PAYMENT

Reimbursement Tips:

FQHC Requirements for Medicare Telehealth Services.

Telehealth refers to delivery of patient services via interactive audio and video telecommunication services to patients in remote sites, including their homes.

Program Requirements

Under the Coronavirus Preparedness and Response Supplemental Appropriations (CARES) Act and Section 1135 waiver authority, the Centers for Medicare and Medicaid Services (CMS) broadened access to Medicare telehealth services and added provisions specific to health centers.

For the duration of the COVID-19 Public Health Emergency (PHE), health centers are authorized for Medicare reimbursement as distant sites in visits provided via telehealth. This means qualified FQHC practitioners can be paid for telehealth services provided to patients in their home. Health centers can use telehealth in lieu of face-to-face visits to furnish eligible patient care where allowable.

End of the COVID-19 PHE

The Federal government will allow the COVID-19 PHE to expire at the end of the day on May 11, 2023. We have provided a table at the end of this document to help identify when the PHE telehealth flexibilities and waivers will expire.

Information provided in this document refers to program guidance under both the temporary PHE telehealth legislative enactments and waivers, and certain of their extensions and delays associated with the end of the PHE.

Patient Eligibility & Consent

Beneficiary consent is required but, during the COVID-19 PHE, may be obtained at the same time the telehealth service is furnished. Consent for telehealth services may be obtained via general supervision. It is important for health centers to understand what consent requirements and flexibilities exist during the PHE for each telehealth service they offer. Under the temporary waiver provisions, the requirement that a provider have a prior established relationship with the patient has been removed.

Coinsurance does not apply to those evaluation and management (E/M) services which are related to COVID-19 testing, whether they are furnished in person or via telehealth and modifier "CS" must be used to identify these waived cost share services. Coinsurance will otherwise apply to telehealth services.

Timeframe & Services

CMS/Medicare covers visits delivered via telehealth in accordance with the time requirements associated with the visit type. A telehealth visit must use an interactive audio and video telecommunications system that permits two-way, real-time communication between the provider and patient; however, this definition has been expanded under the PHE to allow for some "audio only" visits. FQHCs may furnish any service via telehealth that is listed on the CMS Telehealth Services List, including those listed as "audio-only".

For telehealth services, two terms are commonly used to describe how the services are being provided.

Originating site: the ***location of the patient*** at the time the service is being provided.

Distant site: the ***location of the provider*** delivering telehealth services.

Generally, the originating site must be a health care facility (e.g., health center) located in a geographically remote area and the patient at the health center receives services furnished via telehealth by a provider at a (different) distant site location. This means providers can be located in the health center or even in their home (working on behalf of the health center) and deliver telehealth to patients in their home. Waivers and changes in the law relating to the COVID-19 period allowed CMS to temporarily recognize other originating site locations, including patient's homes and facilities in urban locations. For FQHC distant site telehealth services furnished during the COVID emergency, the list of covered services is not limited to FQHC services.

In the Medicare Final Rule, CMS expanded the definition of a patient's home to include temporary housing such as hotels, homeless shelters, or places a patient may need to go for privacy that are a short distance from the actual home. A home does not include a hospital or other facility where the patient receives care in a private residence.

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Under the waiver, CMS has temporarily lifted rules that otherwise restrict Medicare from paying for services rendered by clinicians practicing in a state other than where they are licensed. However, state law, licensure, and scope of practice definitions must be considered. In 2023, CMS announced that, at the end of the PHE, they will defer to state law to determine whether this practice will be permitted to continue (CMS Flexibilities).

TREATING (BILLING) PROVIDER				Certified Registered Nurse Anesthetists+	Registered Dieticians or Nutrition Professional+	Clinical Psychologists*	Licensed Clinical Social Workers*	Any FQHC practitioner working within scope of practice+
Physicians (MD or DO)	Non-Physician Practictioners							
	NP	PA	CNM					
x	x	x	x	x	x	x	x	x

Medical Doctor (MD) or Doctor Osteopathy (DO)

Non-Physician Practitioners include: Nurse Practitioners (NP), Physician Assistants (PA), and Certified Nurse Midwives (CNM).

A CNS is not an FQHC Practitioner; however in a FFS setting a CNS is eligible to provide and bill for telehealth services.

**Clinical psychologists (CPs) and licensed clinical social workers (LCSWs) cannot bill for psychiatric diagnostic interview exams at the same as medical services or for medical evaluation and management services.*

+Any health care practitioner working for the FQHC within their scope of practice. This could, for example, include an RN, MA, CHW or other staff working within their scope of practice and whom the billing practitioner authorizes and deems qualified to perform a service under his/her direct supervision, including virtual supervision.

New vs Established Patients

New as well as established patients may be seen via telehealth. There are no frequency limitations on Medicare telehealth.

Authorized Provider/Staff

Throughout the PHE, CMS has clarified guidance pertaining to the use of telehealth services. Evaluation and Management (E/M) telehealth services, including those which are permitted to be furnished via audio-only technology, can only be furnished by an authorized Medicare FQHC practitioner. Other telehealth services may be furnished by any health care practitioner or clinical staff member, under the direct supervision of the physician, working within the limits of their state license and scope of practice (see table below). They must be working for the health center either as an employee or under direct contract.

Direct supervision requires the physician to be present in the office suite and immediately available to furnish assistance and direction during a patient visit. It does not require the physician to be in the same room as the patient and staff member. CMS has also modified the direct supervision requirements during the PHE to allow for virtual supervisory presence via interactive audio and video telecommunications technology. In Section E of the Interim Final Rule, entitled “Direct Supervision by Interactive Telecommunications Technology”, CMS explains that services which do not have to be personally performed by an FQHC practitioner (i.e., non-E/M services), including face-to-face and non-face-to face services, may be provided by qualified nursing or auxiliary personnel under the billing practitioner’s appropriate virtual, or in-person, supervision.

Documentation

Documentation of telehealth visits follows the same documentation practices in place for in-person visits. Visits should be documented in a certified electronic medical record. For example, the Outpatient E/M Guidelines for documenting and billing E/M services must be followed. Documentation for any type of non-face-face service should also include the method of telehealth, provider and patient locations, clinical participants, and patient consent.

In the PHE, the HHS Office for Civil Rights (OCR) issued the Telehealth Notification stating that it will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communication technologies such as FaceTime or Skype.” CMS Medicare Telemedicine Fact Sheet. Providers should document the modality of communication (e.g., Skype, Zoom, FaceTime, Updox, Doxy.me, etc.) in the patient record. The OCR's Telehealth Notification will remain in effect until the PHE expires on May 11, 2023.

In June 2022, the Department of Health and Human Services issued new guidance on the use of audio-only communication services. The guidance will come into effect at the end of the PHE.

Coding & Billing

FQHC distant site telehealth billing may be applied to services rendered on/after January 20, 2020, up until December 31, 2024. FQHCs must use HCPCS code G2025, a new code created in 2020 for FQHC billing

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of distant site telehealth services. G2025 is used by health centers for any CMS approved telehealth service, including PPS FQHC qualifying visits that are part of the traditional FQHC PPS reimbursement, as well as for non-PPS visits.

FQHCs may also provide audio-only E/M services defined under CPT codes 99441, 99442, and 99443. These audio-only services are also billed under G2025. In order to bill for an audio-only E/M service, the physician or Qualified Health Professional (QHP) must provide at least 5 minutes of telephone E/M services to an established patient, parent, or guardian. They cannot bill if the services stem from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the subsequent 24 hours or soonest available appointment. It is important to review the CMS approved list of telehealth codes to see which services are telehealth permissible and which must be audio/visual versus audio-only. In MLN Matters article SE20011, CMS also explains that under the Families First Coronavirus Response Act, cost-sharing under Medicare Part B is waived for Medicare patients who receive COVID-19 testing and testing related services, including those services provided to determine the need for a test. After the May 11, 2023 end of the PHE, Medicare will continue to waive the cost share for physician ordered laboratory COVID-19 testing. As testing related services may be offered via telehealth, the CS modifier would be appended to the G2025 code. In addition, CMS identified preventive services for which cost-share is waived. See the CMS approved list of telehealth codes for the applicable services.

For services included in the CMS approved telehealth list where cost-share is waived, Medicare will adjust the coinsurance and payment calculation to reflect the Physician Fee Schedule (PFS) methodology. This means that the coinsurance is 20% of the lesser of the allowed amount ($97.24) or actual charges, and the payment itself is 80% of the lesser of the allowed amount ($98.27) or actual charges. CMS notes that before the adjustment, distant site coinsurance was 20% of the actual charges and the payment was the allowed amount ($98.27) minus the coinsurance.

WHAT PROVIDER CODES	Services	What FQHC bills to CMS	CMS/Medicare 2023 Fee
Any CMS permitted telehealth code	Any CMS Telehealth covered services	G2025*	$98.27

*On or after July 1, 2020 through December 31, 2024.

There is tremendous variation of telehealth coding, billing, payment and cost share waivers by various payers. It is important that FQHCs check with each payer for the coding and billing requirements. In addition, CMS continues to urge FQHCs to check with local MAC(s) to mutually understand expectations regarding claim format, use of modifiers, and other nuances related to reimbursement.

Modifiers

Medicare requires that codes for services furnished via telehealth be appended with an appropriate modifier.

- **Modifier 93** (new requirement in 2023) must to be used to identify any qualifying mental health services furnished using audio-only telecommunications technology. (see Mental Health Telecommunications Reimbursement Tips).
- **Modifier FQ** While Modifier 93 is required, some Medicare Administrative Contractors (MACs) may also require Modifier FQ. CMS recognizes that the definitions are the same for both modifiers. (see Mental Health Telecommunications Reimbursement Tips).
- **Modifier FR** is used to indicate that a supervising practitioner was present through a telehealth (two-way, audio/video, communication technology) visit.
- **Modifier 95** is a CPT® code modifier used to identify a "synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system." These services are typically rendered face-to-face, but may be furnished via an audio-video technology. Modifier 95 should be appended to G2025 (Medicare Telehealth Services List).

Note: FQHC institutional claims do not require a POS code when billing to Medicare. It's always important to first check with your payer before making changes to your coding and billing systems.

The Center for Connected Health Policy provides information pertaining to telehealth policies at the federal and state levels. Their findings show that each state offers some level of telehealth coverage via Medicaid and that most private payers are required by state law to reimburse for some level of telehealth services. It is important for health centers to know state and private payer coverage policies.

End of PHE Telehealth Transition

The Secretary of the Department of Health and Human Services (HHS) will allow the PHE to expire on May 11, 2023. Signed into law December 29, 2022, H.R. 2716

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extends many of the temporary COVID-19 PHE waivers and flexibilities, including the extension of the use of distant site telehealth services, through December 31, 2024. H.R. 2716 is better known as the Consolidations Appropriations Act of 2023 (CAA 2023). Note: The CY 2023 Medicare Final Rule Physician Fee Schedule was published by CMS prior to CAA 2023 and contains telehealth payment policies that conflict with those statutory amendments. To align with the amendments, CMS has been publishing Fact Sheets and updating policy documents.

In February 2023, CMS published guidance to support FQHCs and other providers with their transition plan for the end of PHE waivers and flexibilities. The following table highlights the Medicare telehealth changes for FQHCs. Other payers are expected to update their policies based upon changes they will implement.

HIGHLIGHTS: END OF PHE TELEHEALTH TRANSITION

PHE Telehealth Waiver or Flexibility	After 12/31/2024
Furnish Medicare Telehealth Services, including telephone-only E/M services (CPT codes 99441-99443), as a distant site. (Bill using G2025)	FQHCs will no longer be able to furnish distant site telehealth services.[1]
Distant site telehealth services may be furnished by any FQHC practitioner, working with the scope of their practice, including from home.	FQHC practitioners will not be permitted to furnish distant site telehealth services.[1]
The definition of originating site includes the patient's home.	The patient's home will no longer be allowed as the originating site.[1] The definition of originating site will revert back being the FHQC.
Direct supervision requirements may be met through the use of audio-visual, real-time, two-way communication.	*Expires 12/31/2023*. Direct supervision requirements revert back to the pre-PHE definition.[2]

1. Medicaid and CHIP telehealth services policies vary by state.

2. Commercial insurance telehealth policy coverage varies by plan.

A complete list of the Coronavirus waivers and flexibilities can be found on the CMS website: https://www.cms.gov/coronavirus-waivers.

Please refer to the new "FQHC Requirements for Mental Health Telehealth" Payment Reimbursement Tips for information about these CMS approved services.

References

- American Medical Association, CPT® 2023 Professional Edition.
- CMS-1744-IFC: Policy & Regulatory Revisions in Response to the COVID-19 PHE. Accessed at https://www.cms.gov/files/document/covid-final-ifc.pdf
- CMS CY 2023 Medicare Physician Fee Schedule Final Rule. Accessed at https://www.govinfo.gov/content/pkg/FR-2022-11-18/pdf/2022-23873.pdf
- CMS FAQs on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to Coronavirus Disease 2019 (COVID-19). Accessed at https://www.cms.gov/files/document/faqs-telehealth-covid-19.pdf
- CMS FQHC Center. Accessed at https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center
- CMS FQHC Flexibilities and End of PHE Transition. Accessed at https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf
- CMS List of Telehealth Services. Accessed at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- CMS Medicare Learning Network Connects: 2020-04-07-MLNC-SE. Accessed at https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se#_Toc37139913
- CMS Medicare Telemedicine Health Care Provider Fact Sheet. Accessed at https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- CMS MLN CY2022 Telehealth Update MM12549. Accessed at https://www.cms.gov/files/document/mm12549-cy2022-telehealth-update-medicare-physician-fee-schedule.pdf
- CMS New and Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE. Accessed at https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf
- CMS PHE Fact Sheet February 2023. Accessed at https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf.
- CMS Telehealth Medicare Learning Networks Connects Fact Sheet. Accessed at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf
- Consolidations Appropriations Act of 2023 also known as H.R. 2617. Accessed at https://www.congress.gov/bill/117th-congress/house-bill/2617
- COVID-19 FAQs. Accessed at https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
- Office of Civil Rights HIPAA Rules Audio-Only Telehealth. 2022. Accesssed at https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html
- Office of Civil Rights. Telehealth Notification. April 21, 2020. Accessed at https://www.govinfo.gov/content/pkg/FR-2020-04-21/pdf/2020-08416.pdf

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