

Oregon FQHC Telehealth Billing and COVID-19: Important Updates 3/23/2020

During the COVID-19 pandemic, health systems across Oregon and the nation are being asked to increasingly rely on telemedicine in order to mitigate the risk posed by COVID-19 via community spread. Our partners at the state and federal level are modifying rules to expand utilization of telemedicine in order to safely tackle this crisis, and OPCA is committed to ensuring that Oregon FQHCs are up to date on what is going on. Below, you will find brief updates on new rules, billing guidance, and anticipated actions regarding how to be reimbursed for telehealth/telemedicine.

Medicaid/OHP/CCOs

- On March 12, the Health Evidence Review Commission (HERC) met to issue new guidance for telehealth care services. As a result of that meeting, OHA has issued guidance stating in short, “CCOs shall cover telemedicine services.”
- As FQHCs expand their telemedicine services, OHA has committed to paying for telehealth services provided in accordance with HERC’s [Ancillary Guideline A5](#) and Oregon Administrative Rule (OAR) 410-130-0610 at the PPS rate, except when the services are excluded from PPS reimbursement. However, they will need to issue temporary rules and set up the necessary systems changes. They are currently working on the billing and coding details and will communicate those details as soon as available. In the meantime, OHA asks that CHCs continue to serve patients as appropriate.

You can find the latest telemedicine billing codes for primary and behavioral health [online here](#). You can choose to either submit claims in real-time, keeping in mind that adjustments may be made later, or submit them later once further guidance is released.

- For open card Medicaid, OHP is “opening” new procedure codes for synchronous audio/video/online/patient portal services, provider to provider consults, and evaluation/assessment/management for behavioral health providers (BH E/M is retroactive to January 1, 2020).
- APCM CHCs – OHA is following the recent CMS guidelines around patient establishment by phone. This means that they will waive the face-to-face requirement during this state of emergency, and allow telephone visits to establish patients on APCM lists. [Guidelines here](#).
- Telehealth Billing for Behavioral Health:
 - When billing for behavioral health telehealth services, use “GT” in the “Allowable Modifiers” column on the “Mental Health, Substance Abuse Disorder, and Peer Delivered Services” fee schedule tab. GT modifiers have also been added to codes H0004, H0005, H0006, H0015, T1006 and 90849
 - CPT codes 99441-99443, 98966-98968 can now be used for behavioral health reimbursement during the COVID19 panic and are retroactive to January 1, 2020. These cannot be used, however, for assessments and management services provided within the previous seven days or for procedures scheduled to occur within the next 24 hours or soonest available appointment.

Medicare

- The authority granted by HR 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 and the emergency declaration made by President Trump has temporarily expanded telehealth provisions for Medicare. Unfortunately, the act did nothing to address the fact that FQHCs (and RHCs) cannot serve as distant site providers, which will continue to deprive them of telehealth reimbursement when treating Medicare patients. While shortsighted, many PCAs (including OPCA) and NACHC are continuing to advocate on your behalf to remove FQHC's disqualification. Considering the affects this has on FQHCs and how they can deploy telehealth services for their Medicare patients in the midst of a pandemic, we are optimistic that this will change, although we cannot guarantee it. In the meantime, **we recommend that you code and document your telehealth encounters with your Medicare patients as if you were considered distant site providers under Medicare rules** in the hope that any change Congress and CMS make to this regulation will be retroactively applied.
- FQHCs in Metropolitan Statistical Areas (MSA) are now able to act as originating sites when a patient comes to the clinic to utilize telehealth services. Until the temporary rules went into effect, an FQHC had to be outside a MSA or in a Health Professional Shortage Area in a rural census tract in order to be considered an originating site. Unfortunately, the "originating site facility fee" paid to clinics will only will be paid to those that would be recognized outside of the temporary rule change, so clinics that are affected by expansion are not eligible for this specific telehealth reimbursement.

OPCA Will Keep You Informed!

Please continue to check [OPCA's COVID-19 page](#) for updates on telehealth reimbursement and other important matters related to COVID19. Please [reach out to OPCA](#) if your FQHC has any further questions. We are committed to ensure your health center can best address this pandemic and keep Oregonians safe and healthy!

Appendix A: Telehealth Coding

Below you will find a list of procedural codes you should use when documenting and billing for telehealth services for Both OHP and Medicare.

OHP/Medicaid

Code	Description
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
99441	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
99442	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; 11-20 minutes of medical discussion.
99443	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 service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Medicare

HCPCS Code	Description
99421	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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.
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
G2061	Qualified non-physician health care professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.
G2062	Qualified non-physician health care professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.
G2063	Qualified non-physician health care professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

Appendix B: Novel Coronavirus ICD10 Coding

Link to OHA's Novel Coronavirus ICD10 Coding chart

<https://www.oregon.gov/oha/HSD/OHP/Tools/Novel%20Coronavirus%20ICD10%20Coding.pdf>

Appendix C: Important Telehealth Terms and Definitions

- **Originating Site:** The physical location where a patient is when they receive telehealth services.
- **Distant Site:** The location of the healthcare provider administering telehealth services to the patient.
- **Synchronous:** The delivery of telehealth services that are live, interactive, and in real-time. Examples include live video chat portals, telephone conversations, etc.
- **Asynchronous:** "Store-and-Forward;" patient or provider collects patient data such as their medical history/chart, images, labs, reports, etc., then forwards them to another provider for analysis that can be performed offline and at a later time if necessary.
- **Patient Portal:** A secure virtual application for patients to access their health information and contact their providers.