

Rural Health Clinics (RHC) Reimbursement for Telemedicine and Telehealth Services

Updates Due to COVID-19

To help Rural Health Clinics (RHCs) deliver care to clients in response to COVID-19 (coronavirus), RHCs may be reimbursed as telemedicine and telehealth distant site providers statewide for service dates from March 24, 2020, through July 31, 2020.

RHCs should use modifier 95 and location code 02 on claims to indicate the use of the telemedicine or telehealth modality.

The following services are benefits of Texas Medicaid when provided in an RHC:

- Physician services
- Services and supplies furnished as incidental to physician services
- Services provided by an NP, CNM, clinical social worker, or PA
- Services and supplies furnished as incidental to the NP's or PA's services

A visit is a face-to-face encounter between an RHC client and a physician, PA, NP, CNM, visiting nurse, or clinical NP. Encounters with more than one health professional and multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit, except where one or the other of the following conditions exists:

- After the first encounter, the client suffers illness or injury requiring additional diagnosis or treatment.
- The RHC client has a medical visit and another health visit.

Another health visit includes, but is not limited to, a face-to-face encounter between an RHC client and a clinical social worker.

For freestanding RHCs, all laboratory services provided in the RHC's Laboratory are included in the encounter. This includes the basic laboratory tests as well as any other laboratory tests provided in the RHC Laboratory. Consequently, there is no separate billing for laboratory services. However, if the RHC Laboratory becomes a Certified Medicare Laboratory with its own supplier number, and enrolls in Medicaid as an independent laboratory, all laboratory tests (except basic laboratory tests) performed for RHC and non-RHC clients can be billed to Medicaid. The claim must be filed under their independent laboratory Medicaid provider identifier and using the appropriate HCPCS codes.

An encounter rate may be reimbursed to the RHC facility only for the following services:

General Medical Services (encounter may be reimbursed to the RHC Facility only)

T1015

General medical services must be submitted using one of the appropriate modifiers AJ, AM, SA, TD, TE, or U7. Adult preventative care must be submitted with diagnosis codes Z0000, Z0001, Z01411, and Z01419.

NOTE: If the encounter is for antepartum or postpartum care, use modifier TH in addition to the modifier required to clarify the service that was performed.

If the encounter is for telemedicine or telehealth services, use modifier 95 in addition to the modifier required to clarify the service that was performed.