April 1, 2020

FQHC Telehealth Billing During the COVID 19 Emergency Period

The Office of Compliance has drafted this guidance based on available Medicare and IL Medicaid rules to assist FQHC providers in understanding how telehealth visits should be billed during the COVID 19 emergency period. For guidance on specific situations that are not addressed in the guidance below, please contact the Office of Compliance, compliance@siumed.edu.

**Medicare**

<table>
<thead>
<tr>
<th>Telehealth Services</th>
<th>FQHCs will be able to serve as a distant site for telehealth. Video component is required to receive reimbursement. Originating site requirements are waived, so patients can be seen via telehealth while they are in their homes. Services listed on the CMS telehealth CPT list can be billed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual check in</td>
<td>FQHC and RHC providers can bill for virtual check ins using the code G0071. For Medicare patients, the G0071 can be used for established and new patients. Patient must initiate the service. Discussion is not related to an FQHC service provided within the previous 7 days and does not lead to an FQHC visit within the next 24 hours. Consent for the visit should be obtained (verbally). Description of the code is below.</td>
</tr>
<tr>
<td></td>
<td><strong>G0071</strong>: Virtual communication services when at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC or FQHC practitioner to a patient who has had an RHC or FQHC billable visit within the previous year</td>
</tr>
</tbody>
</table>
LCSWs and Clinical Psychologists will be able to bill for virtual check ins using the codes below.

- 98966-98968: telephone assessment and management service provided by a qualified nonphysician healthcare professional
- G2061-G2063: qualified nonphysician healthcare professional online assessment and management service
Illinois Medicaid, BCBS of IL, and Other IL Commercial Payers

*Encounter rate (T-code) must be used on all Medicaid charges*

| Telehealth Services | Audio and video or audio only (telephone) visits can be billed as telehealth. The information exchanged must be of an amount and nature that is sufficient to meet the key components and requirements of the same service when rendered via face to face interaction. Video component is recommended but not strictly required for billing.

Originating site requirements are waived, so patients can be seen via telehealth while they are in their homes.

Any service that is able to be rendered virtually can be billed. All CPT codes available as long as the provider has met the requirements of the code (other than face to face).

Patient cost-sharing is waived for telehealth visits. |
|---|---|
| Virtual check in | FQHC and RHC providers can bill for virtual check ins using a variety of codes which are listed below. Patient must be an established patient and communication should be initiated by the patient. Discussion should not be related to an FQHC service provided within the previous 7 days and does not lead to an FQHC visit within the next 24 hours. Consent for the visit should be obtained (verbally).

G2010 – Review image or video
G2012-A virtual check in service was performed (audio)
99441-99443- telephone evaluation and management service by a physician or other qualified health care professional (commercial payers only) |
Telehealth – Distant Site Dental Services

The dental provider does not need to have a current relationship with the patient in order to perform teledentistry. Claims for teledentistry should be billed with the following Current Dental Terminology codes for their telehealth service, in accordance with the code definitions, in conjunction with D0140 – Limited Oral Evaluation. These services must be billed with Place of Service 02. Reimbursement for these codes will be at the lesser of the provider charge amount or the State maximum as identified in the Department’s COVID-19 Fee Schedule on the Coronavirus (COVID-19) Updates webpage.

<table>
<thead>
<tr>
<th>CDT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9995</td>
<td>Teledentistry, synchronous; real-time encounter</td>
</tr>
<tr>
<td>D9996</td>
<td>Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review</td>
</tr>
</tbody>
</table>

Modifiers Required for FQHC Telehealth Billing
** T-code must be used on all Medicaid charges
**G code must be used for the Medicare encounter

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Same as you would have reported had the service been furnished in person</td>
</tr>
<tr>
<td>IL Medicaid</td>
<td>GT</td>
</tr>
<tr>
<td>BCBS of IL</td>
<td>95</td>
</tr>
<tr>
<td>Other Commercial Payers</td>
<td>GT</td>
</tr>
</tbody>
</table>
Home Nursing Services

In order to meet the requirements to provide home nursing services to FQHC patients:

- During the declared public health emergency, any area typically served by an RHC, and any area that is included in an FQHCs service area plan, is determined to have a shortage of Home Health Agencies, and no request for this determination is required.

- The definition of “homebound” has been expanded to include patients where (1) a physician has determined that it is medically contraindicated for the patient to leave the home because he or she has a confirmed or suspected diagnosis of COVID 19 or (2) where a physician has determined that it is medically contraindicated for the patient to leave the home because the patient has a condition that may make the patient more susceptible to contracting COVID 19. Note that patients in self quarantine are not considered homebound unless a physician documents one of the two conditions above. The previous definition of homebound is still applicable, but the changes expand the population who may receive nurse visits at home during this time.

Changes to Nursing Home Requirements

- In person visit requirement is waived. Nursing home visits can be conducted with nursing home residents via telehealth
Common FHQC/RHC Telehealth Scenarios

Scenario 1:
Provider is at an SIU FQHC. Patient is at home. Telehealth visit conducted by Webex, Facetime, or other like technology with audio connection. For Medicaid and commercial payer patients, video is not required, but is recommended.

- Visit would be conducted as it would be if the patient was in the clinic to the extent possible. Documentation and billing requirements are the same as they would be if you were conducting the visit in the office face to face.
- See table above for modifier and place of service requirements
- Encounter rate (T-code) and appropriate CPT code

Scenario 2:
Provider is at home. Patient is at home. Telehealth visit conducted by Webex, Facetime, or other like technology with audio connection. For Medicaid and commercial payer patients, video is not required, but is recommended.

- Visit would be conducted as it would be if the patient was in the clinic to the extent possible. Documentation and billing requirements are the same as they would be if you were conducting the visit in the office face to face.
- Encounter rate (T-code) and appropriate CPT code
- See table above for modifier and place of service requirements

Scenario 3:
Provider is at the SIU FQHC. Resident is at the SIU FQHC and participating in the visit with the patient. Patient is at home. Telehealth visit conducted by Webex, Facetime or other like technology with audio connection. For Medicaid and commercial payer patients, video is not required, but is recommended.

- Provider can supervise the resident visit. Provider should personally see, interact with and examine/assess the patient via Webex.
- Provider and resident can be on the same Webex connection with the patient and take turns with the patient
- Encounter rate (T-code) and appropriate CPT code
- See table above for modifier and place of service requirements
- Service must be billed with modifier GC
- Provider can use the resident’s documentation for billing purposes.

Scenario 4:
Provider is at the SIU FQHC. Resident is at home. Patient is at home. Telehealth visit with resident participation is conducted by Webex, Facetime or other like technology with audio connection. For Medicaid or commercial payer patients, video is not required, but is recommended.

- Resident can participate in the Webex visit with the patient
- Supervision is done virtually
- Provider must personally see, interact with and examine/assess the patient via Webex. Provider may rely on resident documentation and bill for supervision as they would if the visit had been done face to face in the clinic.
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- See table above for modifier and place of service requirements.
- Encounter rate (T-code) and appropriate CPT code.
- Service must be billed with modifier GC.

Scenario 5:
FQHC provider is at home. Resident is either at the SIU FQHC site or at home. Patient is at home. Telehealth visit with resident participation is conducted by Webex, Facetime or other like technology with audio connection. For Medicaid and commercial payer patients, video is not required, but is recommended.
- Resident can participate in the Webex visit with the patient.
- Supervision is done virtually.
- Provider must personally see, interact with and examine/assess the patient via Webex.
- Provider may rely on resident documentation and bill for supervision.
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- See table above for modifier and place of service requirements.
- Encounter rate (T-code) and appropriate CPT code.
- Service must be billed with modifier GC.

Scenario 6:
Provider is at the SIU FQHC. Multiple residents are at the SIU FQHC site. Residents are conducting patient telehealth visits with patients at home. Telehealth visit is conducted by Webex, Facetime or other like technology with audio connection. For Medicaid and commercial payer patients, video is not required, but is recommended.
- Provider can supervise the resident visit. Provider should personally see, interact with and examine/assess each patient via Webex.
- Provider and resident can be on the same Webex connection with the patient and take turns with the patient. The same way that the provider would go room to room supervising a live resident clinic, provider can go computer to computer to interact with the patients the resident has seen.
- Supervision requirements would be met. Provider can bill using resident’s documentation and can bill for supervision.
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- See table above for modifier and place of service requirements.
- Encounter rate (T-code) and appropriate CPT code.
- Service must be billed with modifier GC.
Scenario 7:
FQHC provider is at SIU FQHC site. Resident is at the SIU FQHC site. Patient is at home or at site. Telehealth visit with resident participation is conducted by Webex, Facetime or other like technology with audio connection. For Medicaid and commercial payer patients, video is not required, but is recommended.

- Resident can participate in the Webex visit with the patient
- Resident must have completed more than six months of an approved residency program
- Teaching physician does not need to provide direct patient care.
- Teaching physicians submitting claims under this exception may not supervise more than four residents at any given time and must direct the care from such proximity as to constitute immediate availability.
- Teaching Physicians may not have other responsibilities (including the supervision of other personnel) at the time the service was provided by the residents;
- Only applies to the following codes: New patient: 99201-99203 Established patient: 99211-99213
- Provider must document a statement indicating services were provided under the Primary Care Exception and the extent of the teaching physician’s own participation in reviewing and directing the patient’s care with the resident
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- See table above for modifier and place of service requirements
- Encounter rate (T-code) and appropriate CPT code
- Service must be billed with modifier GE
- For Medicaid, first year residents must have completed a full year in order to bill using the primary care exception.