



Communication Technology Based Services and Payment for Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs)

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Related Change Request (CR) Number: 10843

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Effective Date: January 1, 2019

Related CR Transmittal Number: R2118OTN

Implementation Date: January 7, 2019

PROVIDER TYPE AFFECTED

This MLN Matters Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) who are billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR10843 provides instructions for payment to RHCs and FQHCs billing for communication technology-based services for dates of service on or after January 1, 2019. Make sure your billing staffs are aware of these instructions.

BACKGROUND

CR10843 provides instructions for payment to RHCs and FQHCs furnishing General Care Management (HCPCS code G0511), Psychiatric Collaborative Care Model (CoCM) (HCPCS code G0512), and Virtual Communications (HCPCS code G0071).

In the CY 2018 Physician Fee Schedule (PFS) final rule, the Centers for Medicare & Medicaid Services (CMS) established payment for HCPCS codes G0511 and G0512, effective January 1, 2018. RHCs and FQHCs can bill HCPCS codes G0511 or G0512 once per month per beneficiary, and these codes cannot be billed if other care management services are billed for the same time period.

In the CY 2019 PFS final rule, CMS finalized a policy for payment to RHCs and FQHCs for communication technology-based services (“virtual check-in”) or remote evaluation services, effective January 1, 2019. CMS created a new Virtual Communications G Code, G0071 for use by RHCs and FQHCs only, with the payment rate set at the average of the PFS non-facility payment rate for communication technology-based services and remote evaluation services.

RHCs and FQHCs can bill G0511, G0512, and G0071 alone or with other payable services on an RHC or FQHC claim.

Payment, Coinsurance, and Deductible

MACs shall generally pay 80 percent of the lesser of the RHC or FQHC's charge for HCPCS codes G0511, G0512, and G0071, or the corresponding rate. CMS updates the rates annually based on the PFS and the rates for the codes are as follows:

- G0511 is set at the average of the national non-facility PFS payment rates for Chronic Care Management (CCM) (Current Procedural Terminology (CPT) code 99490, CPT code 99487, and CPT code 99484) and General Behavioral Health Integration (HCPCS code G0507).
- G0512 is set at the average of the two national non-facility PFS payment rates for CoCM (HCPCS codes G0502 and G0503).
- G0071 is set at the average of the two national non-facility PFS payment rates for communication technology-based services (HCPCS code G2012) and remote evaluation services (HCPCS code G2010).

HCPCS codes G0511, G0512, and G0071 are subject to coinsurance and deductibles in RHCs, and subject to coinsurance in FQHCs. Coinsurance will generally be 20 percent of the lesser of the RHC or FQHC's charge for HCPCS codes G0511, G0512, and G0071, or the corresponding rate.

Requirements for Virtual Communications (HCPCS code G0071)

Medicare waives the RHC and FQHC face-to-face requirements when an RHC or FQHC furnishes these services to an RHC or FQHC patient. RHCs and FQHCs receive payment for communication technology-based services or remote evaluation services when an RHC or FQHC practitioner provides at least 5 minutes of communications-based technology or remote evaluation services to a patient who has been seen in the RHC or FQHC within the previous year.

RHCs and FQHCs may only bill for these services when the medical discussion or remote evaluation is for a condition not related to an RHC or FQHC service provided within the previous 7 days, and does not lead to an RHC or FQHC service within the next 24 hours or at the soonest available appointment, since in those situations, Medicare already pays for the services as part of the RHC or FQHC per-visit payment.

ADDITIONAL INFORMATION

The official instruction, CR10843, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2118OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
January 23, 2019	Initial article released.

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