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CMS Updates FQHC/RHC Factsheet with Telehealth Cost-Sharing Information

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Earlier this week, the [Centers for Medicare and Medicaid Services](#) (CMS) released an update to their [Medicare Learning Network \(MLN\) factsheet](#) for federally qualified health centers (FQHCs) and rural health clinics (RHCs) during the COVID-19 public health emergency (PHE). The update includes a section on the telehealth cost-sharing waiver. CMS specifies that for CPT/HCPCS codes that are included in the telehealth codes list that qualify as preventative services, the modifier 'CS' should be included in the claim to indicate that the cost-sharing is waived. The same applies to COVID-19 testing-related services. RHCs must report G205 on their claim with the CG and CS modifier and FQHCs must report G205 with the CS modifier on the claim on or after July 1, 2020. See the [MLN Factsheet](#) for examples of proper coding examples.

[CMS June Updates to COVID-19 FAQs](#)

In June CMS released an update to their [FAQs on Medicare Billing](#) during the COVID-19 emergency. Questions center around a wide variety of topics, but many relate to telehealth. Examples of the telehealth questions clarified in the June update includes:

- What types of health care practitioners are permitted to furnish telehealth services under the broadened 1135 waiver authority granted by the CARES Act?
- Is any specialized equipment needed to furnish Medicare telehealth services?
- What about beneficiaries who do not have access to smartphones or other technology that supports two-way, audio, and video telecommunications technology or patients that do not want to use video?
- What is changing about the process by which CMS adds services to the Medicare telehealth list?
- What should practitioners consider while setting up agreements with vendors of telehealth and telecommunication technology to ensure that telehealth is accessible to all patients?
- How will recently enacted legislation allow CMS to utilize Medicare telehealth to address the declared COVID-19 public health emergency (PHE)?
- Are telehealth services limited to services for patients with COVID-19?
- Can physicians and other practitioners furnish Medicare telehealth services to beneficiaries in their homes?

For answers to these and many more questions, check out the [Frequently Asked Questions \(FAQ\) Factsheet](#).

CMS Telehealth eQMs Guidance

The Centers for Medicare and Medicaid Services released a [guidance document](#) on the allowance for telehealth encounters to count for the eligible professional/eligible clinician electronic clinical quality measures (eCQM) used in CMS quality reporting programs for performance period 2021. This would apply to the following programs:

- [Quality Payment Program: The Merit-based Incentive Payment System \(MIPS\) and Advanced Alternative Payment Models \(Advanced APMs\)](#)
- [APM: Comprehensive Primary Care Plus \(CPC+\)](#)
- [APM: Primary Care First \(PCF\)](#)
- [Medicaid Promoting Interoperability Program for Eligible Professionals](#)

See the [guidance](#) for a full list of the 39 telehealth-eligible eQMs for the 2021 performance period.