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MEMORANDUM (DMS-37)

To: Medical Providers
 From: Division of Medical Services (DMS)
 Date: April 24, 2020
 Re: Telemedicine for RHCs and FQHCs

In response to the COVID-19 outbreak in Arkansas and consistent with CMS guidance, DMS is suspending the following rules to allow for telemedicine services to be provided by Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC).

- Medicaid Provider Manual for RHCs § 211.300
- Medicaid Provider Manual for FQHCs §§ 252.140(B) and 262.120

RHC and FQHC providers may bill for telemedicine services as follows:

Code	Description	Rate
T1015, U7, GT (if still needed on July 1, 2020, code G2025 will be used)	Distant site telemedicine services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice, if telemedicine is within their scope of practice (including the relaxed scope or practice rules during the public health emergency). Telemedicine encounters may not be billed in conjunction with a full, face-to-face encounter, but instead are considered part of that encounter. A nurse or other paraprofessional cannot provide telemedicine services exclusive of other licensed practitioners.	58.32

Update as of August 28, 2020:

- Effective August 28, 2020, G2025 will replace T1015 U7, GT as the billable code for telemedicine encounters provided by FQHC and RHC providers. If a provider has billed G2025 prior to 8/27/2020 and received a denial they may rebill with T1015 U7,GT.

These services may not be billed if a full, face-to-face encounter is provided seven days before the telemedicine service is billed or within 24 hours (or the next available appointment) after the encounter. These services may be provided to a beneficiary in their home under previous rule suspensions lifting the originating site requirement.

Telemedicine services are not to be billed as an All-Inclusive Rate (AIR) or Prospective Payment (PPS). Telemedicine services are to be reported on the cost report but will not be used to set future AIR and PPS rates or included in the annual cost settlement.

This suspension will go into effect on April 28, 2020, and last until the Governor ends the public health emergency in Arkansas.

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 during this time. Please keep all records of services as required by Medicaid rules.