



Telehealth Expansion Benefit Enhancement Under the Pennsylvania Rural Health Model (PARHM) - Implementation

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Related Change Request (CR) Number: 11870

Related CR Release Date: **December 22, 2020**

Effective Date: January 1, 2021

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R10533DEMO

Implementation Date: January 4, 2021

Note: We revised this article due to a revised CR 11870, issued on December 22. The CR revision updated some denial edits. We added that information starting near the bottom of page 3 of this article. Also, we updated the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for rural acute care hospitals and Critical Access Hospitals (CAHs) submitting claims to Medicare Administrative Contractors (MACs) for telehealth services provided under the Pennsylvania Rural Health Model (PARHM) to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you about information related to the PARHM and the “Transformation Plans” for participating hospitals. CR 11870 expands the allowable telehealth services for Model-participant hospitals. Without this CR, some hospitals may fail to meet healthcare transformation goals set by the Model. Make sure your billing staffs are aware of these changes.

BACKGROUND

The PARHM provides rural acute care hospitals and CAHs the opportunity to participate in hospital global budget payments for all inpatient and outpatient hospital services and CAH swing-bed services. The Centers for Medicare & Medicaid Services (CMS) reimburses participating rural hospitals according to an annual global budget, which is provided by the Commonwealth of Pennsylvania. CMS reimburses the participating rural hospitals on a biweekly basis, based on 1/26th of their global budget through the applicable MACs.

Pennsylvania provides CMS with annual global budgets for participating hospitals prior to the Performance Year (PY) (based on the Calendar Year (CY)). CMS will provide information to MACs of the participating rural hospitals and the Part A and B global budget payment amounts for hospital inpatient and outpatient services. Participating rural hospitals also submit claims to CMS, but no claim payments are made. This model is effective for claims with through or discharge dates on or after January 1, 2018. Beneficiaries and hospitals will be able to

participate in other models, under the requirements of those models. Beneficiaries enrolled in a Medicare Advantage plan are excluded from this model.

As part of PARHM, participating rural hospitals must submit rural health transformation strategies called "Transformation Plans." These plans detail what healthcare delivery, coordination, and operations improvements the hospital plans to implement to reach the population health goals and financial benchmarks of the model.

Many hospitals identified telehealth strategies in their Transformation plans. The model defines rural eligibility differently than the Metropolitan Statistical Area (MSA) method, and therefore only some participating rural hospitals in the model are currently able to use telehealth services. CR 11870 provides instruction to the MACs to implement a new Telehealth Benefit Enhancement. This will address this inequality and without it, some hospitals may fail at meeting healthcare transformation goals set by the PARHM.

For qualified PARHM participants, CMS is waiving the requirement that beneficiaries be located in a rural area and at a specified type of originating site in order to be eligible to receive telehealth services. This benefit enhancement allows payment of claims for telehealth services delivered by PARHM participants and Preferred Providers to beneficiaries in specified facilities or at their residence regardless of the geographic location of the beneficiary. An interactive telecommunications system is required as a condition of payment; however, CMS allows the use of asynchronous telehealth to deliver dermatology and ophthalmology services. These telehealth services are covered as of January 1, 2021, for PARHM participants.

Asynchronous telehealth includes the transmission of recorded health history (for example, retinal screening and digital images such as photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction. **Asynchronous telecommunications systems in single media format does not include:**

- Telephone calls
- Images transmitted via facsimile machines
- Text messages without visualization of the patient (electronic mail)

Photographs must be specific to the beneficiary's condition and adequate for rendering or confirming a diagnosis and treatment plan.

Payment will be permitted for telemedicine when asynchronous telehealth in single or multimedia formats is used as a substitute for an interactive telecommunications system for dermatology and ophthalmology services. Distant site practitioners will bill for these new services using new codes and the distant site practitioner must be a PARHM participant or Preferred Provider.

The codes for At-Home Synchronous Telehealth Services are:

- G9481: Remote E/M for a new patient (10 mins.) for CMMI demonstrations only

- G9482: Remote E/M for a new patient (20 mins.) for CMMI demonstrations only
- G9483: Remote E/M for a new patient (30 mins.) for CMMI demonstrations only
- G9484: Remote E/M for a new patient (45 mins.) for CMMI demonstrations only
- G9485: Remote E/M for a new patient (60 mins.) for CMMI demonstrations only
- G9486: Remote E/M for an established patient (10 mins.) for CMMI demonstrations only
- G9487: Remote E/M for an established patient (15 mins.) for CMMI demonstrations only
- G9488: Remote E/M for an established patient (25 mins.) for CMMI demonstrations only
- G9489: Remote E/M for an established patient (40 mins.) for CMMI demonstrations only
- G0438: Annual wellness visit; first visit
- G0439: Annual wellness visit; subsequent visit(s)

The codes for Asynchronous Telecommunication Services are:

- G9868: Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation (15 minutes)
- G9869: Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation (20 minutes)
- G9870: Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation (25 minutes)

Where PARHM claims do not contain an aligned provider and the V4 modifier is appended, providers will see this denial messaging:

- Claims Adjustment Reason Code (CARC) 132: "Prearranged demonstration project adjustment"
- Remittance Advice Remark Code (RARC) N83: (No appeal rights. Adjudicative decision based on the provisions of a demonstration project.)
- Group Code CO: (Contractual Obligation)

When PARHM claims are denied because there is no aligned beneficiary, providers will see this denial messaging:

- CARC 96: "Non-covered charge(s)."
- RARC N83: (No appeal rights. Adjudicative decision based on the provisions of a demonstration project.)
- Group Code CO: (Contractual Obligation)

MACs will deny incoming PARHM claims if the Date of Service (DOS) on the claim is prior to January 1, 2021 using the following messages:

- CARC: 96- "Non-covered charge(s)."
- RARC: N83- (No appeal rights. Adjudicative decision based on the provisions of a demonstration project)
- Group Code: CO

MACs will deny PARHM claims when you elect this benefit enhancement for the DOS on the claim, the claim contains one of the appropriate HCPCS codes (that is, G0438, G0439, G9481, G9482, G9483, G9484, G9485, G9486, G9487, G9488, or G9489) and the POS is not (2). In this case, the MAC will use:

- CARC: 16 - (Claim/service lacks information or has submission/billing error(s))
- RARC: M77- (Missing/incomplete/invalid/inappropriate place of service)
- Group Code: CO

ADDITIONAL INFORMATION

The official instruction, CR 11870, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10533DEMO.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
December 22, 2020	We revised this article due to a revised CR 11870, issued on December 22. The CR revision updated some denial edits. We added that information starting near the bottom of page 3 of this article. Also, we updated the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
August 10, 2020	Initial article released.

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