Centers for Medicare and Medicaid Services
Questions and Answers
Physicians, Nurses and Allied Health Professionals Open Door Forum
Wednesday, April 12, 2023

1. Question: 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?
    a. Answer: That is correct if it is a separately billable 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's a hospital billing on an institutional claim for those services, then the flexibility to provide that to the beneficiary who's not physically in the hospital that will expire at the end of the PHE.
        i. Comment/Question: 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?
            1. Answer/Question: No, if the hospital is doing it is not. The physical therapist, would need to have their own NPI and be enrolled in Medicare and able to bill Medicare?
                a. CMS Answer: Correct.
                    i. Question: So essentially the extension only applies to those that bill on a 1500 claim form?
                        1. Answer: Correct.
2. Question: 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?
    a. Answer: 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 (inaudible) 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 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.

i. Comment: So, the physician place of service on their visit would be ten and not…
    1. Answer: 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. But then you can see how confusing this is because I get tangled up in it. 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.
        a. Comment: 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.

i. Comment from CMS: Yes, definitely understood.

3. Question: 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?
    a. Answer: 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.
        i. Question back: 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?
            1. Answer: 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.
                a. Question: 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?
                    i. Answer: 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.

4. Question: 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 11 or does it end after 155 days after May 11 for therapeutic supervision in freestanding office based practices?
    a. Answer: 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 (previous participant) 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.
        i. Question back: 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?
            1. Answer: 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.
5. Question: 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 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?

a. Answer: If the teaching physician is there then 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.
    i. Question: Okay. So as long as that teaching physician is physically present to supervise that resident during that telehealth visit that's okay?
        1. Answer: Yes

6. Question: 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, 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?
    a. Answer: 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. 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. That's through the end of 2023, correct. The Place of Service Code had the service - furnish in person with modifier 95.
        i. Question: 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?
            1. Answer: That is correct.
7. Question: 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?

a. Answer: 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 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.
    i. Question: Okay. So, 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?
        1. Answer: 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.

8. Question: 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 that came out in March that stated that it would end on March the 11th.
    a. Answer: 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. 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.

9. Question: 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?
    a. Answer: 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 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.
        i. Question: And does the physician billing potentially compromise the provider based status of that hospital based clinic?
            1. Answer: 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.
10. Question: 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 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?
    a. Answer: We are aware of the impact of this flexibility roll back and our approach is that hospitals could rotate providers as most have a team of providers in their program or the hospitals may have to supplement in person visits with tele visits if needed.
        i. Question: 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?

1. Answer: 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.

11. Question: 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?
    a. Answer: 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.
        i. Question: 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.
            1. Answer: 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.
                a. Answer: Yes.