



Telehealth Services provided by RHC

Issue

Allow RHCs to provide telehealth services (as opposed to being the originating site) for telehealth visits.

Background

While RHCs can serve as the originating site, Rural Health Clinics cannot be the “distant site” providing services to Medicare beneficiaries.

The current statute recognizes “physicians” and practitioners (PAs, NPs, CNMs, Psychologists and Clinical Social Workers among others) as providers of telehealth services. Each of these health professionals is recognized by Medicare when providing services in a Rural Health Clinic.

The statute does not specifically recognize “rural health clinic services” as authorized services under the telehealth benefit.

Discussion

There are a number of opportunities to allow RHCs to provide telehealth services, particularly in conjunction with other RHCs. For example, it continues to be a struggle to provide mental health services in the communities served by RHCs. A significant reason for this is the relatively low volume of demand for the individual communities served by RHCs.

However, if multiple communities served by RHCs could work together, then we might be able to expand availability.

For example, RHC A, hires a Clinical Psychologist and has sufficient volume within the service area of RHC A to fill 1 full day per week for patients. RHCs B, C, D and E each have a similar need for one-day per week of a mental health professional.

RHC A could provide on-site mental health services to patients in their service area and via telehealth, provide mental health services to Medicare patients in the service area of RHCs B, C, D, and E. RHC A would bill each of these medically necessary encounters as RHC visits as if those patients had come to RHC for an in-person face-to-face encounter.

Recommendation

Amend the telehealth benefit to recognize rural health clinic services provided by physicians and practitioners that would have been recognized by Medicare had such services been provided in a site other than a rural health clinic.

Section 1834

(m) Payment for Telehealth Services.—

(2) Payment amount.—

(A) Distant site.—The Secretary shall pay to a physician or practitioner **or rural health clinic** located at a distant site that furnishes a telehealth service to an eligible telehealth individual an amount equal to the amount that such physician or practitioner or **clinic** would have been paid under this title had such service been furnished without the use of a telecommunications system.

(E) Practitioner.—The term “practitioner” has the meaning given that term in section [1842\(b\)\(18\)\(C\)](#).

(F) Telehealth service.—

(i) In general.—The term “telehealth service” means professional consultations, office visits, **rural health clinic visits** and office psychiatry services (identified as of July 1, 2000, by HCPCS codes 99241–99275, 99201–99215, 90804–90809, and 90862 (and as subsequently modified by the Secretary)), and any additional service specified by the Secretary.