

NGSMedicare University Virtual Conference

Medicare 2021

A Journey to a Healthier Future and Partnership

What Rural Health Clinics and Federally Qualified Health Centers Need to Know for 2021

5/11/2021



Today's Presenters

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Objectives

- This session will provide RHCs and FQHCs with that latest updates and changes impacting them for 2021 including any COVID-19 PHE information

Agenda

- 2021 Updates
 - Payment rates
 - Added services
- Public Health Emergency
 - Telehealth
 - COVID-19 Vaccines
- Frequently Asked Questions
- Resources

2021 Updates

2021 Evaluation and Management

- Office/Outpatient E/M Visits
- Prolonged Office/Outpatient E/M Visits
 - CR 12071: [Summary of Policies in the Calendar Year \(CY\) 2021 Medicare Physician Fee Schedule \(MPFS\) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List](#)
 - CPT® [E/M Office or Other Outpatient and Prolonged Services Code and Guideline Changes](#)

Payment Rates

- Update to RHC AIR Payment Limit for CY 2021
 - Effective 1/1/2021
- RHC payment limit per visit for CY 2021 is \$87.52
 - The CY 2021 RHC payment limit reflects a 1.4 percent increase above the CY 2020 payment limit of \$86.31
 - 1/1/2021 through 12/31/2021
 - CR 12035

RHC Payment Limits

- Effective 4/1/2021
- CR12185
- Per Division CC, section 130 of the Consolidated Appropriations Act of 2021(P. L. 116-260), signed 12/27/2020, updated section1833(f) of the Act
 - Payment limits for RHCs are restructured beginning 4/1/2021

RHC Payment Limits

- Beginning 4/1/2021, in accordance with section 1833(f)(2) of the Act, RHCs will begin to receive an increase in their payment limit per visit over an eight-year period, with a prescribed amount for each year from 2021 through 2028
- Then, in subsequent years, the limit is updated by the percentage increase in MEI applicable to primary care services furnished as of the first day of that year

RHC Payment Limit

- The RHC payment limit per visit over an eight-year period is as follows
 - in 2021, after March 31, at \$100 per visit;
 - in 2022, at \$113 per visit;
 - in 2023, at \$126 per visit;
 - in 2024, at \$139 per visit;
 - in 2025, at \$152 per visit;
 - in 2026, at \$165 per visit;
 - in 2027, at \$178 per visit; and
 - in 2028, at \$190 per visit.

Provider Based RHCs - Exceptions

- Beginning 4/1/2021, in accordance with section 1833(f)(3)(A) of the Act, PB RHCs that meet the definition in section 1833(f)(3)(B), will have a payment limit per visit established at an amount equal to **the greater** of
 1. The payment per visit amount applicable to the PB RHC for services furnished in 2020 (interim amount if MACs do not have a final cost settled amount), increased by the percentage increase in CY 2021 MEI of 1.4 percent or,
 2. The payment limit per visit applicable to RHCs (previous slide)

Provider Based RHCs - Exceptions

- Then, in a subsequent year (that is, after 2021), the PB RHC's payment limit per visit will be the greater of
 1. The payment per visit amount applicable to each PB RHC for services furnished in the previous year, increased by the percentage increase in MEI applicable to primary care services furnished as of the first day of that year, or
 2. The payment limit per visit applicable to each year for RHCs

PB RHCs

- PB RHCs that meet the definition in section 1833(f)(3)(B) are “grandfathered” into the establishment of their payment limit per visit
 - That is, a PB RHC must have been in a hospital with fewer than 50 beds and enrolled in Medicare as of 12/31/2019 to receive their payment per visit based on their average allowable costs
- PB RHCs that are new in 2020 are subject to the payment limit per visit applicable to independent RHCs

Payment Rates

- Update to the FQHC PPS for CY 2021
Recurring File Update
 - Effective: 1/1/2021
- The FQHC PPS base payment rate is \$176.45
 - The 2021 base payment rate reflects a 1.7 percent increase above the 2020 base payment rate of \$173.50
 - 1/1/2021 through 12/31/2021
 - CR12046

Payment Rates

- Telehealth Origination Site Facility Fee Payment Amount
 - HCPCS Q3014
 - Telehealth originating site facility fee
 - Revenue code 0780
 - 80% of the lesser of the actual charge, or \$27.02
 - CR 12071

Payment Rates

- Telehealth Distant Site Rate during the PHE
 - HCPCS G2025
 - Revenue Codes 052X, 0900
 - \$99.45
 - Effective 1/1/2021

Payment Rates

- Virtual Communication Services
 - G0071
- Effective with claims submitted on or after 3/1/2020 through 12/31/2020
 - \$24.76
- Effective 1/1/2021 through 12/31/2021
 - \$23.73

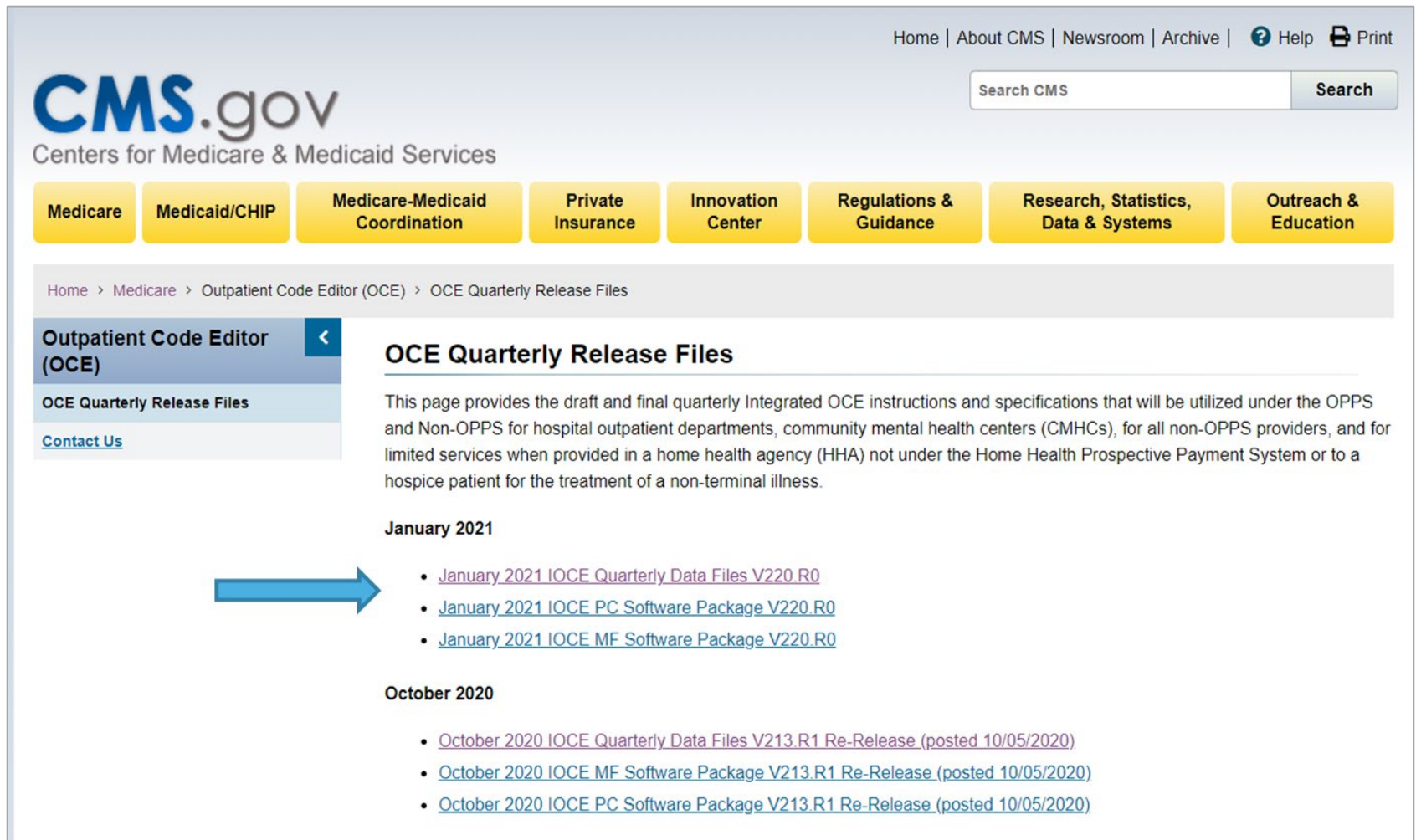
Principal Care Management Services

- PCM services describes comprehensive care management services of a single high-risk disease or complex condition
 - Bill G0511 (general care management) for PCM services, either billed alone or other payable services
 - Payment rate now includes PCM HCPCS G2064 and G2065

Outpatient Code Editor

- Integrated [OCE Quarterly Release Files](#)
 - Final summary of data changes published each quarter October, January, April and July and includes changes such as
 - FQHC Qualifying Visit Code Pair Removals
 - RHC Modifier HCPCS Conflict Additions

OCE Quarterly Release Files



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Outpatient Code Editor (OCE)
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OCE Quarterly Release Files

This page provides the draft and final quarterly Integrated OCE instructions and specifications that will be utilized under the OPPTS and Non-OPPTS for hospital outpatient departments, community mental health centers (CMHCs), for all non-OPPTS providers, and for limited services when provided in a home health agency (HHA) not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness.

January 2021

- [January 2021 IOCE Quarterly Data Files V220.R0](#)
- [January 2021 IOCE PC Software Package V220.R0](#)
- [January 2021 IOCE MF Software Package V220.R0](#)

October 2020

- [October 2020 IOCE Quarterly Data Files V213.R1 Re-Release \(posted 10/05/2020\)](#)
- [October 2020 IOCE MF Software Package V213.R1 Re-Release \(posted 10/05/2020\)](#)
- [October 2020 IOCE PC Software Package V213.R1 Re-Release \(posted 10/05/2020\)](#)

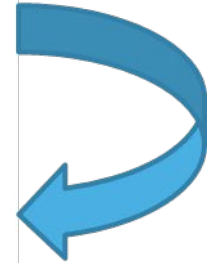
FQHC Qualifying Visit Code Pair Removals

The following FQHC Qualifying Visit Code Pairs were removed.

FQHC Qualifying Visit Code Pair Removals

Reason Key: R=Removed From List, D=Code Terminated

Code 1	Code 2	Eff Date	R*
G0466	99201	2021-01-01	D



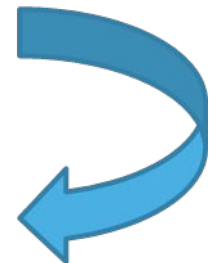
RHC Modifier HCPCS Conflict Additions

The following HCPCS modifier pairing for RHC conflict were added.

RHC Modifier HCPCS Conflict Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Modifier	Eff Date	R*
10060	CG	2020-07-01	A
11721	CG	2020-07-01	A
12001	CG	2020-07-01	A
20604	CG	2020-07-01	A



COVID-19 PHE

- MLN Matters® [SE20016 Revised: New and Expanded Flexibilities for RHCs and FQHCs During the COVID-19 PHE](#)
- Flexibilities extended for duration of current COVID-19 PHE
 - For additional information, please see [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

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Coronavirus Disease 2019

Find program guidance and information
about our response to COVID-19
and current non-COVID emergencies.

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We're putting patients first.

We pledge to put patients first in all of our programs – Medicaid, Medicare, and the Health Insurance Exchanges. To do this, we must empower patients to work with their doctors and make health care decisions that are best for them.

This means giving them meaningful information about quality and costs to be active health care consumers. It also includes supporting innovative approaches to improving quality, accessibility, and affordability, while finding the best ways to use innovative technology to support patient-centered care.

Top 5 resources

[Manuals](#)[Medicare coverage database](#)[CMS forms](#)[Transmittals](#)[MLN Homepage](#)

Telehealth Distant Site Billing – RHC

- Claims submitted after 7/1/2020
 - Payment rate of \$92.03 when billed with G2025
 - Report G2025
 - Will not require CG modifier
 - 95 modifier (optional)
 - CS modifier (cost sharing waived) when appropriate
- Dates of service 1/1/2021
 - Payment rate of \$99.45 when billed with G2025

Telehealth Distant Site Billing – FQHC

- Claims submitted after 7/1/2020
 - Revenue code 052X
 - G2025
 - CS modifier when appropriate
 - See SE20016
- Dates of service 1/1/2021
 - Payment rate of \$99.45 when billed with G2025

Telehealth Services with Cost Sharing Waived

- Preventive services included on the telehealth list that have cost sharing waived should include the CS modifier
 - Cost sharing waived for specified COVID-19 testing related services that result in an order for or administration of a COVID-19 test and/or used for cost sharing waived preventive services furnished via telehealth in RHCs and FQHCs during the COVID-19 PHE

Telehealth Services with Cost Sharing Waived

- Preventive services billed via telehealth that have cost sharing waived
 - RHCs report G2025 with modifiers CG and CS
 - FQHCs report G2025 with modifier CS modifier
- List of all services that may be provided via telehealth
 - [List of Telehealth Services](#)

COVID-19 Vaccines

Provider Eligibility

Are you already enrolled In Medicare?

- No action necessary for provider types
 - **FQHC**
 - **Rural Health Clinic**
 - Hospital and Hospital Outpatient Department
 - SNF (Part A and B)
 - Critical Access Hospital
 - ESRD Facility
 - Home Health Agency/Hospice
 - Comprehensive Outpatient Rehabilitation Facility
 - Indian Health Services Facility

COVID-19 Vaccine Codes

- Effective 12/11/2020, FDA issued an EUA for the Pfizer-Biontech COVID-19 Vaccine
- Effective 12/18/2020, FDA issued an EUA for the Moderna COVID-19 Vaccine
- New: Effective 2/27/2021, FDA issues [an EUA for the Janssen COVID-19 Vaccine](#)
 - During the PHE, Medicare will cover and pay for the administration of the vaccine

Billing for RHCs and FQHCs

- RHC and FQHC

- Administration of COVID-19 vaccine or monoclonal antibody administration does not qualify as a visit
- Do not bill for vaccine/administration charges
 - As with other vaccines, charges/payment are handled via cost report settlement process
 - **Note:** For FQHC providers, if the COVID-19 vaccine was provided during an FQHC qualifying visit, FQHCs can include the vaccine/administration on the claim as 'incident to' with the A6 condition code for data tracking purposes only, the costs are still included on the cost report

COVID-19 Vaccines for RHCs and FQHCs

- COVID-19 vaccines and their administration will be paid the same way influenza and pneumococcal vaccines and their administration are paid in RHCs and FQHCs. Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost through the cost report. The beneficiary coinsurance and deductible are waived.
- RHCs and FQHCs should include COVID-19 vaccines and their administration costs for patients enrolled in Medicare Advantage on the cost report as well
- For additional information, please see
 - [COVID-19 Vaccine Policies & Guidance](#)

Top Claim Return To Provider

RHC Top RTP Reason Codes

- 39910
 - RHCs, TOB 71X, modifier “CG” is required when billing revenue codes 52X or 900
- 32402
 - HCPCS code reported on this claim has not been billed with a valid revenue code for date of service
- 32404
 - Revenue code file indicates a HCPCS is required

RHC Top RTP Reason Codes

- W7072
 - Service is not billable to the MAC
- 32203
 - Claims from a RHC (TOB 71X) must contain a revenue code 52X or 900

FQHC Top RTP Reason Codes

- 32078
 - Invalid revenue code billed
- 32415
 - Flu/pneumo/COVID vaccine reported on the claim without the A6 Condition Code
- W7088
 - FQHC PPS G-code is not present

FQHC Top RTP Reason Codes

- W7089
 - FQHC PPS G-code is present but no qualifying stay HCPCS code reported
- W7090
 - FQHC PPS G-code is present with a qualifying visit but revenue code 0519, 052X or 0900 is not present

Frequently Asked Questions

FAQs

- How long will RHCs and FQHCs be able to bill G2025 for distant site telehealth?
 - **Answer:** For the duration of the COVID-19 PHE

FAQs

- Since the COVID-19 vaccine is provided to us free of charge, how do we bill Medicare for the administration of the vaccine and receive payment?
 - **Answer:** The administration of the COVID-19 vaccine is reported on the cost report and payment is made at the cost report settlement

FAQs

- How do we bill the administration of the COVID-19 vaccine for our Medicare Advantage beneficiaries?
 - **Answer:** The vaccine and administration are reported on the cost report

Resources

- [CMS IOM Publication 100-02, *Benefit Policy Manual*, Chapter 13](#)
- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 9](#)
- [Federally Qualified Health Centers \(FQHC\) Center](#)
- [Rural Health Clinics Center](#)

Resources – COVID-19

- [COVID-19 Emergency Page](#)
- [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)
- [Medicare COVID-19 Vaccine Shot Payment](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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