How do the telehealth changes in Medicare CY 2019 impact FQHC/RHCs?

**Virtual Check-In**

FQHCs and RHCs will be allowed to bill for a Brief Communication Technology-Based Service or a “Virtual Check-In.” These interactions take place over phone or live video and involve a physician or non-physician practitioner having a brief (5 to 10 minutes) check-in with a patient to assess whether the patient needs to come in for an office visit. The virtual check-in must be for a condition not related to an E/M service provided within the previous 7 days and does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment. The rate charged will be the physician fee schedule rate, not the all-inclusive rate (AIR) or prospective payment system (PPS).

**Remote Evaluation Services**

Similar to the virtual check-in, FQHCs and RHCs will be allowed to bill for asynchronous or store-and-forward, patient-initiated visits when recorded video or images are sent to the FQHC/RHC. The services can only be billed if the condition is not related to a service provided within the previous 7 days and does not lead to a service provided within the next 24 hours or soonest available appointment.

**Impacts of Chronic Care Management**

- **CCM code 99491** will be included in the rate setting for RHC. FQHC General Care Management code, G0511. For FY 2019, 99491 is expected to be $74.26 while G0511 is expected to be $70, resulting in a higher payment had 99491 not been added to determine the rate.

**eConsult**

FQHCs and RHCs are not allowed to bill for interprofessional internet consultations (eConsult) because the AIR and PPS includes all costs associated with a billable visit, including consultations with other practitioners.