Centers for Medicare & Medicaid Services

Open Door Forum: Physicians, Nurses and Allied Health Professionals

Moderator: Jill Darling

Wednesday, April 12, 2023

2:00 pm ET

Coordinator: Welcome and thank you all for standing by. At this time all participants will be in a listen-only mode until the question and answer portion at the end of today's conference. During the question and answer portion, if you would like to ask a question, you may use Star 1.

Today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Miss Jill Darling. Thank you. You may begin.

Jill Darling: Thank you (Ivy). Good morning, and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications. And welcome to today's CMS Physicians, Nurses, and Allied Health Professionals Open Door Forum.

Before we get into the agenda I have one - my 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 have any inquiries please contact CMS at press@cms.hhs.gov.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

And we will - we're going to be flip-flopping the agenda for today. So first up we have (Amy Bedsaul) who will speak on the Open Payments pre-publication review and dispute period.

(Amy Bedsaul): Thank you, Jill. And hello everyone. We just wanted to come on quickly today to remind everyone that we are in the pre-publication review and dispute period for Open Payments. So that opened on April 1 and will continue through May 15.

As a reminder Open Payments is a national transparency program through which drug and medical device companies report to CMS the payments they've made to physicians, physician assistants, advanced practice nurses and teaching hospitals. Also, just as a reminder -- because I'm sure I'll use this during my announcement -- we refer to the drug and medical device companies as reporting entities and the healthcare providers receiving payments are referred to as covered recipients.

If you are unfamiliar with our program you can visit our Web site. And we also released an overview video earlier last year, actually, so you can use that to get well acquainted with the information about Open Payments.

So, a couple of things to keep in mind - the reporting entities submitted the program year 2022 data between February 1 and March 31. So that data, as well as any other data from previous program years that was submitted for the first time, is now available for review.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

So, this pre-publication review and dispute period is the covered recipients' opportunity to review that the data reported about them is accurate. A couple actions can be taken. You can affirm that the data is correct, or if necessary, you can dispute attributed data and work directly with the reporting entity to reach a resolution for that data to be corrected.

A couple other things to keep in mind in order to participate in the pre-publication review and dispute you must be registered in the Open Payment system. We do have information about registration on our Web site as well. You can find this under the Covered Recipient Registration page.

This page also includes a quick start guide to registration as well as a link to our newest video, which is a video tutorial about the registration process. So that goes through a step-by-step process and gives you all the tips for things to have on hand to complete the registration in the Open Payment system.

Also disputes must be initiated by May 15 in order for them to be reflected in our upcoming June data publication. We do have a quick reference guide titled, Review and Dispute Timing and Data Publication that gives various scenarios and helps you know the timeline for the review and dispute process as well.

Also, CMS does not mediate or facilitate disputes. So covered recipients should work directly with the reporting entity to reach a dispute resolution. Please remember to provide your most up-to-date contact information when initiating a dispute as this is beneficial in the case that the reporting entity needs to contact you directly to resolve the dispute.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Also, please remember that simply logging in and reviewing the data does not indicate that it is correct. So if you wish to indicate that it is correct, and that you agree with the data attributed to you, you should take the action of affirming the data. So please consider taking this step this year as it helps ensure that our publicly accessible data is accurate.

And finally, if you have any questions, or need any assistance, please feel free to reach out to the Open Payments, help desk. They are available via email at openpayments@cms.hhs.gov and by phone at 1-855-326-8366. This contact information is also available on our Web site underneath the Contact Us tab.

And those are all of my reminders about review and dispute. I'm happy to answer any questions, but if there aren't any we can move to the next agenda item. Thank you.

Jill Darling: (Ivy), it's Jill, we'll just open real quick the line for - if anyone has any questions for (Amy).

Coordinator: Thank you. We would now like to open the phone lines for any questions. If anyone does have a question, please unmute your phone, hit Star 1 and record your name when prompted.

Again that's Star 1 to ask a question. And it looks like we do have one question in queue from (Rick Gowanda). Please go ahead.

(Rick Gowanda): No, I did not have a question for her. I'm sorry.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

(Amy Betta): Oh, no, that's fine. We just wanted to double-check.

(Rick Gowanda): Thank you.

Coordinator: And one moment, let's see if there are any other questions. And I am showing no questions.

Jill Darling: All right, great. Thank you so much. Thank you, (Amy). And next we have Dr. Gene Freund who will speak on the CMS waivers flexibilities in the transition forward from the COVID-19 Public Health Emergency.

Dr. Gene Freund: Good afternoon. And good morning for some of you. Thank you for calling into this call. Want to go through a little bit of background. We'll only be able to touch on a relatively high level about the landing of the PHE emergency, but we do have people on a line with us who can answer some of the questions, especially as they refer to the physicians, nurses and allied health worlds as opposed to hospital providers or nursing homes or other areas.

Back in March of 2020 you'll remember that a national emergency declaration was declared. It was under section 201 of the National Emergencies Act. And there was several continuing notices. They were issued to continue it beyond March 1 of '22.

Plus Congress enacted several major legislative initiatives to address COVID-19. You'll remember the Family First Coronavirus Response Act, the Coronavirus Aid Relief Economic Security, or CARES Act, the American

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Rescue Plan Act and the Inflation Reduction Act and the Consolidated Appropriations Act of for 2023 or the CAA.

So on January 30, 2023 the administration announced the intent to end the national emergency and Public Health Emergency declarations related to the pandemic on May 11, 2022. CMS had resources available to help you prepare for the end of the PHE some of which have been updated based on recent action by Congress. Many of the flexibilities we have in place since early 2020 to provide flexibility or to wave or modify certain requirements and range of areas including in the Medicare, Medicaid and CHIP programs and in private health insurance.

As the pandemic spread across the United States during 2020, and in huge numbers of new cases strained hospitals capacity to its limits, CMS responded by providing a number of new flexibilities and waivers to ensure that acute hospital care could continue to be provided. One of those waivers was Acute Hospital Care at Home Initiative which allowed capable hospitals the ability to treat appropriately selected patients within inpatient level care in their homes.

This represented the first example of payment for this level of care at home for beneficiaries with Medicare fee for service, and in certain states non-managed care Medicaid. The work of these hospitals to care for patients at home is an important contribution to improved beneficiary care during the Public Health Emergency.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Using emergency authority we were able to waive several hospital conditions of participation, such as those for 24 hour nursing for life safety code and physical environment, which allowed for patient care to be provided in an alternate care setting such as a patient's home for certain approved hospitals. These waiver flexibilities allowed CMS to implement the Acute Hospital Care at Home Waiver. And you can find more of that on the Acute Hospital at Home Waiver site, which is pretty easy to find on our site.

We used a combination of emergency, authority waivers, regulations, enforcement discretion, and sub regulatory guidance to ensure access to care and give healthcare providers the flexibility needed to respond to the pandemic and to help people keep safer. Many of those will terminate at the end of the PHE as they were intended to address the acute and extraordinary circumstances of a rapidly evolving pandemic and not to replace existing requirements.

You can go to the Coronavirus Waivers site at the cms.gov site to review them. And those FAQs and waivers also have been edited to reflect when some of those are expiring and which are continuing.

So, you know, so those flexibilities they came in a lot of forms like quality, safety and oversight memos, interim emergency regulations. And of course they were issued in response to the emergency. And some of them are appropriate only as emergency measures during the PHE.

Some of the regulations that were in place prior to the pandemic were there to ensure health and safety, all of them, and we want to make sure that continues.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

That being said we did learn during the pandemic and apply those learnings. A few CMS flexibilities will continue for a period after the end of the PHE, and I'll touch on those in a moment.

CMS continues to use the Emergency page on cms.gov as the primary resource for sharing information. This includes the roadmap to prepare for the end of the PHE, which we issued less August, as well as provider specific fact sheets on waivers and flexibilities which we are regularly updating.

You can find this information through our Web site at cms.gov. Once there click on Coronavirus Disease 2019, and you'll be taken to the Emergency page. And there are lots of other pages there. Sometimes you can end up taking a lap or two around those pages to find the information you're looking for, but I really encourage you to take advantage of those pages.

They are regularly updated so monitor them for changes. And we're trying to get as much of the information you need about the changes in policy on to those pages, so you don't have to keep listening to people like me talking to get your information.

There is a roadmap for the end of COVID-19. We released that roadmap, which is also on the Web site, back in August which kind of goes through a high level of how it's going to - how the Public Health Emergency will end.

Early on we encouraged CMS - we encouraged providers to prepare for the end of the waivers and the return to previous rules and for conditions to participation and billing practices, if possible. We wanted people to do it as

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

early as possible. And in some instances, we did phase out certain flexibilities that were generally no longer needed to reestablish certain minimum standards to protect the health and safety of those residing say in skilled nursing facilities and nursing facilities.

Our flexibilities were a combination of guidance waivers and emergency interim regulations. So we issued hundreds of flexibilities since March of 2020. And they were issued in response to the PHE and are really only appropriate, as I said before, as emergency measures.

The regulations that were in place prior to the pandemic were there to ensure health and safety. And we want to make sure that continues, but a few of those flexibility will continue.

–So, some of the flexibilities that are going to end on May 11, skilled nursing facility three day hospital stay that will end after the end of the day on May 11. So after, on or after, midnight of May 12, we will return to the three-day hospital stay prior to admission in a skilled nursing facility and that other than the existing exceptions for some ACOs and Medicare Advantage plans will be in place.

The Critical Access Requirement Waiver will also - or hospital waiver will also end at the end. And the ability to hospitalize patients in ambulatory surgical centers, inpatient rehab hospitals, hotels and dormitories will expire at the end of the COVID-19 Public Health Emergency.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

So if you think about the timeline May 11 the Public Health Emergency will be over. Most of the blanket waivers will end at that period at that time. At that point in time it's important to know that the coverage for over the counter COVID tests for Medicare under Part B will also end. That is tied tightly to the end of the Public Health Emergency.

In June of 2023 we're going to be the SNF enforcement discretion allowing pharmacies to administer vaccines and SNFs will end. On December 31, 2023 the Medicaid continuous enrollment condition will end. We've been very busy on the Medicaid unwinding, and I'm not going to get into that in this discussion, but know that the continuous enrollment condition will end. And many states are in the process of phasing the return to enrollment verification in place.

On December 31, 2023, some of those virtual supervision flexibilities will expire. And then in December of 2024 the reduced reporting requirements for nursing homes and hospitals will expire. April 30, 2024 that will be the end of the expanded nursing home and hospital reporting requirements. They'll be back to normal.

And on December 31, 2024 the extension of the acute hospital care at home will end. So that has been extended through the end of next year. And by statute by December 31, 2024 the Medicare telehealth flexibilities -- and this was again by statute -- will end unless extended by law. So that's kind of where the timeline is for that.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

I want to go into telehealth a little bit more because that's important to a lot of you. The Consolidated Appropriations Act of 2023 did extend certain telehealth provisions until December, 2024.

So until that time telehealth is available in any geographic area, not just rural, it can be done in the home rather than traveling to a facility. And audio only is available for selective services for those without smartphones or computers.

The telehealth site at medicare.gov is - has a list of telehealth services. And that list is a nice map of what you can do and what services can be - can still be covered from any - with the patient's home in any geographic area. And that's - that will be subject to any changes that are done as part of the normal rulemaking process. And those will be, you know, again the flexibilities will continue through 2023.

Regarding Medicare Advantage plans they may offer additional telehealth services and accountable care organizations may offer telehealth services also. And you just need to talk to your providers or patients need to talk to their providers about that.

Many state Medicaid programs had been providing telehealth prior to the pandemic as with anything Medicaid coverage varies by state. There's a telehealth toolkit for Medicaid also on the CMS Web site.

Private insurance it varies by plan, but it's pretty common I believe. Vaccine, the COVID-19 vaccine, will continue to be available and testing with no cost sharing when ordered by a doctor or other qualified healthcare provider will

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

still be covered without cost sharing as other lab tests. And we will continue to provide access to oral antivirals.

Vaccines will continue to be covered in Medicaid and CHIP per the American Rescue Plan. And also continue to be covered in private insurance plans regulated by CMS. You know, again I really want to encourage you to seek out the CMS Emergency page.

The maybe overwhelming number of fact sheets and FAQ pages that are a compendium of what is in effect and what is going to change as well as the Medicaid unwinding page which again I'm not getting into that one. But it's important to understand that process which is essentially decoupled from the end of the Public Health Emergency.

With that I want to turn to our Q&A session. We were sent a few questions from the folks at HealthPartners. And we've heard them from other corners, so I think I want to - we can start with them and then open the floor for other questions.

This first question was, "Will Medicare reimburse for teaching physician services when the teaching physician and the resident are physically present in the same room during critical or key telehealth service parts, but the patient is in their home regardless of whether the resident teaching physician and patient are inside or outside an MSA? If no, is there any difference in guidance for residents conducting mental or behavioral health telehealth services for patients located in their homes when the teaching physician is physically present with the resident during the critical or key telehealth service?"

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

That answer is essentially a yes. But if you go to the teaching hospitals and physicians PDF, on our pages, they actually have language addressing that. Where it says during the PHE services furnished by a resident, in a teaching setting, could be billed by a teaching physician who is present during the key portion of the service.

If the training setting is located outside of a metropolitan statistical area the teaching physician could have a virtual presence through audiovisual real-time technology. During the PHE this virtual presence of the teaching physician is allowed for all teaching sessions.

Under the so-called Primary Care Exception, Section 415.174, a teaching physician may bill for certain services when they direct and review the care furnished by up to four residents at a time. For all teaching settings during the PHE teaching physicians may direct care and review services each resident provides during or at - once after each visit virtually.

After PHE teaching physicians only in residency training sites located outside of metropolitan statistical area may direct, manage and review care furnished by residents through audiovisual real-time communications technology. So that's a more complicated answer. It basically - but it basically does state the MSA for the activities of the teaching physician and the rest of the rules basically fit within the telehealth guidelines.

Second question concerns the telehealth originating site facility fee. The question is, "If any telehealth originating site can continue billing the original

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

site facility fee, that's Q3014, when the patient presents at the location for telehealth visit through 12-31-24, regardless of geographic location?" And Patrick Sartini of our Center for Medicare is here to give us an answer to that question. So go ahead, Patrick.

Patrick Sartini: Yes, thank you. So, in short, the response is, to the question, is yes. Through 2024 any originating site may bill the originating site facility fee provided that the patient is physically at the site. However, if the beneficiary is at home then there is no originating site facility fee.

Dr. Gene Freund: Thank you. Thank you, Patrick. The third question, wait the - yes the third question relates to audio only mental health evaluation management. The question is, "In instances where the patient is unable or does not consent to use video, what CPT code should be used effective May 12, 2023 renew and established patients. Is it 99202 to 99215 or 99441 to 99443? And what CPT code should be used for audio only mental health evaluation and management services for services performing from January 1, 2024 through December 31, 2024?" So Patrick, I will send that one to you too.

Patrick Sartini: Okay, thank you. So in response I would say that CMS does not typically advise regarding coding selection. However, I would note that it is at the discretion of the billing practitioner to select the coding that most accurately describes the services rendered. Both of those aforementioned code sets the office and outpatient E&M as well as the telephone E&M code sets those both - they may be furnished as audio only telehealth services for the evaluation management or treatment of mental health disorders.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Dr. Gene Freund: Okay, thank you. Thank you, Patrick. And again, that's pretty well laid out on the telehealth site. So that's where you can go for that information.

Fourth question was, "Following the end of the PHE, may hospital based clinicians who are authorized to provide telehealth services such as hospitals, PAs, NPs, and expanded clinicians such as PTs and OTs continue performing telehealth service that are on the approved telehealth list and billing their professional charges if a patient is there in their home through December 31, 2024?"

So take a look at the document labeled Physicians and Other Clinicians, CMS Flexibilities Fight COVID-19 PDF under telehealth. And, you know, it tells us that CMS has waived the requirements of Section 1834 M for E of the act and 42 CFR 410.78(b)(2) which specify the type of practitioners who may bill for their services when furnished as Medicare telehealth services from a distance site.

The waiver of those requirements expands the types of healthcare professionals who can furnish distance type telehealth services to include all those who are eligible to bill Medicare for their professional services. As a result a broader range of practitioners such as physical therapists, occupational therapists, and speech language pathologists can use telehealth to provide Medicare telehealth services.

After the PHE ends, the Consolidated Appropriations Act of 2023 provides for an extension of this flexibility through December 31, 2024. So again, that is another nuanced basically, yes answer those flexibilities are going to continue

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

after the end of the Public Health Emergency. And again, that's - we're fortunate that those can be found in our published documents.

When you're trying to sort out whether a certain policy applies to your particular circumstances, as a practice doing business with Medicare, your Medicare Administrative Contractor might be your best source of information about that. Sometimes the details of the practice are different than what we're saying in these slightly broader answers. So don't forget about your MAC as you're trying to sort through this. And that was one set of questions. We can open up the floor for additional questions that we will try to address.

Coordinator: Thank you. We would now like to open the phone lines for any questions. If anyone does have a question, please unmute your phone, hit Star 1, and record your name clearly when prompted. Again that's Star 1 to ask a question. Our first question is going to be from (Rick Gowanda). Please go ahead.

(Rick Gowanda): Yes, thank you. I think you already kind of answered the question I just want to make sure everybody hears this correct.

So, you know, a physical therapist in a hospital outpatient department their services are billed under the NPI number of the hospital. Would that still be considered though their professional services that would allow them to continue billing telehealth through December 31, 2024, because of the CAA of 2023?

Emily Yoder: Hi. I can take that one, actually. Hi. This is Emily Yoder. I'm an analyst in the Division of Outpatient Care. And that is correct if it is a separately billable

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

professional service then yes they can continue to provide that or bill for that and through the end of 2024 I believe. But if it is a hospital - if it's a hospital billing on an institutional claim for those services, then those will - the flexibility to provide that to the beneficiary whose not physically in the hospital that will expire at the end of the PHE.

(Rick Gowanda): But if the PT is employed by the hospital, but the patient is attending outpatient therapy - so the patient is at home in a private practice setting, the PT could do telehealth still through December 31 of '24. So now you have a PT working on a hospital, outpatient PT department, the patient is at home in a do not telehealth visit with that patient who is at home. Is that covered by the CAA? Would that be considered the provider as well?

Emily Yoder: No, if the hospital is doing it is not.

(Rick Gowanda): It's not, so okay.

Dr. Gene Freund: So the physical therapist, Emily, would need to have their own NPI and be enrolled in Medicare and able to bill Medicare?

Emily Yoder: That's correct Gene.

Dr. Gene Freund: Correct?

Emily Yoder: Yes.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

(Rick Gowanda): So essentially the extension only applies to those that bill on a 1500 claim form?

Emily Yoder: Yes, that's correct.

(Rick Gowanda): Okay, thank you.

Dr. Gene Freund: Thank you, Emily. Do we have another question in the queue?

Coordinator: We do. Our next question comes from (Ronald Hirsch). Please go ahead.

(Ronald Hirsch): Oh, hi Gene. This is again, probably for Emily, but a physician whose employed by a hospital, does a telehealth visit with one of their patients at home, it's audiovisual with a HIPAA compliant system.

And normally - or during the PHE they would bill as place of service outpatient hospital. The hospital would bill with the GO463 for a facility fee. Once we get to May 12 how would that physician bill and can the hospital bill for a facility fee?

Emily Yoder: Hi, (Ron). Thank you so much for asking me this question. It - we have gotten this a lot. So at the end of the health emergency for the hospital to bill for either the clinic visit or the (unintelligible) facility the patient will need to be physically within the hospital.

So during the Public Health Emergency we've allowed a couple different types of sort of billing through the hospitals without walls policy. One of them

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

would allow for a hospital to bill for like a clinic visit furnished to a beneficiary in their home, or elsewhere, and be paid for that as though the beneficiaries within the four walls of the hospital.

We also allowed for when a hospital employee, physician or other eligible distance site practitioner is providing a distance site Medicare telehealth service to a beneficiary who perhaps is in their home or elsewhere. Then the hospital under that circumstance we also allowed them to bill for the originating site facility fee.

Even though - but at the end of the Public Health Emergency the originating site facility fee is really only meant to be billed by eligible originating site when the beneficiary is in the eligible originating site. I realize that this is really confusing, and so we're actually working on some guidance that will hopefully provide some clarity on this point, but that has not - we are not in a place right now where we can issue that guidance officially.

(Ronald Hirsch): All right, so the physician place of service on their visit would be ten and not, you know...

Emily Yoder: On - if they're providing a Medicare telehealth service then they would - after I believe these - this billing, the PHE specific building billing guidance for telehealth has been extended for a certain period of time. But basically at some point they would go back to reporting the telehealth specific place of service.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

But then you can see how confusing this is because I get tangled up in it. So - but if they are providing a service to a beneficiary who is like within the hospital, and they're billing the clinic visit, then they would report the hospital place of service.

(Ronald Hirsch): Well of course it's the home thing. So as you said, it would be so tremendously helpful to have this FAQ published because we're a month away and there are, you know, thousands of physicians in hospitals that are trying to figure out what they're going to do on May 12.

I think the physical therapy thing Internet traffic around the world is going to be cut in half because you gave that answer. That's been the other big question unfortunately you kind of gave the wrong answer, but that's okay, we understand. But it would be really, really helpful for this to get this all in writing, so it's not word of mouth.

Emily Yoder: Yes, definitely understood.

(Ronald Hirsch): Thank you.

Emily Yoder: And as I said we're working on it. Thank you.

(Ronald Hirsch): Thanks Gene, appreciate it.

Dr. Gene Freund: Thank you all. Do we have any more questions?

Coordinator: Yes. Our next question comes from (Margaret Rena). Please go ahead.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

(Margaret Rena): Yes, I have a question related to telehealth for patients who are in their residence whether that residence is a private home, or the patients in a nursing home, or perhaps in assisted living. My understanding is that providers may continue to deliver telehealth to patients assuming all other telehealth criteria are met, you know, it's medically necessary, it's HIPAA compliant and so on. Is that correct?

Patrick Sartini: Patrick Sartini, yes. If the question is that the home is continuing to be at eligible originating site that is - that has been extended through the end of 2024.

(Margaret Rena): Yes. And not just private homes but for example a patient may live in assisted living or may live in a nursing home that is their home. Will they still be able to receive telehealth services assuming, you know, all of the criteria met?

Patrick Sartini: I believe the answer is yes. Others on the call can correct me if...

Emily Yoder: Yes, that's right. We've taken a fairly - in the, I think it was CY 2021 PFS, we took a fairly loose definition of home. But basically the beneficiaries residents be that a, you know, their home, or a nursing home, or, you know, any place where they're staying would count for purposes of the definition of home.

(Margaret Rena): Okay. And then the second part of my question is regarding if a physician is working from office that's one thing, but many of our physicians may provide telehealth from their own home. And my understanding is the physician would have to list their home residence as part of filing the claim. Is that correct?

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Emily Yoder: So Patrick I can take this if that's okay. So we are actively looking into this issue. We've certainly heard from practitioners that there are concerns about listing the home address. And so we are looking potential options for that, but I can't speak anymore - we can't really speak any more definitively at this time.

(Margaret Rena): Thank you.

Coordinator: Thank you.

Dr. Gene Freund: Thank you.

Coordinator: Our next question comes from (James Hu). Please go ahead.

(James Hu): Hello. Thank you very much for your presentation today. I have a question about therapeutic radiation oncology. I'm not talking about hospital because that's general supervision with most treatments, but this is in reference to the office based setting or what we call freestanding centers.

The rules relaxed for supervision for just the treatments for radiation therapy and for medical oncology. I've read quite a few things, and they seem to be conflicting. My interpretation is that audiovisual ends on May 11, not 155 days thereafter.

But since President Biden signed the document ending it on April 10. So does general supervision end with audio video on April 10, or does it end on May

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

11 or does it end after 155 days after May 11 for therapeutic supervision in freestanding office based practices?

Gift Tee: Emily, I can - Patrick I can take this one. So a great question. I heard you say a couple of things and I just want to clear my thought and see if we're saying the same thing.

We did allow for direct supervision to be, I'm sorry, for practitioners to directly supervise folks through audiovisual, not necessarily general supervision as we've talked about it, but direct supervision specifically. Now that that specific policy persists until the end of the calendar year in which the PHE ends.

So it would be available through the end of calendar year 2023. But as (Gina) said, and others have said, a lot that we're considering with the unwinding of waivers and flexibilities, and certainly hearing from folks like yourself and other practitioners and groups and so there's a lot of consideration in how we move forward beyond this year.

(James Hu): Thank you so much. That was very unclear because I saw one publication from CMS that said it would end on 5-11. So that will direct supervision audiovisual for therapeutic radiation oncology in a freestanding center will end in the - at the end of the year then, yes?

Patrick Sartini: Do - let's do this why don't you go ahead and just find that publication and send it back to us in an email just so we can reconcile and maybe clarify a bit more.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

(James Hu): Okay. What email would that be...

Dr. Gene Freund: It's really helpful. Send it to the partnership@cms.hhs.gov would work or (Giff) do you want us to take it to the physician fee schedule?

(Gift): No, the partnership is fine, and we'll sync up.

((Crosstalk))

(James Hu): Okay, thank you so much.

Dr. Gene Freund: Okay, thank you. Thank you. You know this is the kind of question that really does help us especially, you know, we do not want conflicting information out there and getting those questions gives us an opportunity to root those instances out when they happen. So really grateful for those. Disappointing when we come up with them, but very grateful to have them. Thank you.

Coordinator: Thank you. Our next question comes from (Wanda Richardson). Please go ahead.

(Wanda Richardson): Hi, good afternoon. Can you hear me?

Dr. Gene Freund: Yes.

(Wanda Richardson): Oh, okay great. I just had a telehealth clarification I wanted to get. So after the PHE ends for those in a teaching setting, within a metropolitan statistical

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

area, will residents be able to perform telehealth with the teaching physician physically present with them by their side?

I know outside of the metropolitan statistical areas they're allowing, you know, the audio - the telehealth supervision, but within a metropolitan statistical area, like Baltimore, Maryland area, would that teaching physician be able to be physically present with that resident performing telehealth?

Dr. Gene Freund: That I actually believe is the case. And Emily you might want to jump in here, but yes if the teaching physician is there in person my understanding of the rules, and again you can go to the - there is an actual document that addresses teaching physicians.

If the teaching physician is there then it can be - it's - it is acceptable to do that. It's basically the same rules as before the pandemic only it's okay to do it with the patient in their home.

(Wanda Richardson): Okay. Okay.

Dr. Gene Freund: That's how I think about it. Emily, you might nuance that.

Emily Yoder: Yes. No, I think that that's right, Gene. I think that's right.

(Wanda Richardson): Okay. So as long as that teaching physician is physically present to supervise that resident during that telehealth visit that's okay?

Dr. Gene Freund: Yes.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

(Wanda Richardson): Okay, great. Thank you so much.

Dr. Gene Freund: And what I believe we'll go away is the ability for that supervision to happen remotely via audiovisual...

(Wanda Richardson): Right, right. I get it. Yes, thank you.

Dr. Gene Freund: Thank you.

Coordinator: Thank you. Our next question comes from (Janelle Gleason). Please go ahead.

(Janelle Gleason): Sorry my question was answered. It was originating site. Thank you, Emily.

Coordinator: Thank you. Next we have (Karen Henry). Please go ahead.

(Karen Henry): Hi. I had a question in reference to the place of service codes. I wanted to know in reference to telehealth for outpatient services that are rendered like office visits that are rendered via telehealth.

What specific place of service code are we supposed to use? Like does Medicare recognize place of Service Code 2, or do they recognize place of Service Code 10? Also, you know, for when the patient is located at home or do we have to report the place of service for wherever the patient is - wherever those services would've been rendered if it were not done telehealth?

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Emily Yoder: So I believe in Patrick can certainly correct me that I'm wrong if I'm wrong, but I believe that the pandemic specific billing instructions that we provided, which was to use the 95 modifier to identify the services telehealth, and then report the place of service code where the service would've been performed, had it occurred in person I believe that that is extended until the end of the year in which the PHE ends, so the end of 2023.

After that - and also certainly I think if, you know, folks are interested I think that they can bill using either if the beneficiary is in a medical facility or other eligible originating site, besides the home, they would use Place of Service 2. And if the beneficiary is at home they would use Place of Service 10. Does that sound correct to you, Patrick?

Patrick Sartini: Yes, that's correct. That's through the end of 2023, correct. The Place of Service Code had the service - furnish in person with modifier 95.

(Karen Henry): Okay, thank you. And so then starting January 1 of next year then it'll be Place of Service 2 or Place of Service 10 if the patient is at home?

Patrick Sartini: That is correct. Yes.

(Karen Henry): Okay, thank you.

Coordinator: Thank you. Our next question comes from (Christine Libel). Please go ahead.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

(Christine Libel): Hey, there. Actually, my question was originally about the teaching physician requirements for residence. And I think that that question has been answered. So thank you for that.

While I was listening though I heard the question earlier about PT, OT, SLP services that are provided by therapists who bill under the hospital NPI. I think the answer to the question about whether or not they could continue to provide telehealth and bill for those services on a facility UV was that they would no longer be able to do that starting May 12.

I want to just confirm that. And I also want to confirm that that would apply to other provider types that are not enrolled with Medicare who bill on a UV such as licensed alcohol drug counselors, licensed clinical mental health counselors, et cetera?

Emily Yoder: Okay. So the answer to the first question is no, they will not be able to continue to furnish their services to beneficiaries who are not physically in a hospital.

With regard to the second question it kind - it depends on the service. We actually in last year's OPPS rule, we finalized coding and payment that would describe mental health services furnished by staff of the hospital. And that could include the staff that you just mentioned provided to beneficiaries in their homes through communication or through telehealth technology.

So for those types of services there actually is a mechanism to bill for those following the end of the PHE. But if we're talking about like audiology, or

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

respiratory therapists, or things like that, then no they would not be able to continue to provide services to (benes) who aren't in the hospital following the end of the PHE.

(Christine Libel): Okay. So for the - for patients being treated for a mental health disorder, who are located in their home, if we have LADCs, and licensed clinical mental health counselors, and in fact even some licensed clinical social workers who are providing mental health treatment via telehealth, but are only billing their services on a UV facility claim only that's part of that sort of updated flexibility, and that will continue indefinitely or is there an ending for that?

Emily Yoder: That is the permanent policy. There are specific C codes. I don't know them off the top of my head, but there are specific codes that you need to use. You would not be able to just use the sort of standard like mental health CPT codes, but that is a permanent policy.

(Christine Libel): I remember the code. Thank you so much. Very helpful.

Emily Yoder: Of course, thank you.

Coordinator: Thank you. Our next question comes from (Jeannette Asinaro). Please go ahead.

(Jeannette Asinaro): Hello. I'm looking for clarification on the CR modifier. There was some original guidance that stated that there would be a 60-day grace period after the PATNs to continue to use the same locum, but then there was direction

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

that came out in March that stated that it would end on March the 11th. So I'm just looking for some (unintelligible).

Emily Yoder: Gene. I think that, that one...

Dr. Gene Freund: We...

Emily Yoder: ...to the mailbox, sorry.

Dr. Gene Freund: Yes, I think it is. I think yes, I have - I think we answered that very recently. And it's not too hard to find the answer, but I don't have it at the tip of my tongue, so I don't want to be wrong. So I will hunt for that one though. Maybe I'll have an answer from some of my email traffic before this call is over.

(Jeannette Asinaro): Okay, thank you.

Coordinator: Thank you. Our next question comes from (Amber Humphrey). Please go ahead.

(Amber Humphrey): Hi. I have a very similar question to those that have been asked, but I want to ask again to make sure I completely understand. My question is about hospital employed physicians who are working in provider based clinics, so they would typically bill a 19 or a 22.

Can those physicians provide separately billed professional services via telehealth if that distance site is a provider based clinic after May 11?

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Emily Yoder: Yes, that is the case. There are no restrictions regarding, you know, if the hospital employed physician is billing for the - is billing for professional services they can certainly be a distance site practitioner for Medicare telehealth provided that all of the restrictions involving where the beneficiary is located have been met.

The one - the change here for those hospital employed physicians is that the hospital will no longer be able to also bill the originating site facility fee. That flexibility ends with the end of the PHE, but everything about how that physician would bill and what they're able to bill for stays the same.

(Amber Humphrey): And does the physician billing potentially compromise the provider based status of that hospital based clinic?

Emily Yoder: So that is a great question. And that is also one that we're looking into. We received an email inquiry about that as well.

(Amber Humphrey): Thank you.

Coordinator: Thank you. Our next question comes from (Robin Shuping). Please go ahead.

(Robin Shuping): Hi there. Thank you all for holding these calls. They're always so helpful. So my question relates to the frequency limitation of the subsequent inpatient telehealth visits that will go into effect on May 12.

Will Hospital at Home Program that was in the Consolidated Appropriations Act that was extended until December 2024, the end of December it appears

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

that for these services, where the patient's seen every day, there may not be payment until that third day. Can you clarify those two rule changes?

Emily Yoder: Yes, I'll take that one. I think that if you could send that question to the mailbox. I know we have - we've looked into that, but I don't recall where we landed. So if you could send that in that would be great.

(Robin Shuping): Okay. And then I have one more quick question, and we can certainly send more to the inbox, when the behavioral health telegraphic geographic exception apply for the patient can be in their home as of January 1, 2025, when everything else falls back to the originating site, is, you know, many of the clinicians may also treat, you know, the behavioral health condition, but then have hypertension diabetes.

Is there any indication that this should only be a behavioral health service? Can we have other diagnoses billed on the claim? Does that behavioral health diagnosis need to be primary? Have you all considered those types of clinical conditions that would also be treated with behavioral health service?

Emily Yoder: So we haven't said anything explicitly regarding sort of the specific diagnosis codes that need to be on the claim. We haven't said anything publicly about that I believe. However, that is another question if you could send it to us that would be awesome.

(Robin Shuping): Okay, absolutely. Thank you.

Jill Darling: And (Ivy) we will take one more question please.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Coordinator: Perfect. Our last question comes from (Ellie Pectal). Please go ahead.

(Ellie Pectal): Hi. Thank you guys for holding this call. My question was also pretty much answered. It was about the place of service code that goes with the telehealth calls after the Public Health Emergency ends.

And my mine would just specifically be regarding we see patients in nursing homes, assisted living facilities, as well as the home setting. So we actually have place of service codes for those as well, 30 and 31 and 32.

After the end you said that, you know, until the end of December 2023 then after that we'll be using the office Place of Service 02, And then of course if the patient is home you said to use ten. But if after 2023 say we do a telehealth visit in the nursing home would we use the nursing home place of service or did you want us to use the health place of service?

Emily Yoder: So after the end of 2023 I believe you would be using the telehealth place of service rather than the nursing home place of service, because that is when we end our PHE specific instructions on how to bill you. Wouldn't be using the 95 modifier the nursing home place of service any longer.

(Ellie Pectal): Okay. So it would be the 02 even though it's not office or even though it's not like a remote telehealth? I know from what I've read about that place of service it seems like it's only for like a telehealth rendering facility.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Emily Yoder: Yes. And okay I see what you're saying. So if the nursing home is like functioning like the patient's home, then I believe that you would use Place of Service 10.

(Ellie Pectal): Okay. Okay, that is very helpful. And then we would no longer use the modifier is what you're saying...

Emily Yoder: Yes.

(Ellie Pectal): ...after the 2023? Okay.

Emily Yoder: Yes.

(Ellie Pectal): Okay, thank you.

Dr. Gene Freund: And I have something, I actually was successful, March 16 MLN Connects Newsletter has a lot of things on that. But there is an item under claims, pricers and codes where they say, COVID-19 don't report CR modifier and DR condition code after the Public Health Emergency.

Basically it's only for during the Public Health Emergency and so on or after May 12 just keep CR and DR out of your billing. Unless of course you're in a different Public Health Emergency, but for the COVID Public Health Emergency don't report it.

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

And that's - there's also a corrected message in the March 30 edition. So I think that might be part of the confusion that was there. So thank you for that question.

And thanks to you for showing up and asking the good questions. And particularly grateful to the expertise of everybody like Patrick, and Emily, and (Gift) who showed up to actually answer your questions. So I'm really grateful for that, and thank you all for calling in.

Coordinator: Thank you all for participating in today's conference. You may disconnect your line and enjoy the rest of your day.

END

This transcript was current at the time it was published or uploaded onto the web. CMS policy changes frequently so links to the source documents have been provided within the document for your reference. This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.