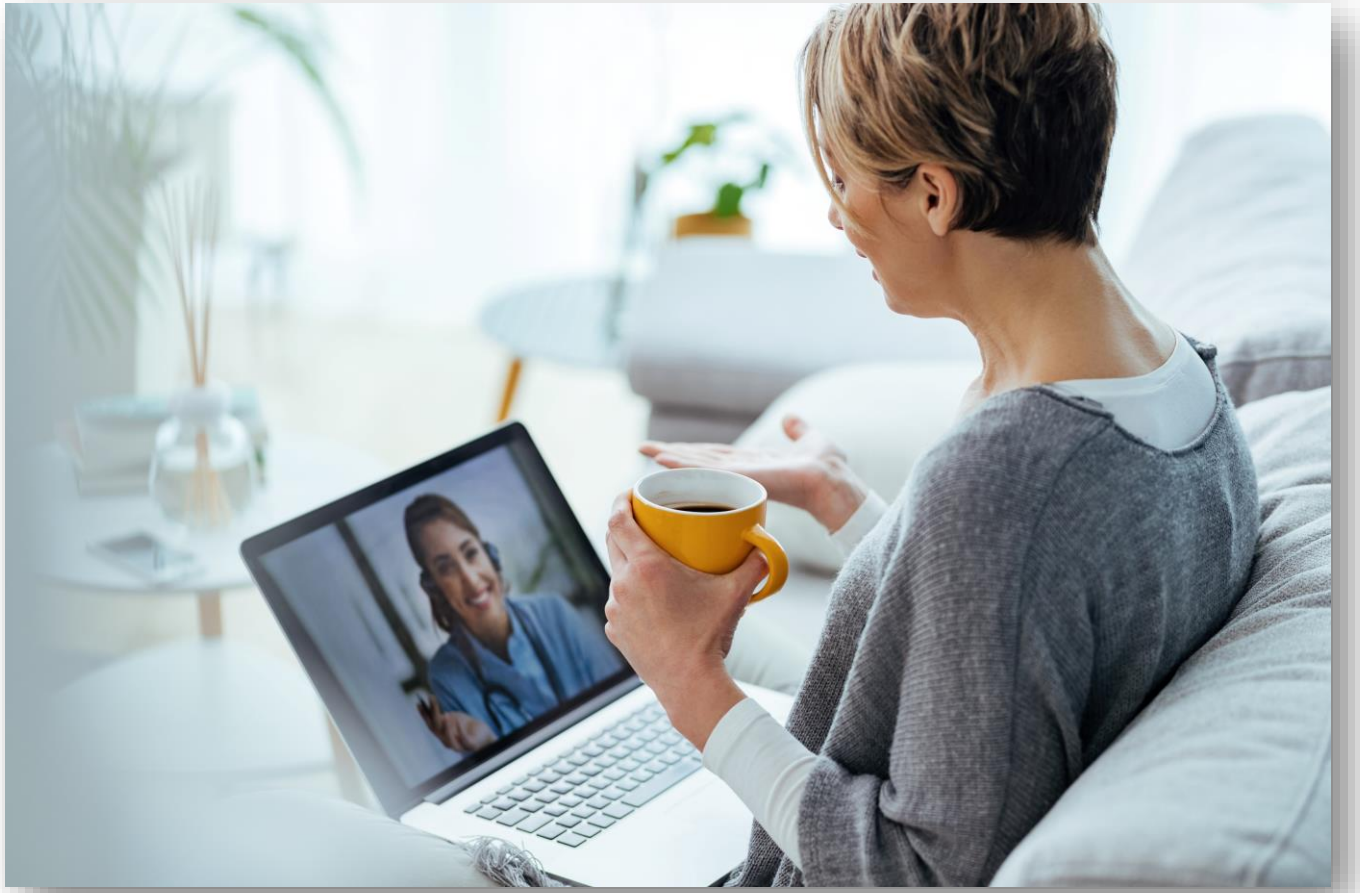
Telehealth for Rural Health
Friend or Foe?

Nathan Baugh
National Association of Rural Health Clinics

TELEHEALTH POLICY



CURRENT MEDICARE TELEHEALTH BILLING POLICIES

Name of Telehealth Service	Brief Description	How to Bill	Amount (2023)	
Virtual Check-In or Virtual Care Communications	Remote evaluation – G2010 Brief communication with patient (5 min) – G2012	G0071 No modifier necessary Rev Code 052X	$23.72	Telehealth Services but <u>not</u> considered a telehealth "visit"
Chronic Care Management	99484, 99487, 99490, 99491, 99424, and 99425 = G0511 99492, 99493 = G0512	G0511 – Care Management G0512 – Psychiatric Care Management	G0511 - $77.94 G0512 - $146.73	
Digital e-visits	Online digital evaluation and management 99421-99423	G0071 No modifier Rev Code 052X	$23.72	
Telehealth Visits	One to one substitutes for in-person services/visits List of allowable services maintained by CMS	**G2025** Modifier 95 optional Modifier CS (for services where cost sharing is waived) Rev Code 052X Costs and encounters carved out of cost report	$98.27	★
Mental Health Telehealth Visits	CPT Codes that can be billed with 0900 revenue code	Rev Code 0900 Use proper mental health CPT code Modifier CG always Modifier 95 if audio-video Modifier FQ if audio-only Count costs and encounters on cost report	All-Inclusive Rate	★

Telehealth Visit Policy

- **Temporary** (Until end of 2024)
  - G2025 policy
- **Permanent** (at least until Congress or CMS revises)
  - AIR payment for mental health telehealth visits

NARHC TELEHEALTH POLICY OBJECTIVES FOR RHCS

- Normal coding
- Normal cost reporting
- Normal payment
- Normal billing
- Pay telehealth encounters through AIR system
  - If we get AIR for medical telehealth, then what should be the guardrails?

TELEHEALTH GOOD NEWS/BAD NEWS

GOOD NEWS

TELEHEALTH POLICY UNSETTLED QUESTIONS

- Where can telehealth providers be located?
- Should there be in-person requirements?
- What can be done via audio only?
- Should Medicare telehealth pay parity with in-person?

Does Medicare Save Money?

MEDPAC STUDY JUNE 2023

- Consolidated Appropriations Act of 2022 directed MedPAC to analyze telehealth policy
- The legislation mandates that the study analyze:
  - "The utilization of telehealth services under the Medicare program…
  - Medicare program expenditures…
  - Medicare payment policy for telehealth services and alternative approaches to such payment policy, including for federally qualified health centers and rural health clinics."

MEDPAC STUDY JUNE 2023

- Recommended that Medicare pay RHCs/FQHCs "rates comparable with PFS rates for telehealth services"
- First, paying FQHCs and RHCs their standard rates for all telehealth services would increase costs for the program and beneficiaries. The standard payment rate in 2023 is $187.19 per visit for FQHCs and an average of more than $255 per visit for certain provider-based RHCs, compared with a PFS equivalent rate of $98.27 for telehealth services in 2023. Depending on beneficiaries' supplemental insurance coverage, these high payment rates (especially for RHCs) could discourage access because of high out-of-pocket spending. (Inaccurate statement…coinsurance for RHCs is based on patient charges not allowable)
- Second, practitioners who furnish telehealth services do not need to be physically located in an underserved area, so the higher rates for FQHC- and RHC-provided telehealth services would not be necessary to ensure access. (Guardrail could address this concern)
- Third, paying standard rates for telehealth visits could also be a disincentive to furnish in person care since telehealth visits likely cost less than in-person visits due to reduced facility costs. Providers should make decisions about what mode of care is most beneficial to the patient based on clinical considerations, not on what is most financially advantageous. (What they are recommending creates a huge financial incentive not to recommend telehealth…)
- Fourth, because telehealth services can be delivered to beneficiaries outside FQHCs' or RHCs' local service areas, paying these providers rates far above PFS rates could increase costs for the Medicare program and beneficiaries (without improving access) in areas that are not underserved and could undermine competition (as clinicians compete to bill under the highest-paid facility as opposed to competing for patients based on quality and service). (Agree that this is a program integrity concern but can be addressed w/ service area rules or occasional in-person requirements)

Friend?

- Increase access to care for your patients
- New, convenient, way to care for your patients
- Increased efficiency, allowing RHCs to do more with less

Foe?

- Does Telehealth fundamentally alter what it means to have "access" to healthcare?
- Will physical proximity to a provider mean less to policymakers?
- Will RHCs find themselves competing with city-based entities offering telehealth services to their patient-base?

Bottom Line:
Do not ignore your telehealth offerings! You want your patients to pick you, the local provider, over another corporate telehealth company.