



# *2019 Rate Update, Virtual Communication, and Care Management Services in RHCs*

NATIONAL ASSOCIATION OF RURAL  
HEALTH CLINICS WEBINAR

DECEMBER 18, 2018



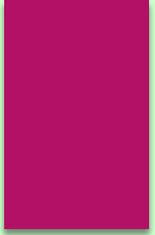
# *Presenters*

- ▶ *Corinne Axelrod, MPH*

- ▶ *Deputy Director (Acting), Division of Ambulatory Services*

- ▶ *Glenn McGuirk*

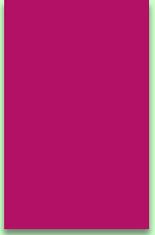
- ▶ *Health Insurance Specialist*



# **2019 Payment Limit for RHCs**

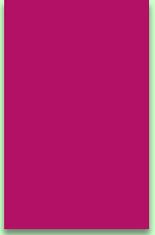
# 2019 Payment Limit for RHCs

- ▶ From January 1, 2019 through December 31, 2019, the RHC payment limit per visit is \$84.70
- ▶ 1.5 percent increase above the CY 2018 payment limit of \$83.45.



# **New Virtual Communication Services in RHCs**

# New VCS Payment Policy



- ▶ Effective January 1, 2019, RHCs can receive payment for Virtual Communication services when:
  - ▶ at least 5 minutes of communication technology-based or remote evaluation services are furnished
  - ▶ by an RHC practitioner
  - ▶ to a patient who has had an RHC billable visit within the previous year, AND

# Additional Requirements

- ▶ The medical discussion or remote evaluation is for a condition not related to an RHC service provided within the previous 7 days, and
- ▶ The medical discussion or remote evaluation does not lead to an RHC visit within the next 24 hours or at the soonest available appointment.

# Billing and Payment

- ▶ HCPCS code G0071 (Virtual Communication Services)
  - ▶ New Virtual Communications G-code for use by RHCs and FQHCs only
- ▶ Payment rate set at the average of the PFS national non-facility payment rates for HCPCS code G2012 (communication technology-based services) and HCPCS code G2010 (remote evaluation services)

# Billing and Payment

- ▶ RHC would be able to bill the Virtual Communications G-code either alone or with other payable services
- ▶ The payment rate for the Virtual Communications G-code would be updated annually based on the PFS amounts

# Billing and Payment

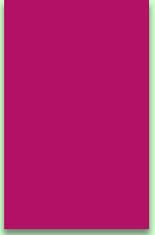
- ▶ G2012 (Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)

# Billing and Payment

- ▶ 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)

# Additional Information

- ▶ Coinsurance and deductibles apply to RHC claims for G0071
- ▶ Face-to-face billing requirements are waived



# Care Management Services in RHCs

# *Care Management Services in RHCs*

- ▶ General Care Management
  - ▶ Chronic Care Management (CCM)
  - ▶ General Behavioral Health Integration (BHI)
- ▶ Psychiatric Collaborative Care Model (CoCM)
- ▶ Transitional Care Management (TCM)

# *General Care Management Services in RHCs*

## ▶ 1/1/2016 – 12/31/2017

- ▶ RHCs could receive payment for 20 minutes or more of CCM services when CPT code 99490 was billed alone or with other payable services on an RHC claim.

## ▶ 1/1/2018 – Present

- ▶ RHCs can receive payment for 20 minutes or more of CCM or general BHI services when HCPCS code G0511 is billed either alone or with other payable services on an RHC claim. Service lines reported with CPT code 99490 are denied for dates of service on or after January 1, 2018.

# *HCPCS Code G0511*

## *2018 Payment Rate*

- ▶ Payment set at the average of the Physician Fee Schedule (PFS) national, non-facility payment rate for:
  - ▶ CPT 99490 (At least 20 minutes of CCM services directed by an RHC practitioner, per calendar month)
  - ▶ CPT 99487 (At least 60 minutes of CCM services of moderate to high complexity, directed by an RHC practitioner, per calendar month)
  - ▶ CPT code 99484 (At least 20 minutes of general behavioral health integration services, directed by an RHC practitioner, per calendar month)
- ▶ 2018 Payment Rate - **\$62.28**

# *HCPCS Code G0511*

## *2019 Payment*

- ▶ Payment set at the average of the PFS national, non-facility payment rate for:
  - ▶ CPT 99490 (At least 20 minutes of CCM services directed by an RHC practitioner, per calendar month)
  - ▶ CPT 99487 (At least 60 minutes of CCM services of moderate to high complexity, directed by an RHC practitioner, per calendar month)
  - ▶ CPT code 99484 (At least 20 minutes of general behavioral health integration services, directed by an RHC practitioner, per calendar month)
  - ▶ CPT code 99491 (At least 30 minutes of CCM services furnished by an RHC practitioner, per calendar month)
- ▶ 2019 Payment Rate - **\$67**

# *HCPCS Code G0511*

## *Requirements (no changes)*

- ▶ CCM - Beneficiaries with two or more chronic conditions expected to last at least 12 months or until the death of the patient, and the chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, **or**
- ▶ General BHI - Any behavioral health or psychiatric condition being treated by the RHC primary care practitioner, including substance use disorders, that, in the clinical judgment of the RHC practitioner, warrants BHI services

# *HCPCS Code G0511*

## *Requirements (no changes)*

- ▶ Initiating Visit
  - ▶ A separately billable evaluation/management (E/M), Annual Wellness Visit (AWV), or Initial Preventive Physical Exam (IPPE) visit
  - ▶ Occurring no more than one-year prior to commencing care management services
  - ▶ Furnished by a primary care physician, NP, PA, or CNM

# *HCPCS Code G0511*

## *Requirements (no changes)*

- ▶ Beneficiary Consent
  - ▶ Obtained by the RHC practitioner or auxiliary personnel before the provision of management services
  - ▶ Written or verbal, documented in the medical record
  - ▶ Includes information on the availability of care coordination services and applicable cost-sharing, that only one practitioner can furnish and be paid for care coordination services during a calendar month, that the patient has the right to stop care coordination services at any time, effective at the end of the calendar month, and that the patient is giving permission to consult with relevant specialists

# *HCPCS Code G0511*

## *Requirements (no changes)*

- ▶ General Care Management Services
  - ▶ Directed by the RHC primary care practitioner, who remains involved through ongoing oversight, management, collaboration and reassessment
  - ▶ Furnished by an RHC practitioner, or by clinical personnel under general supervision
- ▶ Specific service requirements for CCM and for general BHI (see Chapter 13 of the Benefit Policy Manual)

# Additional Information

- ▶ **Fact Sheets, FAQs, Benefit Policy Manual**
  - ▶ **<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>**
- ▶ **Questions?**