

December 2019

Telemedicine/Telehealth Billing Changes for Rural Health Clinics and Federally Qualified Health Clinics

The Louisiana Department of Health confirmed the following provider types were inadvertently excluded from the telemedicine/telehealth CMS updates made to our systems as required per *Health Plan Advisory 19-11: Telemedicine/Telehealth Billing Changes* (<http://ldh.la.gov/index.cfm/page/1734>):

- 72 – Federally Qualified Health Center
- 79 – Rural Health Clinic (Provider Based)
- 87 – Rural Health Clinic (Independent)

Healthy Blue incorporated provider types 72, 79 and 87 into our system changes for telemedicine/telehealth services effective November 30, 2019. Reimbursement for these services shall be the all-inclusive prospective payment system rate on file for the date of service.

The Centers for Medicare & Medicaid Services (CMS) change request (CR) 10152 has eliminated the requirement to use the GT modifier on claims for telemedicine/telehealth services. Effective August 1, 2019, rural health clinics (RHC) and federally qualified health clinics (FQHC) are required to use place of service (POS) 02 with modifier 95 for the billing of telemedicine/telehealth services.

Upon implementation, claims submitted without the combination of the POS 02 and modifier 95 will be denied. Providers will be required to resubmit with the correct POS and modifier in order for claims to process. Providers must use procedure codes appropriate to telemedicine/telehealth services to receive reimbursement.

Reimbursement for these services will be at the all-inclusive prospective payment rate on file for the date of service (DOS).

Fee for service policy regarding this billing change will be published on <https://www.lamedicaid.com> under the *Provider Manuals* link, within the FQHC/RHC manual. Questions regarding this message and fee for service claims should be directed to DXC Technology Provider Relations at **1-800-473-2783** or **1-225-924-5040**. Questions regarding Healthy Blue claims should be directed to Healthy Blue.

What does this mean to me?

Healthy Blue identified denied claims as a result of the omission of these provider types and is contacting providers to assist them with correcting these denial errors.

Please note: Modifier 95 must be appended to all lines. Providers must submit corrected claims with the correct POS code and modifier if they received reimbursement for telemedicine/telehealth services that were not billed appropriately before our system was updated on November 30, 2019.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.

<https://providers.healthybluelouisiana.com>

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