Centers for Medicare & Medicaid Services

Open Door Forum: Physicians, Nurses and Allied Health Professionals

Moderator: Jill Darling

Wednesday, March 1, 2023

2:00 p.m. ET

Coordinator: Thank you for standing by. Today's conference will be recorded. If you have any objections, you may disconnect at this time. All participants will be in a listen-only mode until the question-and-answer session. During that time, if you'd like to ask a question, you may press Star 1.

I'd now like to turn the call over to your host, Ms. Jill Darling. Thank you, and you may begin whenever you're ready.

Jill Darling: Great. Thank you, (Becca). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications, and welcome to today's Physicians, Nurses and Allied Health Professionals Open Door Forum. Before we get into the agenda, I have one brief announcement.

This Open Door Forum is open to everyone, but if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov. And I will hand the call off to Gene Freund.

Dr. Eugene Freund: Hi there. This is Dr. Gene Freund, and welcome to the forum. I'm really happy to be here, and I'm going to just go straight into our agenda. As you saw on the agenda in the announcement, we gave you a link to a file on CMS waivers, flexibilities, and the transition forward from the COVID-19 public health emergency.

As all of you are probably quite aware, the end of the declared public health emergency will expire at the end of the day on May 11th, 2023. So, this is well within the 60 days the Secretary promised everybody, and we're getting ready to do that.

The document that I sent a link to has recently been published, and it's one of our efforts, when I say our efforts, a lot of people, and not me, made this document what it is. And I'm really pleased and, you know, kind of in awe of it and all the other resources.

And I can say that because I didn't develop them myself. And, you know, so all my colleagues who have worked on this deserve big pats on the back. And I just want to point you to that document. You can see that document goes through a lot of what's changing at the end of the public health emergency and what's not.

As you know, there were waivers that we were allowed to issue because of the public health emergency. Some of those were limited by the public health emergency and will go away after the end of the day on May 11th. Others have been extended by what's happened in legislation in the interim.

Telehealth is a good example. And so, this is where you can go to get a quick idea of where things are going. Pay special attention to the Medicaid provisions. Medicaid has essentially been separated from the public health emergency, and States will be renewing eligibility starting April 1.

So, practices that have patients with Medicaid, and advocates who are concerned about Medicaid, really need to make sure that that population,

those people who are covered by Medicaid and CHIP, are aware that their States may be looking to reestablish eligibility as soon as April 1.

It's different in every State, but it's really important that people don't fall through the cracks. So, that's something that offices that see people and do checks on their insurance, they can work on that. We have a lot of Medicaid unwinding calls that are going on.

So, I'm not going to belabor that, but I do want to encourage you to look at that because that is a closer horizon than the end of the public health emergency. There are also some important links in this document.

There is a link a little farther down that points to how healthcare providers and suppliers are affected. And that goes to a link that has a lot of provider-specific fact sheets where you can really get into the weeds of what might be affecting you.

We really think that a lot of these materials will help answer your questions about the end of the public health emergency and of course, when you're dealing with - when a practice is dealing with individual-specific circumstances, your MACS should be a really helpful resource with that.

And unlike 2020 when the policy was evolving with the pandemic, these are nicely established in advance. So, I think that that's really important, and we should be answering a lot of your questions in advance, but we do need to hear from you.

If you're not getting your questions answered, if you're having particular trouble finding your answers, all those can be really helpful because we are working to improve those pages. Right now, you know, it's still evolving.

We've got people working on putting to the front the things you really need and getting some of the old news in the background a little bit more, and that's still being worked on. So, keep an eye on our pages. Every time you visit our pages, hit the request button, and that's basically what I have to say about that document.

So, we're getting ready to reach the end of the public health emergency, and I think we've made a good start at getting you the information you're going to need to do that with us. And that's all I have on that at this point.

So, I need to move into my co-chair role and turn the agenda over to Camille Kirsch, who is with our Center for Consumer Information and Insurance Oversight, or CCIIO, who's going to be talking about some updates to the Independent Dispute Resolution process. So, go ahead, Ms. Kirsch.

Camille Kirsch: Thanks, Gene. Happy to be here today. So, as those of you on this call may know, the federal Independent Dispute Resolution process has recently been impacted by a court opinion and order issued February 6th, 2023. And that court opinion and order vacated certain language related to payment determination standards that was in the department's August 2022 final rules.

So, after the issuance of that court opinion and order, on February 10th, the department instructed certified IDR entities to temporarily hold all payment determinations and to recall payment determinations issued on or after the date that the ruling was issued.

However, this Monday, February 27th, at the instruction of the department, certified IDR entities did resume processing payment determinations for disputes involving items or services furnished before October 25th, 2022. And

that's because disputes involving items or services furnished before October 25th, 2022, are not affected by the February 6th court opinion and order.

And the payment determination standards for these disputes are outlined in detail in guidance that the departments released on October 7th, 2022. And that is available on our federal IDR page for anyone who wants to learn more about those payment determination standards.

So, it is important to note that while payment determinations have resumed for disputes involving items or services furnished before October 25th, 2022, our certified IDR entities will continue to hold issuance of payment determinations for disputes that involve items or services furnished on or after October 25th, 2022.

So, that's items or services furnished on or after October 25th, 2022. Payment determinations for those are still on hold. The departments are working diligently to complete the necessary guidance and system updates in order to allow certified IDR entities to resume processing payment determinations for these disputes that involve items or services furnished on or after October 25th, 2022.

But in the meantime, all other federal IDR process timelines continue to apply to all disputes. That's regardless of the date that the items or services under dispute were furnished. So, disputing parties should continue to engage in open negotiations, dispute initiation, and all other aspects of the federal IDR process, including submitting fees and offers.

If you have any questions on this, you can go to the link that we've provided in the agenda, or you can email the Federal IDR mailbox, which is federalidrmailbox@CMS.hhs.gov . (CORRECTED email:

FederalIDRQuestions@cms.hhs.gov) And that's everything from me. Thanks. So, I'll turn it back to Gene.

Jill Darling: Well, thank you. This is Jill. Thank you, Camille, and to Gene. That concludes our agenda. And so, (Becca), will you please open the lines for Q&A?

Coordinator: If you would like to ask a question at this time, please press Star 1. Again, that is Star 1. Okay. Our first question comes from Ed James. Your line is now open.

Ed James: Thank you all for the opportunity. A question on the IDR process. Do you have - two questions. One, do you have a sense of the timing on when you'll announce the rules related to the dates of service after October 25th, 2022? That's the first question.

And is the agency also thinking of issuing any guidance with respect to the decisions that were made during the period of time between October 25th, 2022, and February 6th, 2023, which was the date of the vacation of that order of that final rule.

So, you have a cohort of claims that were adjudicated to a now vacated standard. And do you expect guidance to be issued with respect to decisions that were made to a now vacated standard?

Camille Kirsch: Hi. Thank you for that question. So, we are working to get that updated guidance out as soon as possible and resume those determinations on disputes for items and services furnished on or after October 25th, 2022.

So, we hope to get that out soon, but I can't provide any concrete updates on timeline. We are just working as fast as we can. And we will plan to clarify

questions around disputes that were processed before the issuance of the ruling as well.

Ed James: Okay, thank you.

Coordinator: And our next question comes from (Carol Yawo). Your line is now open.

(Carol Yawo): Hey, thank you so much. Yes, just with regard to the COVID-19 waivers that will be ceasing on May 11th, is that okay to ask a question at this time?

Dr. Eugene Freund: Yes, go ahead. We don't have tons of subject-matter experts here for this, and we will be offering other opportunities going forward, but we can give it a try.

(Carol Yawo): Okay, thanks. I have two very specific questions. It's with regard to the Medicare physician fee schedule outlining that PTs, OTs, SLPs, slash perhaps audiologists, can continue to see patients at least through the end of 2023. And this is understood to be in a private practice.

Now, with Hospitals Without Walls season for a facility-based PT, OT, SLP, audiology practice, I'd like to confirm that we can no longer bill those services from a facility-based outpatient permit.

Dr. Eugene Freund: Gift, correct me if I'm wrong - oh, go ahead. Go ahead with your second question.

(Carol Yawo): Yes, and the second question is going to be with regard to payment parity through the end of 2023 for a facility-based outpatient department, hospital outpatient department, whether or not we can continue billing the facility component of an E&M visit, which is G0463 through the end of 2023.

Dr. Eugene Freund: Thank you. I think we are pretty lean on our hospital outpatient folks on this particular call.

(Carol Yawo): Okay.

Dr. Eugene Freund: I think you're right about the physician fee schedule, and you know, Gift would probably be able to confirm that. But send that in, because that's something that - it doesn't pop to my mind, and I do not want to steer you wrong, but just sending that in to the partnership@CMS.HHS.gov, and we can make sure that we actually are addressing that, and can also get back to you.

(Carol Yawo): Fantastic. Thanks so much.

Dr. Eugene Freund: Sure.

Coordinator: Our next question comes from William Rogers. Your line is now open.

William Rogers: Hi, Dr. Freund, and Jill. I have spoken to a lot of providers and also DME suppliers who are very anxious about the patients who benefited from the Medicaid expansion that was part of the public health emergency, concerned that these patients may lose coverage and not be aware of it for a period of time, depending on how efficient the States are at informing them, and that there may be a period of time during which they receive services or receive DME or other things, which later turn out not to have been eligible for Medicaid coverage, and therefore there may be recoupments, not to mention the impact on the beneficiaries, most importantly.

So, I was wondering if CMS has any expectation of a solution to that. For instance, informing providers and DME suppliers and others who might be

impacted, and informing patients as well, of an impending loss of Medicaid coverage.

Dr. Eugene Freund: So, take a look at our Medicaid unwinding pages. We actually have - and it's not me. The CMCS folks have a Medicaid unwinding machine going where lots of materials are out there. We're making sure patients are looking for those items.

And I'm not sure about your - I hear a little bit of a policy question in there about, you know, what is CMS doing, if anything, about the possibility that, you know, some people could get - a practice could do an eligibility check that comes up with an affirmative answer, but it turns out not to have been correct.

I can take that back to our folks who are working on the unwinding. I don't even know if that's been in their hopper or not. Did I get the question right?

William Rogers: Yes, thank you very much.

Dr. Eugene Freund: Okay. It is an important one and yes, there's - you know, and really encourage folks to stay tuned - to tune in to those Medicaid unwinding - there are a lot of those unwinding calls, but, you know, as you point out, it varies quite a bit from State to State, how that's going and there are resources.

William Rogers: Yes.

Dr. Eugene Freund: So, I will relay that as a concern to them.

William Rogers: Yes, and Stefanie's already heard the question from me too.

Dr. Eugene Freund: Oh, Stefanie Costello?

William Rogers: Yes.

Dr. Eugene Freund: Oh, okay. So, I'll just let him know that ...

William Rogers: He used to be five doors from me.

Dr. Eugene Freund: ... you brought this question again. Yes. And this is the kind of stuff - yes, I mean, you know, and again, thank you in this audience for bringing forward the kinds of things that we all should be thinking about. You know, the Medicaid eligibility is really important, because as many of you know, the States have been able to receive the federal matching payment in spite of not - in fact, because of not, you know, dropping people from the rolls for eligibility. They're keeping people on. And some people will lose their coverage. So, that's really important.

William Rogers: Yes. Kaiser estimate about 2.2 million.

Dr. Eugene Freund: And I say that - excuse me?

William Rogers: Kaiser estimate about 2.2 million. And sadly, those who make less than 100% of the federal poverty level, will not be able to go to the exchange.

Dr. Eugene Freund: Yes, thank you. Yes. And I'm sure - I framed the problem probably in artfully, but thank you for describing it.

William Rogers: Thanks.

Coordinator: As a reminder, if you'd like to ask a question, please press Star 1. Our next question comes from Rebecca Camino. Your line is now open.

Rebecca Camino: Hi. Thank you. I had questions about Hospital at Home and Hospitals Without Walls, but I am sending an email to Partnership right now. My second question is around virtual supervision. And thank you so much for addressing it in the new document. My question is, does it cover all types of virtual supervision, including the primary care exception?

Gift Tee: Gene, do you want me to bring up this one?

Dr. Eugene Freund: Yes, because that's a physician fee schedule issue.

Gift Tee: Yes. So, thanks for the question. Add a little bit more context to your question, see if I can give you a response that helps.

Rebecca Camino: Sure. So, if you look at the Medicare Telehealth Frequently Asked Questions FAQs from 3/17/20, it actually lists out in two or three separate sections all different types of virtual supervision. So, it talks about virtual supervision for education purposes under primary care, for diagnostic purposes, the shifting from direct to general.

When - in this new document that just came out, virtual supervision, and it gave like two examples, but it didn't cover all of them. Can we assume that all types of virtual supervision is extended until December 31st, 2023?

Gift Tee: Do me a favor and go ahead and submit that question to the mailbox that Gene and Jill referenced. I think they mentioned it, and we'll take a look and get back to you.

Rebecca Camino: Okay, thank you so much.

Coordinator: Our next question comes from Shelby Jones. Your line is now open.

Shelby Jones: Hi. Thank you so much. I just wanted to confirm on the extended telehealth for Medicare and telehealth. That's still going to be coverage through like home hospice outside of other than rural areas, correct?

Gift Tee: Gene, I think this is another one we want to take back. I can speak at it from a general telehealth perspective, but it crosses over into hospice, so we should confirm with our colleagues there.

Dr. Eugene Freund: Yes, that's a little in the weeds about telehealth. The telehealth changes broad-brush, that is correct that they're not limited to the rural areas, but how that affects hospice, we're not on that. Is that about right, Gift?

Gift Tee: Yes. Yes, sir.

Shelby Jones: Okay. So, would that be something I need to email and submit just to get clarification?

Dr. Eugene Freund: That helps us keep track of the questions.

Shelby Jones: Okay.

Jill Darling: Hi, everyone. This is Jill. If you do send an email into the partnership inbox, please, in the subject line, put Physicians Open Door Forum. Thank you.

Dr. Eugene Freund: That helps us too, yes. Thank you.

Coordinator: And our next question comes from Amanda Briggs. Your line is now open.

Amanda Briggs: Hi. My question is pertaining also to telehealth. Currently, with the waivers in place, physicians and APPs are able to see new patients via telehealth. And I am curious as to whether that flexibility will be extended or if that will end with the PHE.

Gift Tee: I'm sorry, I missed the first part of the question. Could you repeat?

Amanda Briggs: Absolutely. Currently, the telehealth waivers allow physicians and advanced practice practitioners to see new patients via telehealth. I am curious as to whether that flexibility will be extended or if it will end with the PHE.

Gift Tee: Go ahead and submit that to our partnership mailbox as well, too. Again, as Gene alluded to, broad-brush changes that we're considering, given the legislation, but there's nuance to every bit and piece of the overall puzzle. So, we want to be sure that we're answering correctly.

Amanda Briggs: Thank you very much. And would you mind repeating the email address for that inquiry?

Dr. Eugene Freund: Sure. That's partnership@CMS.HHS.gov.

Amanda Briggs: Thank you.

Coordinator: Our next question comes from Karen Robinson. Your line is now open.

Karen Robinson: Hi. My question has to do with mental health documentation requirements in a non-facility setting such as a physician office. So, I have found in the benefit manual, and also in the mental health booklet that CMS has put out, that an

individual treatment plan is required in settings such as outpatient hospitals, inpatient psych facilities, but there's nothing specific to what - if an ITP is required when the patient is seen in a physician office. Can anybody help clarify documentation requirements?

Gift Tee: Yes. I think that's another good candidate for our mailbox.

Karen Robinson: Okay, thank you.

Dr. Eugene Freund: In general, the requirements that, say, if you were actually audited or something, would be to be consistent to document that you met what was required by the CPT code that you were billing. And that is actually the AMA's provenance and not CMS's. But sometimes - it's very often that I come up with that answer and Gift's team gives me a better nuance. So, it's good to submit that.

Karen Robinson: Okay. Thank you.

Coordinator: Our next question comes from Natasha (unintelligible). Your line is now open.

Natasha: Hi. Thank you. I'm actually, I guess, kind of looking for some clarification as far as remote reading for pathology. During the public health emergency, we had lots of pathologists being able to read different tests. If we had a pathologist that was sitting, for example, in New York, he was able to log in and read remotely any tests that were coming through in North Carolina or California.

Does that fall under the same virtual supervision that is going to expire on December 31st, 2023? And do we see a way forward with the new technology

that's been, I guess, started during the pandemic to where these pathologists can continue to read remotely to be able to get these patients, you know, their pathologists and tests read with more of a quicker turnaround, because we do have other pathologists sitting throughout the country rather than just sitting at one primary lab within a local area.

Gift Tee: That's an interesting question, and there's so much packed into consideration whether, you know, the supervision part of it, the locality part of it. So, very interested in the question. You submit to the mailbox, and we'll review.

Natasha: Okay. Thank you.

Coordinator: As a reminder, if you'd like to ask a question, please press Star 1. Our next question comes from Ed Gaines. Your line is now open.

Ed Gaines: Thank you all. The tri-departments - this is related to the IDR process, and the NSA again. The tri-departments issued an initial report on December 23rd, and they noted of the over 90,000 IDRs that were filed, 69% were ineligible for various reasons.

My question is, for some time through the community, we've been advocating for the mandatory use by the health plans of the RARC code. These are Remittance Advice Remark Codes. The most commonly used RARC code is N830. The problem with that code is, it is literally, by definition, "federal/State."

You noted in your report back in December that Texas is one of the principal states where IDRs are originated from. Well, Texas also has a State IDR process. So, if one gets the N830 code for a Texas clinician, there's not any

way necessarily without other information, to know, should I file that in Texas, or should I file that in the NSA process?

Can you comment about your current thoughts around mandating the use of the RARC codes? There are two codes specifically, N877, federal NSA, and N871. These are established American National Standards Institute codes. These were created for the NSA and adopted by ANSI back in March of last year.

So, my question is, what's your current thinking about mandating the use of those codes? Because if we all agree we need to bring down the number, the percentage of ineligible claims, one of the best ways to do it is to mandate the use of the most appropriate RARC code, right?

So, the default isn't just using that N830, which again, could refer to federal or State, but to use, like we say in CPT, CPT's principle is, use the most appropriate code to describe the service. In this case, use the most appropriate RARC code to describe the service and help us make sure that those State claims stay in the State process and don't go to the federal.

I know that's a long question. I apologize, but it's a complicated issue, but I think there's a large part of the solution right in front of us.

Dr. Eugene Freund: Got you, and I will relay that. Unfortunately, we lost - I maybe should have interrupted you because we did lose our IDR expert a few minutes ago. So, I don't have - I know I don't have the answer to that question.

But we'll - and please send it to that email address, which you've probably already done that, right? So, we're hoping for maybe an answer online, but I'll

also send that out. So, yes, basically what you're saying is that that particular code doesn't give you the specificity you want.

Ed Gaines: That's correct. It'd be like using a CPT code that is a general descriptor and not the most specific code or appropriate code for the service, right?

Dr. Eugene Freund: Right. We don't like that. So, okay. Thank you.

Ed Gaines: Yes. Thank you.

Coordinator: Our next question comes from Olivia Garcia. Your line is now open.

Olivia Garcia: Thank you. My question is, I am working with an IDR entity on some disputes, and they came back maybe about a week and a half ago, two weeks ago, telling me that since my claims did not have a DRG on them, they were invalid claims, and they only gave me like 48 hours to submit claims with DRGs.

And I called them and I corresponded with them through email telling them that these visits were all emergency room visits, and we normally don't bill DRGs on ER visits. They were adamant that that was wrong, that it is required even for ER visits, so they closed out my IDR reviews, and I've already paid money into that.

I'm just trying to get clarification on that because I was on the website. I did mention using CPT, (unintelligible) print, and DRGs, but she said that the latest book is that the ruling or the guidelines do not state revenue codes, that I either need to bill with a DRG or - I did tell her there were corresponding CPT codes to the revenue codes on the bill.

She said if we went with that method then each line item would be a separate dispute, which I found kind of ridiculous.

Dr. Eugene Freund: That's definitely - you know, again, two things. One, we don't have our IDR expert on the line still. And second, I think even if we did, that's a very in-the-weeds specific condition, circumstance that I think should be going to - which you probably already sent it to, that IDR mailbox. I think that's the place you're supposed to send things, if I'm not mistaken, if there are concerns about a particular action too.

Olivia Garcia: Yes, I've used that IDR mailbox since August. I've sent about12 or 15 emails regarding issues because I had taken over the project mid-part of last year. And at first, I would get like an acknowledgement that it was received. They would give me a case number. Now, I don't even get that. So, I don't even use that mailbox anymore.

I've asked if there's a phone number where I can speak to someone, or if someone could pass a message, because I do call the NSA helpline, and they'll help me with anything having to do with NSA, but once it crosses over into an IDR, they say, you'll have to send something to the mailbox.

And they do acknowledge that they're extremely backlogged on responding to emails, but I have emails going back to mid or early August that I'm still waiting on answers, or I already found the answers by contacting other people with other employees, providers offices.

Dr. Eugene Freund: Okay. Well, I can definitely relay the question, and yes, there is a backlog, but yes, that's discouraging, I understand.

Olivia Garcia: Thank you.

Coordinator: Again, as a reminder, if you would like to ask a question, please press Star 1. Our next question comes from Kelly Cooney. Your line is now open.

Kelly Cooney: Hello. This is Kelly Cooney. Thank you very much. I wanted to - and you may refer me to the line, but I had a telehealth question as well in regards to PT, OT, and speech services. I know the Appropriations Act continued telehealth flexibilities for PT, OT, and speech through January 31st, 2024, but it looks like a lot of our Category 3 therapy codes are only covered through 2023.

And so, I wanted to see if you could share how CMS is looking at keeping all codes available, including those Category 3 codes through 2024 to make sure beneficiaries still have access to those services.

Gift Tee: Thanks for the question, Kelly. It's something that we're actively chewing on, just given what the CAA asks us to consider. So, I would say, stay tuned.

Kelly Cooney: Thank you very much.

Coordinator: Next question comes from Barbara Brandon. Your line is now open.

Barbara Brandon: Hi. I am with the ESRD community, and we are still wearing masks, the staff and the patients. And I was wondering, will that end on May 11th or anytime soon after the pandemic has been lifted completely?

Dr. Eugene Freund: So, that's actually - this is something to talk about with your State or whoever does your surveying. Most of the CMS advice I've seen in the QSO memos, have made references to CDC guidelines. And my understanding is

those guidelines aren't mandatory, or CDC in most places are calling them optional.

However, healthcare facilities are also regulated by State and local authorities. So, the County I currently live in is requiring masks in all healthcare facilities still. And that's totally independent of the - anything federal about the public health emergency. So, it's much more a question for you to discuss locally.

Obviously, in the ESRD environment - I don't have an answer for ESRD in particular. So, that's why I suggest you talk to whoever is doing the survey and certification work in - where you are. But the ESRD population, as we all know, is a population that needs extra protection against any kind of communicable disease, because they are pretty much by definition immunocompromised.

So, that's it. But it will not - that decision is actually pretty much independent, if I'm not mistaken, of the actual ending of the public health emergency, because it has to do with circumstances on the ground. You don't need a tuberculosis public health emergency to institute and want to institute TB respiratory protection in that kind of a case, and this is no different.

Barbara Brandon: Okay, thank you.

Coordinator: Our next question comes from Lisa Roach. Your line is now open.

Lisa Roach: Hello, and thank you for your time today. My question is regarding telehealth inpatient and ER consultation codes, GR425 and G0 through G0427, and then the follow-up codes, G0406 through G0408. We know that the traditional evaluation management coding changes that went into effect for hospital-based services this year, indicating that you've been code based on time and

medical decision-making, but I've not seen any updates regarding these specific evaluation of management codes. And I was wondering if we're going to see any updates on these specific telehealth, ER, and inpatient consultation codes.

Gift Tee: Thanks for the question. A lot of work went into the updates to the other E&Ms and inpatient and other settings this year. And I think there's a little bit more to do in the coming years. But go ahead and send your question into the mailbox. We'll review and come up with a response.

Lisa Roach: Thank you.

Coordinator: All right. Our next question comes from Kim Michelle. Your line is now open.

Kim Michelle: Good afternoon. I think you may have answered my question, but I'm going to ask it anyway. For the assessment and specimen collection for COVID testing, the professional billing has been using 99211, and CMS has been reimbursing that code. Do you know if that code will be continued after May 11th, and will CMS continue to reimburse?

Gift Tee: So, our policy was tied to the end of the PHE. And a lot of people that have asked questions on this call have hinted at the idea that CMS needs to consider on a broader perspective all the PHE flexibilities, and we're actively thinking, but for right now, our policy is set to expire at the end of the PHE for that code specifically, at least in that use case scenario.

Kim Michelle: Okay, thank you very much. That's helpful.

Coordinator: As a reminder, if you'd like to ask a question at this time, please press Star 1. Our next question comes from Erin Solis. Your line is now open.

Erin Solis: Hi. Thanks for taking my question. I think it's mostly already been answered. We're just trying to reconcile what was finalized in last year's final rule and kind of what's changed with the CAA. But it sounds like you're already working on that. So, we'll look forward to the guidance that you'll be putting out.

Jill Darling: Hi, everyone. This is Jill Darling. So, I've been getting emails into our partnership inbox, and a few of them about, you know, receiving the answers to these questions. We do post the transcript and a Q&A document for each Open Door Forum, and we do post it on our podcast and transcript webpage, and that link is on the agenda towards the bottom.

So, we will do our best to get them up timely. So, please, you know, stand by as we get them posted. So, thank you.

Coordinator: Our next question comes from Sarah Geary. Your line is now open.

Sarah Geary: Hi, yes, thank you. I have a general question regarding the change request and when there's something that is different from the final rule, specifically the prolonged services for the inpatient services, 99221, 223. When those changed this year, the final rule gave some description about how the time would be calculated for prolonged services, and there's a table in the final rule that says this is the threshold for those prolonged services.

In the change request that just came out this week, those times are different. They are shortened by 15 minutes. And so, I guess my general question is, what takes precedence here, the final rule, the change request? Do we wait

until it hits the actual manual? Where should we go because, you know, 15 minutes is significant with prolonged services. Thank you.

Gift Tee: Yes, thanks for that question. I would submit your questions to the mailbox. There's a lot, again, that we did in the E&M space, including considering when those prolonged services would trigger, you know, given the time components for each of those codes, use of time, but we also issued the CR. So, we want to be able to reconcile based on what you're saying. So, please submit and we'll follow up.

Sarah Geary: Thank you.

Coordinator: There are no further questions at this time.

Jill Darling: Well, thank you, everyone. Yes, go ahead, Gene.

Dr. Eugene Freund: Oh, I just wanted to thank people for the questions. I'm particularly grateful for the people who asked those questions that we knew the answer to, but the ones that are stumpers or require further nuanced discussions, are the ones that really help us get it right going forward. So, we appreciate those, even if they do make us, at least me, feel a little less smart. So, thank you for that.

Jill Darling: Great, and thank you, everyone. And again, it's partnership@cms.hhs.gov. It is listed on the agenda, as well as the link to find the transcript and Q&A document as we get those posted. So, thanks, everyone. Have a great day.

Coordinator: Thank you, everyone, for your participation. That concludes today's call. You may disconnect at this time.

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