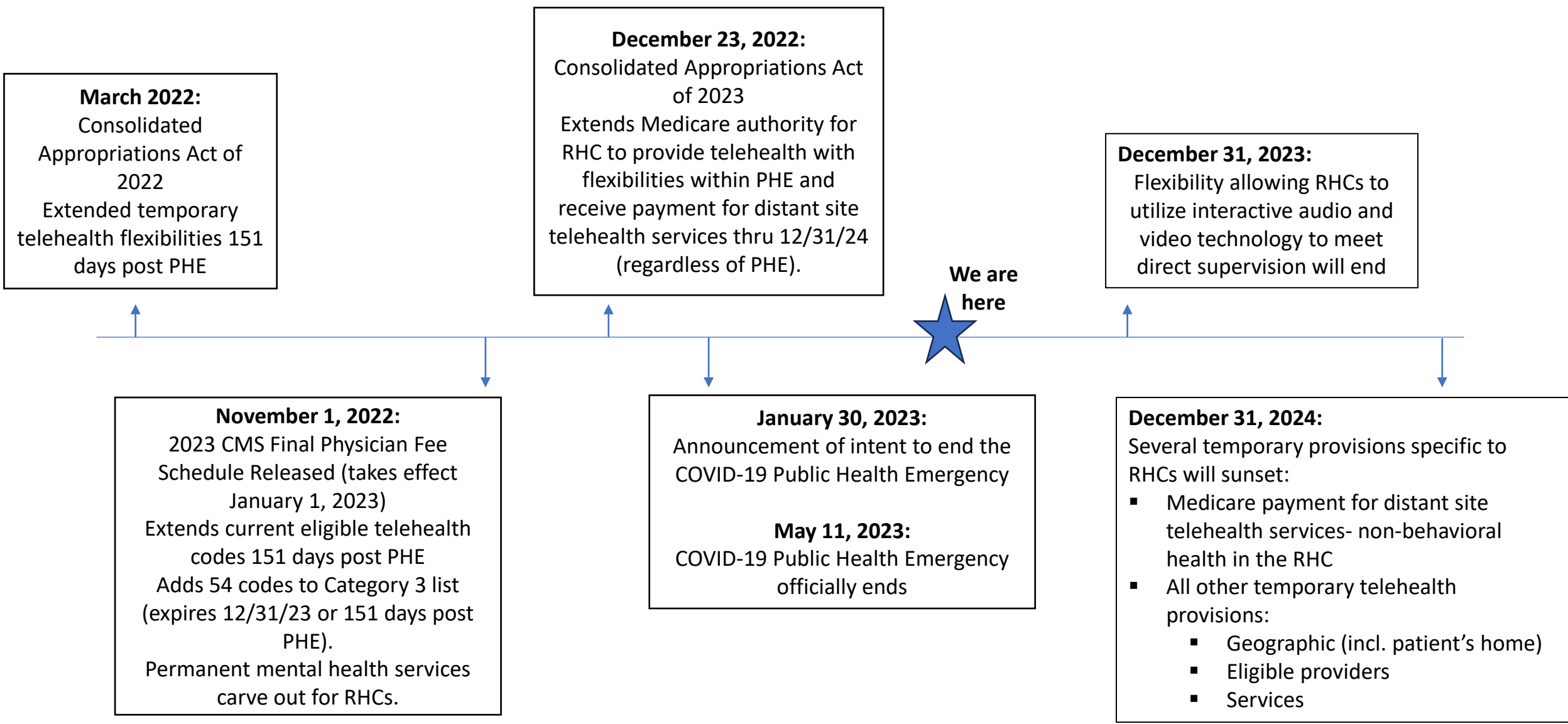
Eastern Montana Telemedicine Network


A Look Back at Telehealth





Expiration of COVID-19 PHE: Regulatory Changes





Consolidated Appropriations Act of 2023

- Changed end date of temporary waivers to December 31, 2024
 - Waivers include:
 - Location- suspends geographic requirement; allows home to be an eligible site
 - Allows some providers to continue to be reimbursed for telehealth delivered services including PT, OT, audiologists
 - Allows FQHCs and RHCs to continue to provide services via telehealth (distant site)
 - Allows audio-only to be used to provide some services
 - Delays implementation of permanent policy regarding mental health services & telehealth (the prior in-person visit requirement) to January 1, 2025
 - Requires a study on telehealth that will look at the data gathered from services provided in the 2022-2024 period. Interim report due October 1, 2024; final report due April 1, 2026
 - Extension of safe harbor for absence of a deductible for telehealth

2022 Final Physician Fee Schedule

- Will allow some of the temporarily eligible telehealth services made available during COVID-19 to remain eligible for reimbursement until 12/31/2023 (“Category 3”)
- For permanent policy, audio-only may be used to provide mental and behavioral health services if certain conditions met
- Redefined “mental health visit” for FQHC/RHCs to include the use of live video and audio-only
 - Does NOT mean FQHCs/RHCs are telehealth providers or providing services via telehealth.
 - Special billing instructions post-PHE.... More on this later

Changes:

Temporary, Permanent & Delayed



Temporary Changes- Overview

- **Temporary Medicare changes through December 31, 2024**
- RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
 - Some can be delivered using audio-only communication platforms
- Removing geographic and site requirements for the patient location at the time of telehealth service
 - There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
 - Medicare patients can receive telehealth services in their home
- Mental and Behavioral Health services: An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is NOT required
- Telehealth services can be provided by all eligible Medicare providers
 - Includes physical and occupational therapists, speech language therapists
- Current expanded list of telehealth services are allowed
 - Including some services to continue to be provided by audio-only



Temporary Changes- Distant Site Definitions

- **Ends Dec. 31, 2024**
- Definitions:
 - the term “distant site” includes a RHC that furnishes a telehealth service to an eligible telehealth individual; and
 - the term “telehealth services” includes a RHC service that is furnished using telehealth to the extent that payment codes corresponding to eligible services
- The Secretary shall pay for telehealth services that are furnished via a telecommunications system by a RHC to an eligible telehealth individual
 - Geographic restrictions are waived- patient’s home is eligible
 - The RHC providing the telehealth service cannot be at the same location as the beneficiary

Temporary Changes- Distant Site Services

- **Ends Dec. 31, 2024**
- **Payment for Medicare Telehealth Services:** Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient.
 - Some telehealth services can be furnished using audio-only technology.
 - RHCs with this capability could provide and be paid for telehealth services furnished to Medicare patients located at any site, including the patient's home, through December 31, 2024.
- Telehealth services could be furnished by any health care practitioner working for the RHC within their scope of practice.
 - Practitioners could furnish telehealth services from any distant site location, including their home, during the time that they are working for the RHC
 - Practitioners can provide any telehealth service that is included on the list of Medicare telehealth services under the current Physician Fee Schedule.
- Beginning on or after January 1, 2022, RHCs can report and receive payment for mental health visits furnished via real-time telecommunication technology in the same way in-person visits are reported and reimbursed, including audio-only visits when the beneficiary is not capable of or does not consent to, the use of video technology.
 - Payment under HCPCS code G2025 will no longer apply to mental health visits furnished via telehealth. This payment policy for mental health visits was made permanent for RHCs in the CY 2022 PFS final rule.



Temporary Changes- Distant Site Reimbursement

- **Ends December 31, 2024**
- The statutory language authorizing RHCs as distant site telehealth providers requires that we develop payment rates similar to the national average payment rates for comparable telehealth services under the PFS.
- Starting July 1, 2020, RHCs should submit G2025 and you may append modifier 95, but it isn't required.
- Medicare-covered mental health services furnished incident to an RHC visit are included in the payment for a medically necessary mental health visit when an RHC practitioner furnishes a mental health visit.
 - Group mental health services do not meet the criteria for a one-one-one, face-to-face encounter in an RHC.
- For dates of service through December 31, 2024, you can provide any Medicare-approved telehealth services under the PFS.



TABLE 12: Services Finalized for Addition to the Medicare Telehealth Services List on a Category 3 Basis Through the End of CY 2023

Temporary Changes

- **Ends December 31, 2023**
- **Category 3 Services**
 - Link [here](#)
 - 2024 Proposed PFS includes:
 - Deep Brain Stimulation – 95970, 95983, 95984
 - Therapy Codes – 97110, 97112, 97116, 97161- 97164, 97530, 97750, 97763, 90901
 - Hospital Care, Emergency Department and Hospital – 99221-99223, 99234-99236, 99238- 99239, 99281-99283
 - Cardiovascular and Pulmonary Rehab – 93797 and 94626
 - Additionally, CMS will add through 2024 the following:
 - Health and Well Being Services – 0591T, 0592T & 0593T
- **Virtual Presence for Direct Supervision**
 - Flexibility allowing interactive audio and video telecommunications technology to meet direct supervision requirements will end

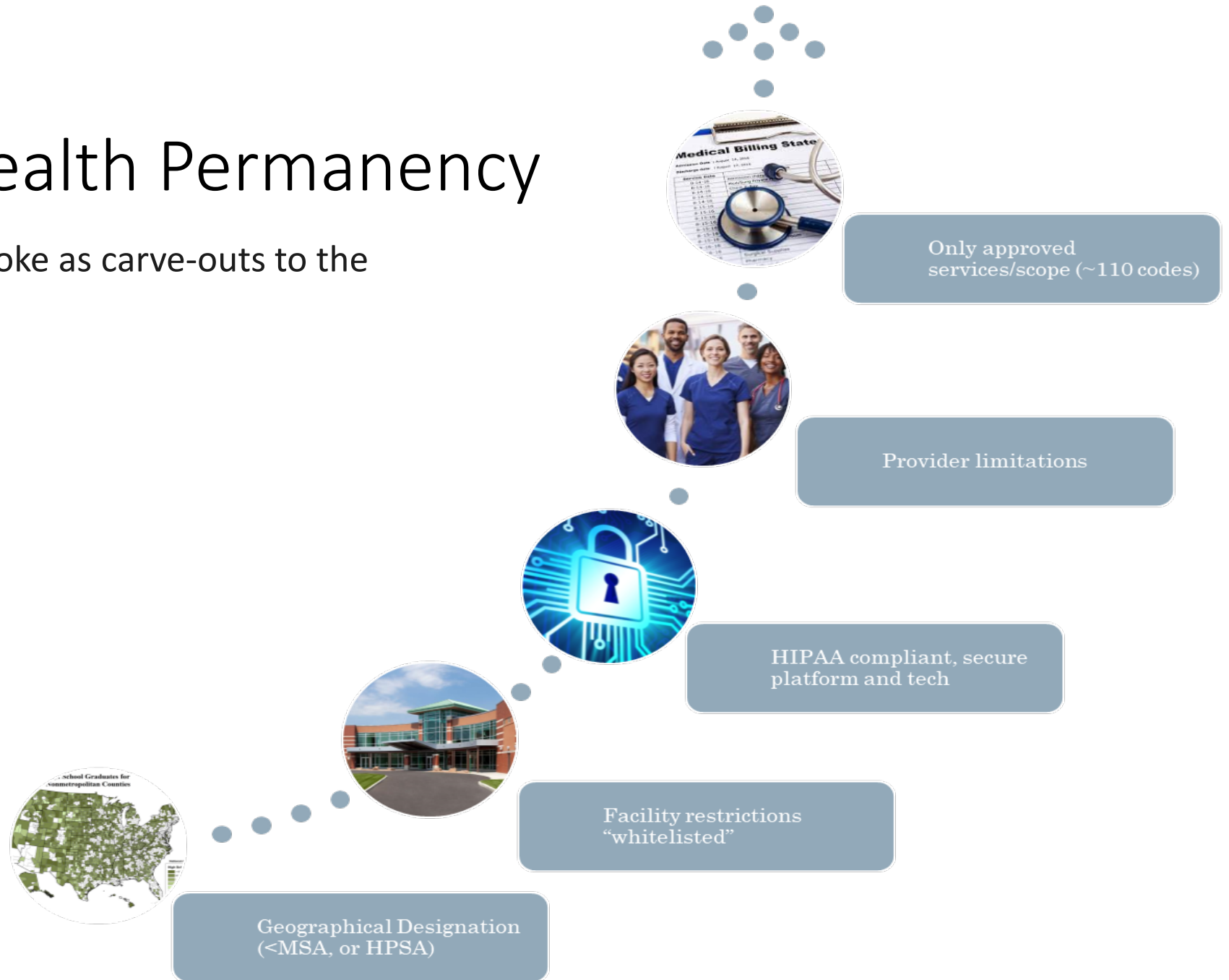
HCPCS	Short Descriptor
90875	Psychophysiological therapy
90901	Biofeedback train any meth
92012	Eye exam estab pat
92014	Eye exam & tx estab pt 1/>vst
92507	Speech/hearing therapy
92550	Tympanometry & reflex thresh
92552	Pure tone audiometry air
92553	Audiometry air & bone
92555	Speech threshold audiometry
92556	Speech audiometry complete
92557	Comprehensive hearing test
92563	Tone decay hearing test
92565	Stenger test pure tone
92567	Tympanometry
92568	Acoustic refl threshold tst
92570	Acoustic immitance testing
92587	Evoked auditory test limited
92588	Evoked auditory tst complete
92601	Cochlear implt f/up exam <7
92625	Tinnitus assessment
92626	Eval aud funcj 1st hour
92627	Eval aud funcj ea addl 15
94005	Home vent mgmt supervision
95970	Alys npgt w/o prgrmg
95983	Alys brn npgt prgrmg 15 min
95984	Alys brn npgt prgrmg addl 15
96105	Assessment of aphasia
96110	Developmental screen w/score
96112	Devel tst phys/ghp 1st hr
96113	Devel tst phys/ghp ea addl
96127	Brief emotional/behav assmt
96170	Hlth bhv ivntj fam wo pt 1st
96171	Hlth bhv ivntj fam w/o pt ea
97129	Ther ivntj 1st 15 min
97130	Ther ivntj ea addl 15 min
97150	Group therapeutic procedures
97151	Bhv id assmt by phys/ghp
97152	Bhv id suprt assmt by 1 tech
97153	Adaptive behavior tx by tech
97154	Grp adapt bhv tx by tech
97155	Adapt behavior tx phys/ghp
97156	Fam adapt bhv tx gdn phy/ghp
97157	Mult fam adapt bhv tx gdn
97158	Grp adapt bhv tx by phy/ghp
97530	Therapeutic activities
97537	Community/work reintegration
97542	Wheelchair mngmt training
97763	Orthe/prostc mgmt sbsq enc
98960	Self-mgmt educ & train 1 pt
98961	Self-mgmt educ/train 2-4 pt
98962	Self-mgmt educ/train 5-8 pt
99473	Self-meas bp pt educaj/train
0362T	Bhv id suprt assmt ea 15 min
0373T	Adapt bhv tx ea 15 min



A Reminder....

Traditional Telehealth Permanency

- ESRD, Substance use, Stroke as carve-outs to the geographic rule





Permanent Changes- Mental Health Services

- A mental health visit is a medically-necessary face-to-face encounter between an RHC patient and an RHC practitioner during which time one or more RHC mental health services are rendered.
 - Effective January 1, 2022, a mental health visit is a face-to-face encounter, or an encounter furnished using interactive, real-time, audio and video telecommunications technology OR
 - Audio-only interactions in cases where the patient is not capable of, or does not consent to, the use of video technology for the purposes of diagnosis, evaluation or treatment of a mental health disorder.
- RHCs can serve as a distant site provider for behavioral/mental telehealth services.
 - Can be delivered using audio-only communication platforms
- There are no geographic restrictions for originating site for behavioral/mental telehealth services.
 - Medicare patients can receive telehealth services for behavioral/mental health care in their home
- RHCs will be paid for mental health visits furnished via telecommunications technology at the same rate they are paid for in-person mental health visits (that is, the AIR rate).



Delayed Changes- Mental Health Services

- **Delayed to take effect on Jan 1, 2025**
- The CAA, 2023 extends the telehealth policies of the CAA, 2022 through December 31, 2024. Therefore, the in-person visit requirements for mental health telehealth services and mental health visits furnished by RHCs begin on **January 1, 2025**.
 - the patient must have an in-person mental health visit six months before the telecommunications visit; and
 - there generally must be an in-person mental health visit at least every twelve months during active treatment*
- RHCs are instructed to append modifier 95 in instances where the mental health visit was furnished using audio-video communication technology
 - Append modifier 93 in cases where the service was furnished using audio-only communication

Current Trends & Themes

Virtual Communications

Medicare waives the RHC face-to-face requirements when an RHC furnishes communication technology-based services (may include audio-only/telephone) to an RHC patient.

- RHCs receive payment for communication technology-based services or remote evaluation services when an RHC practitioner provides at least 5 minutes of communications-based technology or remote evaluation services to a patient who has been seen in the RHC within the previous year.
- Must be patient initiated
- Co-insurance and deductibles apply
- Consent should be obtained before or at time of service

Virtual communications reverts back to being limited to established patients only post COVID-19 PHE

- G0071 can only be used for G2012, G2010, 99421-99423
- CPT 99421-99423 no longer available

Virtual Check-ins (est. January 2019)

- 5 minutes or more of medical discussion (including audio only) or remote evaluation for a condition not related to a RHC service within the previous 7 days which does not lead to an RHC visit within the next 24 hours.
- Remote evaluation of a picture- G2010
- Brief communication with patient (5 min)- G2012
- G0071 (Bill on UB-04)
 - No modifier
 - Rev Code 0521

Digital E-visits (est. January 2020)

- Online digital evaluation and management services are non-face-to-face, patient-initiated, digital communications using a secure patient portal. The online digital evaluation and management codes are:
 - CPT code 99421 (5-10 minutes over a 7-day period)
 - CPT code 99422 (11-20 minutes over a 7-day period)
 - CPT code 99423 (21 minutes or more over a 7-day period)
- G0071 (Bill on UB-04)
 - No modifier
 - Rev Code 0521



Remote Patient Monitoring

- RPM services are not separately billable because they are already included in the RHC AIR payment.
- RHCs can get reimbursement for general care management services, including those listed below which can include RPM elements:
 - Chronic Care Management (CCM)
 - Principal Care Management (PCM)
 - Chronic Pain Management (CPM)
 - and general Behavioral Health Integration services (BHI)
- Consent
 - Cost-sharing may apply
 - Only one practitioner/facility can furnish and be paid a month
 - Patient can end at any time

Future State Insights

External Headwinds

- Consumers Needs, Wants are Shifting
- Industry Changes
 - Staffing, Inflation
 - Technology Changes and Upgrades
 - Connectivity- Fight for Enhanced Broadband
 - <https://www.fcc.gov/broadbandbenefit>
- COVID-19 PHE Expiration & Stabilization
 - Extensions are Hard to Operationalize.....
 - Providers
 - Services
 - Locations, etc.
 - Plan Ahead
- Reimbursement & Regulatory
 - Prescribing of Controlled Substances via Telehealth
 - State Vs. Federal





FCC- Affordable Connectivity Program

- An FCC benefit program that helps ensure that households can afford the broadband they need for work, school, healthcare, and more.
- The benefit provides a discount of up to \$30/month toward internet service for eligible households (up to \$75/month for households on qualifying Tribal lands). Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop, computer, or tablet from participating providers if they contribute more than \$10 and less than \$50 toward the purchase price.

Who Is Eligible for the Affordable Connectivity Program?

A household is eligible for the Affordable Connectivity Program if the household income is at or below 200% of the [Federal Poverty Guidelines](#), or if a member of the household meets at least *one* of the criteria below:

- Participates in certain assistance programs, such as SNAP, Medicaid, Federal Public Housing Assistance, SSI, WIC, or [Lifeline](#);
- Participates in Tribal specific programs, such as Bureau of Indian Affairs General Assistance, Tribal TANF, or Food Distribution Program on Indian Reservations;
- Participates in the National School Lunch Program or the School Breakfast Program, including through the USDA Community Eligibility Provision;
- Received a Federal Pell Grant during the current award year; or
- Meets the eligibility criteria for a participating provider's existing low-income internet program.

2023 *Proposed* Physician Fee Schedule

- Originating Site Facility Fee: \$29.92 in 2024
- Telephone Evaluation and Management Services
 - CPT codes 99441-99443 will remain actively priced through 2024 and are considered telehealth services
 - CPT codes 98966-98968 are not considered telehealth services but CMS proposes to assign them an active payment status for 2024 “to align with telehealth-related flexibilities that were extended via the CAA, 2023”
- Telehealth Injection Training for Insulin-Dependent
 - Propose to allow one hour of in-person training (for initial or follow-up) that is required for insulin-dependent beneficiaries to take place via telehealth
- Through 2024, CMS is proposing to pay practitioners the non-facility rate for services delivered when a patient is at home (billed with place of service (POS) code 10)
- New process for approving and organizing eligible telehealth codes going forward, designating two categories for either “permanent” or “provisional” codes
 - Category 1 – The service was similar to a service already approved and on the permanent Telehealth Services List
 - Category 2 – Sufficient evidence to show patient outcomes similar to what would be seen in-person has been provided
 - Category 3- Acted as a temporary holding place for some of the temporary services approved during the pandemic but not enough evidence to justify a move to the permanent list
 - To the permanent list, CMS proposes adding:
 - GXXX5 – Administration of a standardized evidence-based social determinants of health risk assessment tool (5-15 minutes) if the code is finalized.
- Comments due by September 11, 2023

Questions & Discussion



Resources

- [National Rural Health Association](#)
- [HHS Telehealth](#)
- [Rural Health Information Hub](#)
- [Rural Development Innovation Center](#)
- [Center for Connected Health Policy](#)
 - Fee-for-service Medicaid telehealth policy section on [CCHP's Policy Finder](#).
 - FQHC telehealth billing questions email box: FQHCquestions@cchpca.org
- [National Consortium Telehealth Resource Center\(s\)](#)
- [Telehealth Technical Assessment Resource Center](#)
- [Federation of State Medical Boards](#)
- [American Telehealth Association](#)
- [Montana Telehealth Alliance](#)
- [Wyoming Telehealth Consortium](#)



Sources

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- <https://www.hklaw.com/en/insights/publications/2023/05/covid19-phe-ends-may-11-what-it-means-for-the-provision-of>
- [Mental Health Visits via Telecommunications for Rural Health Clinics and Federally Qualified Health Centers, MLN Matters SE22001, \(May 23, 2023\)](#)
- [CMS CY 2022 Physician Fee Schedule](#)
- [Mental Health Visits via Telecommunications for Rural Health Clinics and Federally Qualified Health Centers, MLN Matters SE22001](#)
- [Centers for Medicare and Medicaid Services, Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\): CMS Flexibilities to Fight COVID-19, 5/10/23](#)
- [CMS, Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Medicare Benefit Policy Manual Chapter 13 Update, Jan. 26, 2023](#)
- [Consolidated Appropriations Act, 2023](#)
- [Social Security Act, Sec. 1834\(m\) \(Title 42, Sec. 1395m\).](#)
- [CMS, Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Medicare Benefit Policy Manual Chapter 13 Update, Jan. 26, 2023, pg. 20](#)
- [Mental Health Visits via Telecommunications for Rural Health Clinics and Federally Qualified Health Centers, MLN Matters SE22001, \(May 23, 2023\)](#)
- [Centers for Medicare and Medicaid Services, New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers, MLN Matters Number: SE20016, May 12, 2023.](#)
- [Centers for Medicare and Medicaid Services, Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\): CMS Flexibilities to Fight COVID-19, 5/10/23](#)
- [Consolidated Appropriations Act, 2021,](#)
- [Consolidated Appropriations Act, 2022](#)
- [CMS CY 2023 Physician Fee Schedule](#)
- [CMS CY 2020 Final Physician Fee Schedule. CMS](#)
- [Centers for Medicare and Medicaid Services, Care Management in Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) Frequently Asked Questions, Dec. 2019](#)
- <https://www.fcc.gov/acp>