

# CY 2019 CMS TELEHEALTH CHANGES FOHC/RHC

How do the telehealth changes in Medicare CY 2019 impact FQHC/RHCs?

### Virtual Check-In

FQHCs and RHCs will be allowed to bill for a Brief Communication Technology-Based Service or a "Virtual Check-In." These interactions take place over phone or live video and involve a physician or non-physician practitioner having a brief (5 to 10 minutes) check-in with a patient to assess whether the patient needs to come in for an office visit. The virtual check-in must be for a condition not related to an E/M service provided within the previous 7 days and does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment. The rate charged will be the physician fee schedule rate, not the all-inclusive rate (AIR) or prospective payment system (PPS).



# DIGITAL HEALTH

Similar to the virtual check-in, FQHCs and RHCs will be allowed to bill for asynchronous or store-and-forward, patient-initiated visits when recorded video or images are sent to the FQHC/RHC. The services can only be billed if the condition is not related to a service provided within the previous 7 days and does not lead to a service provided within the next 24 hours or soonest available appointment.

**Remote Evaluation Services** 

## Things to Keep in Mind

- The new code to bill for Virtual Communication Services (live video or storeand-forward) is G0071.
- There must be at least 5 minutes of communication.
- The patient must have been seen by the FQHC/RHC in the past year.
- The service is provided by an FQHC/RHC practitioner.
- FQHCs and RHCs will NOT receive their PPS or AIR rates. The rate is set at the average of PFS payment rates for G2012 and G2010 and updated annually.
- Coinsurance would apply to FQHC claims.
- Face-to-face requirement is waived.
- Coinsurance and deductibles would apply to RHC claims.
- These are not to be considered substitutions for an in-person visit.
- No frequency limitation is implemented at this time.
- How to do cost reporting will be in subregulatory guidance.
- Goes into effect January 1, 2019.

#### Impacts of Chronic Care Management

CCM code 99491 will be included in the rate setting for RHC & FQHC General Care Management code, G0511. For FY 2019, 99491 is expected to be \$74.26 while G0511 is expected to be \$67, resulting in a higher payment had 99491 not been added to determine the rate.



#### eConsult

FQHCs and RHCs are not allowed to bill for interprofessional internet consultations (eConsult) because the AIR and PPS includes all costs associated with a billable visit, including consultations with other practitioners.



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