

Virtual Communication Services in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Frequently Asked Questions

November 2022

1. What are “virtual communication services” for RHCs and FQHCs?

Answer: In the 2019 Physician Fee Schedule (PFS) Final Rule, CMS finalized a policy that, effective January 1, 2019, RHCs and FQHCs 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 or FQHC practitioner to a patient who has had an RHC or FQHC billable visit within the previous year, and both of the following requirements are met:

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

2. What is the payment rate for the new code G0071 (Virtual Communication Services)?

Answer: HCPCS code G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 (communication technology-based services) and

HCPCS code G2010 (remote evaluation services) and is updated annually based on the PFS national non-facility payment rate for these codes. For 2023, the payment amount for code G0071 will be \$23.14 (average of HCPCS codes G2012 and G2010). Please see <https://www.cms.gov/files/document/se20016.pdf> for additional information on virtual communications services provided during the Public Health Emergency.

3. Will claims submitted with HCPCS codes G2012 or G2010 be paid?

Answer: No. RHCs and FQHCs are required to bill for virtual communication services using G0071.

4. Are telehealth and virtual communication services the same thing?

Answer: No. Although both telehealth and virtual communication services use technology to communicate, these are separate and distinct services. Telehealth services are considered a substitute for an in-person visit, and are therefore paid at the same rate as it would have been had it been furnished in person. With some exceptions, telehealth services require the use of interactive audio and digital telecommunication systems that permit real-time communication between the practitioner at the distant site and the beneficiary at the originating site. The communication technology-based and remote evaluation services that we finalized beginning in 2019, as noted above, are not a substitute for a visit, but are instead brief discussions with the RHC or FQHC practitioner to determine if a visit is necessary. If the discussion between the RHC or FQHC practitioner and the Medicare beneficiary results in a billable visit, then the usual RHC or

FQHC billing would occur. The virtual communication G-code would only be separately payable if the discussion between the RHC or FQHC practitioner and the patient does not result from or lead to an RHC or FQHC billable visit. The payment rate for communication technology-based services are valued based on the shorter duration of time and the efficiencies associated with the use of communication technology.

5. Are there any limitations on the number of times HCPCS code G0071 (Virtual Communication Services) can be billed for a single beneficiary?

Answer: No, there are no frequency limitations at this time.

6. What types of practitioners can furnish virtual communication services?

Answer: Communication technology-based and remote evaluation services are billable by RHCs and FQHCs only when the discussion requires the skill level of an RHC or FQHC practitioner. RHC and FQHC practitioners are physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers. If the discussion could be conducted by a nurse, health educator, or other clinical personnel, it would not be billable as a virtual communication service.

7. Does coinsurance apply to HCPCS code G0071?

Answer: Coinsurance and deductibles apply to RHC claims for G0071 and coinsurance applies to FQHC claims for G0071. Coinsurance is 20 percent of the lesser of the charged

amount or the payment amount for code G0071. We are aware that coinsurance can be a barrier for some beneficiaries, but we do not have the statutory authority to waive the coinsurance requirement. RHCs and FQHCs should inform their patients that coinsurance applies, and provide information on the availability of assistance to qualified patients in meeting their cost sharing obligations, or any other programs to provide financial assistance, if applicable.

8. Is beneficiary consent required before virtual communication services can be furnished?

Answer: Beneficiary consent should be obtained before virtual communication services are furnished in order to bill for the service.

9. Do virtual communication services have to occur with the same RHC or FQHC practitioner that has previously treated the patient?

Answer: No. As long as the patient has had an RHC or FQHC billable visit within the previous year, virtual communication services can be furnished by any RHC or FQHC practitioner.

10. Will payment of this new code affect the RHC or FQHC payment rates?

Answer: No, the RHC AIR and the FQHC PPS would not be impacted by these changes. Services that are currently being furnished and paid under the RHC AIR or FQHC PPS

payment methodology will not be affected by the ability of the RHC or FQHC to receive payment for additional services that are not included in the RHC AIR or FQHC PPS.

11. What types of communication technology can be used in order to bill for code G0071?

Answer: Virtual communication services would be initiated by the patient contacting the RHC or FQHC by a telephone call, integrated audio/video system, or through a store-and-forward method such as sending a picture or video to the RHC or FQHC practitioner for evaluation and follow up within 24 hours. The RHC or FQHC practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

12. If the RHC or FQHC practitioner contacts the patient to monitor their condition, could G0071 be billed?

Answer: No. Virtual communication services are initiated by the patient in order to determine if an RHC or FQHC visit or other care is necessary. If an RHC or FQHC practitioner contacts the patient to follow up on a previous visit, the cost of this contact would be included in the RHC AIR or FQHC PPS payment.

13. Can RHCs and FQHCs bill virtual communication services for Medicare Advantage patients?

Answer: RHCs and FQHCs should consult the MA plan for billing information.

14. Will secondary payors recognize HCPCS code G0071?

Answer: HCPCS codes are recognized by all secondary payors. In some cases, there may be a delay if the secondary payor has not yet updated their systems to accept new codes.

15. Are virtual communication services considered RHC and FQHC services?

Answer: Yes, virtual communication services are RHC and FQHC services.

16. Are RHCs and FQHCs required to provide virtual communication services? Is there a penalty if these services are not provided?

Answer: No, RHCs and FQHCs are not required to furnish virtual communication services and there is no penalty if they are not provided.

17. Do RHCs and FQHCs have to enroll and be approved in order to furnish and bill for virtual communication services?

Answer: No, there is no enrollment or approval process for virtual communication services. Any RHC or FQHC can bill for virtual communication services if all requirements are met.

18. Can RHCs and FQHCs bill G0071 during the same month that the patient is receiving care management services?

Answer: Yes, if all requirements for billing G0071 are met.

19. Can RHCs and FQHCs bill G0071 on the same claim as a billable visit?

Answer: G0071 can be billed either alone or on the same claim as a billable visit.

However, virtual communication services are not billable if an RHC or FQHC visit was furnished within the previous 7 days or the next 24 hours or soonest available appointment.

20. Can virtual communication services costs such as software or management oversight be included on the cost report?

Answer: Yes. Any cost incurred as a result of the provision of RHC and FQHC services, including virtual communication services, is a reportable cost and must be included in the Medicare cost report. Direct costs for virtual communication services are reported in the “*Other than RHC/FQHC Services*” section of the cost report and are not used in determining the RHC AIR or the FQHC PPS rate.

21. Where can I find more information on virtual communication services?

Answer: Information is available in section 240 in Chapter 13 of the CMS Benefit Policy Manual, which is located on the RHCs and FQHCs webpages at

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>, and

<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHCCenter.html>.

The 2019 PFS proposed and final rule is located at:

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html)

[Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html).