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MEMORANDUM DMS-34

To: Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

From: Division of Medical Services

Date: April 17, 2020

Re: Flexibilities in Service Provision

On March 12, 2020, Governor Hutchinson declared a public health emergency due to the Coronavirus (COVID-19) outbreak in Arkansas. In response to this declaration and the need for social distancing, DMS issues the following guidance on flexibilities allowed for rural health clinics (RHCs) and Federally Qualified Health Clinics (FQHCs).

Virtual Patient Check-Ins

To prevent unnecessary travel and office visits, **Medicaid is opening the virtual check-in CPT (code G2012) described below for the duration of the public health emergency.**

The code will be turned on April 24, 2020 and will be retroactive to date of service March 18, 2020.

Code G2012, to provide virtual check-in services, must meet the following requirements:

- Can be any real-time audio (telephone), or “2-way audio interactions that are enhanced with video or other kinds of data transmission.”
- For established patients only.
- To be used for:
 - Any chronic patient who needs to be assessed as to whether an office visit is needed.
 - Patients being treated for opioid and other substance-use disorders.
- Nurse or other staff members cannot provide this service. It must be a clinician who can bill primary care services.
- **This is not part of the all-inclusive rate.** If a face-to-face office service is provided within the defined time frames, then the telehealth visit is bundled with that encounter. It would be considered pre- or post-visit time and not separately billable.
- No geographic location restrictions for the patient.
- Communication must be HIPAA compliant.

G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a face-to-face service or procedure within the next 24 hours or soonest available appointment. Typically, 5-10 minutes of medical discussion	\$13.33
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As a reminder, DHS issued guidance allowing RHCs and FQHCs to provide mobile clinic services and COVID-19 screening. That guidance was issued on March 31, 2020, and can be found [here](#).

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of these services. Please keep all records of services as required by Medicaid.