

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1540</b>	<b>Date: August 28, 2015</b>
	<b>Change Request 9144</b>

**Transmittal 1496, dated May 8, 2015, is being rescinded and replaced by Transmittal 1540 to update business requirement 9144.1 to add a note regarding the effective date. All other information remains the same.**

**SUBJECT: Modification to the Telehealth Originating Site Facility Fee Billing Requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)**

**I. SUMMARY OF CHANGES:** The purpose of this change request (CR) is to ensure that the telehealth originating site facility fee (Healthcare Common Procedure Coding System (HCPCS) code Q3014) may be reported separately on RHC and FQHC claims to Medicare.

**EFFECTIVE DATE: October 1, 2015**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 5, 2015**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1540	Date: August 28, 2015	Change Request: 9144
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## I. GENERAL INFORMATION

**A. Background:** Under section 1834(m)(4)(C)(ii) of the Act, RHCs and FQHCs can serve as the originating site where the eligible Medicare beneficiary is located at the time a service is furnished via a telecommunications system. RHCs and FQHCs that serve as an originating site for telehealth services are paid an originating site facility fee. Medicare program instruction has directed FQHCs and RHCs to report an encounter/visit in addition to the telehealth originating site facility fee. However, telehealth is not a RHC or FQHC service and should not be required with an encounter/visit when billed to Medicare for payment. The purpose of this change request (CR) is to ensure that telehealth originating site facility fee (Healthcare Common Procedure Coding System (HCPCS) code Q3014) may be reported separately on RHC and FQHC claims to Medicare.

**B. Policy:** This instruction does not change existing Medicare policy for telehealth.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9144.1	Contractors shall ensure RHC and FQHC claims may be processed without any edits when the only service reported is the telehealth originating site fee, HCPCS code Q3014.  <b>NOTE:</b> The changes should be effective based on the IHS effective date.					X				
9144.2	Contractors shall continue to pay Q3014 on RHC and FQHC claims at 80 percent of the lesser of the actual charges or the fee amount.  <b>NOTE:</b> Deductible and coinsurance applies to RHC claims. Coinsurance applies to FQHC claims.					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9144.3	Contractors shall not search for claims that have been denied with HCPCS code Q3014 prior to the implementation of this CR. However, contractors shall adjust any claims brought to their attention.	X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Simone Dennis, Simone.Dennis@cms.hhs.gov (Policy), Tracey Mackey, Tracey.Mackey@cms.hhs.gov (Insitutional Claims Processing)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

### VI. FUNDING

#### Section A: For Medicare Administrative Contractors (MACs):

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authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**