



NATIONAL ASSOCIATION OF
Community Health Centers®

NACHC Telehealth Office
Hour
Thursday October 13, 2022



NACHC's STRATEGIC PILLARS

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



Supported Vendors:

athenaOne

**athenaFlow/athenaPractice
(formerly Centricity)**

eClinicalWorks

Epic

Greenway Intergy

NextGen Healthcare

NACHC supports several user groups for Health Centers that utilize various Electronic Health Record (EHR) platforms. These user groups provide a vehicle for health centers to meet and discuss common issues, share experiences and gain valuable insight on accomplishments and best practices.

NACHCs EHR User Groups

Benefits of joining an EHR User Group:

- Connect with other Health Centers who use the same EHR platform as you do.
- Discuss issues and enhancements that are most important to Health Centers.
- Groups are led by Health Centers, HCCN's and PCA staff on a voluntary basis.
- Online forums to exchange ideas, lessons learned and best practices.
- Groups meet both virtually and in-person.
- NACHC provides support via WebEx, conference calls and meeting space at our major conferences.

Questions? E-mail: PStringfield@nachc.org

NACHC 2022 Finance, Operations Management & IT (FOM/IT) Conference

October 30 – 31

Las Vegas, NV

NACHC's FOM/IT conference is a gathering of over 700 health center senior leaders, managers, and staff CEOs, CFOs, COOs, CIOs and finance, operations and IT staff from across the country. The conference provides an opportunity for participants to interact with their colleagues, industry experts and powerful speakers to share proven techniques and tools and discover innovative strategies necessary to transform their organizations.

Today's Session: Optimizing Telehealth Reimbursement

Speakers for this session will provide insights regarding telehealth reimbursement guidance during and post the public health emergency.

Presenter:

- **Christina Quinlan**, Christina Rose Consulting



Optimizing Telehealth Reimbursement

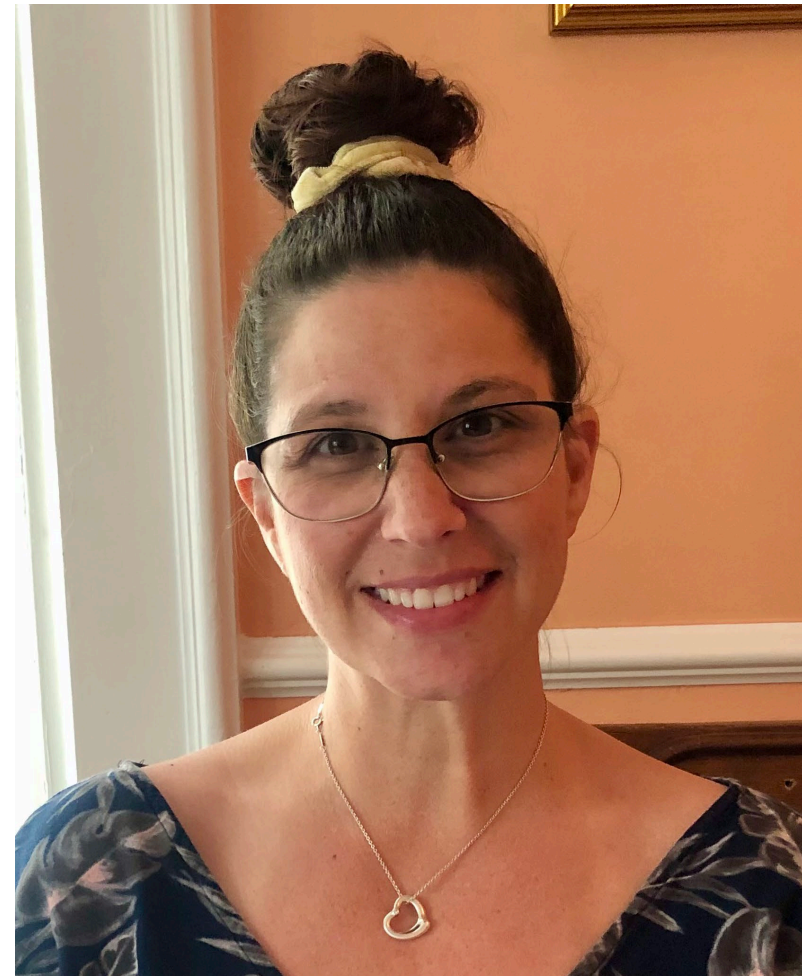
Telehealth Reimbursement during
and post the public health
emergency

***Disclaimer:** Today's discussion is for informational purposes and not be regarded as legal advice.

NACHC and Christina Rose Consulting have no relevant financial interest, arrangement, or affiliation with any organizations or related to any vendors or services discussed during this session.

Christina R. Quinlan

Executive Healthcare Consultant
Christina Rose Consulting



Reimbursement Tip #1

Determine the type of Telehealth/Telecommunications you are providing.

Determine the Type of Telehealth	Navigating Medicare	Private Payers: (Billing Department)	Navigating Medicaid
<ul style="list-style-type: none">• Telehealth/Telemedicine• Telephone E/M• E-Visits• Virtual Communication Services/CTBS	<ul style="list-style-type: none">• Defining Originating and Distant Site (waived during PHE)• The patient must be in a HPSA (Health Professional Shortage Area (waived during PHE)• Only certain CPT and HCPCS codes are eligible for reimbursement (Billing Department should keep you updated)• Use Proper Modifier (Billing Department should be communicating these changes and your EHR and PM should have edits in place)• Billing a facility fee: Originating site fees (Q3014)	<ul style="list-style-type: none">• What CPT and HCPCS codes can be delivered via telehealth?• Are there any restrictions on the location of the patient or provider?• What modifiers do we need?• What is the correct place of service code (POS)?• Which providers are eligible?	<ul style="list-style-type: none">• Review state policy (many states have already made permanent changes)• Health Services Covered• Eligible Providers• Licensing (cross state)• New Patient allowed• Covered CPT codes• Type of Reimbursement (hospital/FFS/facility or both)

Post the PHE, FQHC's will be reimbursed their full PPS rate when billing PPS Mental Health Visit Codes G0469 & G0470. Check with your State's Medicaid plan to determine which services have been permanently added as a benefit, i.e. Telephonic E/M services, Audio Only, CTBS.

Reimbursement Tip #2

Telehealth FQHC Mental Health Services

Post PHE-FQHC's may continue to furnish mental health services via telecommunication for CPT codes listed under the PPS Mental Health Visit codes G0469 & G0470

Example Revenue Code	HCPCS Code	Modifiers
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

Verify with your billing department that all claims process January 1, 2022, and forward have been reimbursed at your health center's PPS rate. Bill G2025 for medical services and any non-FQHC services listed on the CMS List of Telehealth Services.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Note: Section 304 of the Consolidated Appropriations Act (CAA) of 2022 delayed the in-person visit requirements under Medicare for mental health visits that RHCs and FQHCs provide via telecommunications technology. For RHCs and FQHCs, in-person visits will not be required until the 152nd day after the end of the COVID-19 PHE.

Reimbursement Tip #3

Know Payer Specific Place of Service and Modifier

Place of Service Codes (POS):

Only used on HCFA
Professional Claims - Check
Payer Effective Dates!

POS 02:
Telehealth
Provided
Other Than
in Patient's
Home

POS 10:
Telehealth
Provided in
Patient's
Home

Modifiers: Check Your Payer!

- **93**- Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System, effective January 1, 2022, and implementation date of 04/01/2022
- **95**- Synchronous Telemedicine Service Rendered Via a Real-Time Audio and Video Communication System
- **GT**- Via Interactive Audio and Video Telecommunications Systems. Note: Except for institutional claims, Medicare stopped using this modifier in 2017 after POS-02 was introduced. Use this modifier if billing CAH Optional Payment Method II. Many states require a GT modifier.
- **G0**-Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of systems of an acute stroke
- **GQ**- Asynchronous 'store and forward' technology in federal telemedicine demonstration programs in Alaska or Hawaii and required for New York State.
- **FQ**- Audio only behavioral health, effective January 1, 2022, and implementation date of 04/01/2022. 2023 PFS proposes the 93 for Audio Only services.
- **GE**- This service has been performed by a resident without the presence of a teaching physician under the primary care exception.
- **GC**-This service has been performed in part by a resident under the direction of a teaching physician

Note: 2023 PFS proposes using modifier 93 for all audio only telehealth and telecommunication services. 93 would replace modifier FQ.

Reimbursement Tip #4

Telephonic E/M vs Audio Only Telehealth

Audio-Only Scenarios: Reimbursement for Telephonic E/M codes may not be reimbursed in the same way that E/M services delivered via audio only are!

Tips:

- ✓ Know which payer is covering Audio Only Office Visits (99202-99205 & 99211-99215)
- ✓ Know what modifier to use: 93 or FQ (BH) for audio only telehealth services.
- ✓ Educate your providers! Telephonic E/M codes should only be used for triage, unless office visits delivered via audio only are not reimbursed.
- ✓ Some payers have removed the global rule edits for Telephonic E/M codes and specify whether to bill Telephonic E/M codes (99441-99443 & 98966-98968) when office visits are delivered via audio only technology.
- ✓ FQHC's will only be reimbursed for Telephonic E/M codes. Medicare Audio Only not allowed for office visits. Bill G2025.
- ✓ Check with your local Telehealth Resource Center for updated payer telehealth coverage
- ✓ Utilize your EHR and Practice Management system assist with telehealth billing and coding requirements, i.e. default modifier by payer or by visit type (audio only vs audio and video), flip to code G2025 for all FQHC Medicare services listed in CMS Telehealth List of Allowed Services, except for components services listed under G0469 and G0470.

Reimbursement Tip #5

Understanding the billing and documentation requirements for VCS services and Telephonic E/M

Telephonic E/M codes have the same requirements as VCS services G2012 (rolled up to G0071) when services are performed Telephonically!

Example Scenario

1. Patient calls to be seen.
2. Patient transferred to the triage provider(including RN's during PHE)
3. Brief Clinical Discussion and advice is given greater than 4 minutes.
4. It is determined that the patient does not need to be seen within 24 hours
5. Patient is okay with plan
6. Bill Telephone E/M

Documentation

- ✓ Verbal Consent is required
- ✓ Patient Initiated
- ✓ Documented in the medical record
- ✓ Not covered if the patient had an E/M visit within the last 7 days or the next 24 hours
- ✓ Document time spent

Reimbursement Tip #6

Virtual Communication Services, (VCS) or Telephonic E/M?

During the Public Health Emergency (PHE), FQHCs receive reimbursement for all non-FQHC services listed in the 2022 Physician Fee Schedule and are reimbursed with a G2025. This includes Telephonic E/M visits (CPT codes 99441-99443). Billing the G2025 instead of the Virtual Communication Services G0071 payment code will result in a higher reimbursement (\$97.24 vs \$23.88).

VCS-FQHC's bill G0071 for G2012 and includes services delivered telephonically. Reimbursed: **\$23.88**
G2012-Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the **previous 7 days** nor leading to an E/M service or procedure within the **next 24 hours** or soonest available appointment; **5-10** minutes of medical discussion

Telephonic E/M (99441-99443 & 98966-98968 (NPP))

- 99441: telephone E/M service; 5-10 minutes of medical discussion: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the **previous 7 days** nor leading to an E/M service or procedure within the **next 24 hours** or soonest available appointment; **5-10** minutes of medical discussion: Roll up to a G2025 and reimbursed at **\$97.24**, during the PHE.
- 99442: telephone E/M service; 11-20 minutes of medical discussion
- 99443: telephone E/M service, 21-30 minutes of medical discussion

Reimbursement Tip #7

Expansion of Virtual Communication Services during the PHE.

Online Digital E/M codes have been included under Virtual Communication Services and will be reimbursed under CPT code G0071.



Online Digital E/M Services

99421 (physician) = 5-10 minutes

99422 (physician) = 11-20 minutes

99423 (physician) = 21+ minutes

98970 (NPP) = 5-10 minutes

98971 (NPP) = 11-20 minutes

98972 (NPP) = 21+ minutes

These codes are for use when E/M services are performed through a HIPAA compliant secure platform. These are patient-initiated communication and may be billed by providers who may independently bill an E/M Service.

- ✓ Verbal consent is required by CMS.
- ✓ The service must be documented in the medical record.
- ✓ The contact must be initiated by the patient using a digital platform and the time of work can be cumulative over a 7-day period. The time includes:
 - ✓ The review of the patient's initial inquiry.
 - ✓ The review of records of data pertinent to the inquiry.
 - ✓ Any interaction with the clinical staff focused on the problem and the development of management plans-including prescriptions, ordering of tests, and subsequent non-face-face communication.
- ✓ If the patient had an E/M services in the last 7 days, these codes may not be used for that problem.
- ✓ This is for established patients, (waived during the PHE)

Reimbursement Tip #8

CMS List of Allowed Telehealth Services during the PHE-Take Advantage of the flexibilities.

Distant site telehealth services can be furnished by any health care practitioner working for the FQHC within their scope of practice. Practitioners can furnish distant site telehealth services from any location, including their home, during the time that they are working for the FQHC, and can furnish any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule (PFS). A list of these services can be found here: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. Claims for G2025 are paid at the CY 2021 rate of \$99.45. The CY 2022 rate is \$97.24.

90853 Group Therapy, audio only allowed.

90833 Psytx w pt w e/m 30 min, audio only allowed.

90846 Family psytx w/o pt 50 min, audio only allowed.

96156 Hlth bhv assmt/reassessment, audio only allowed.

If Physical Therapy is in scope, you may now be reimbursed for physical therapy services when performed via audio and video such as:

97110	Therapeutic exercises	Available up Through December 31, 2023
97112	Neuromuscular reeducation	Available up Through December 31, 2023
97116	Gait training therapy	Available up Through December 31, 2023
97129	Ther ivntj 1st 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21
97130	Ther ivntj ea addl 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 3/30/21

Reimbursement Tip #9

Registered Nurses may bill a 99211 during the PHE via telehealth to Medicare!

See COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing, page 70, question 16. <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

Question: Who can furnish distant site telehealth services?

Answer: Distant site telehealth services can be furnished by the RHC or FQHC practitioner or any health care practitioner working **within their state scope of practice**. They have to be working for the RHC/FQHC, as an employee or under direct contract. New: 5/27/2020

CPT 99211 is on the list of allowed telehealth services. Flip to G2025 for reimbursement.

Offering a triage line? Take advantage of the flexibilities during the PHE and get reimbursed for triage services.

Reimbursement Tip #10

Propose comments for FY2024 Physician Fee Schedule-Get Involved!

Public Health Emergency is expected to be extended 90 days beyond October 15, 2022. If no more extensions are given, this means that FQHC's will have 151 days after the December 31st, 2023 of continued telehealth flexibilities.

FY 2024 Physician Fee Schedule:

1. All FQHC's should draft comments based on data extrapolation that supports FQHC's as distant site providers with PPS payment parity.
2. FQHC's should be reimbursed for all communication technology-based services, include remote patient monitoring.
3. FQHC's should be reimbursed for community health workers.
4. FQHC's should be listed as telehealth servicing providers.
5. FQHC's should be allowed to provide all component services listed under our FQHC PPS codes via telecommunications and receive payment parity.

Sample Benchmark Telehealth KPI's

- Patient Surveys to include:
 - Patients better served via telehealth due to transportation barriers
 - Patients better served via telehealth due to childcare limitations
 - Patients wanting additional autonomy with limited interaction with a waiting room, particularly in small towns
 - Patients with limited mobility who find it less difficult to receive care via telehealth
 - Digital literacy
 - Patient Experience
- Quality Reporting
 - Study data trends that support quality telehealth visits-no dip in measures.
 - Telehealth to reduce social determinants of health as defined by specified telehealth survey questions.
 - Access to care
 - Decreased costs of care for patients due to reduced travel/time off work
- Financial Metrics
 - Reduction in no-shows for patients utilizing telehealth, with a comparison to in person visits.
 - Improved recruitment and retention

QUESTIONS?



THANK
YOU!



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