

## **Questions and Answers from Open Door Forum: Physicians-**

### **August 19, 2020**

1. Question regarding the COVID counseling codes. Those are time-based codes. Are you planning on issuing more guidance or are the (MACs) going to be issuing more guidance about documentation and coding as it relates to those COVID counseling codes?
  - a. So we have put out a number of FAQs or documents about how use of the existing E&M coding could be used in those scenarios. And the requirements are still the same. For example, if that encounter is more than 50% of that encounter is used for counseling then one would use time to account for what level of service is billed. But the requirements truly haven't changed for that code set. So would certainly point you to CPT Manual or other guidance out there that really discusses how those codes should be selected. And, of course, if all else fails, you can certainly reach out to your (MAC) to also ask a question.
2. I'm wondering if you can give me an idea if the proposed cuts take effect if, for example, where ortho we are looking at a negative 5% reduction. However, there is going to be some increases in the E&M Coding Systems. How is all of this going to affect across the board since there's the increase in E&M but we're expecting a negative 5% reduction. Is that going to take place on surgeries, things such as that nature?
  - a. So in the Impact Table that you see in the Impact Section for the proposed rule, we illustrate how we expect what the impacts will look like for 2021 as a result of both the E&M revaluations and other valuations of other codes that we do on a regular basis. And those would be impacted again for 2021. Our statute requires that when spending increases by more than \$20 million on an annual basis and expected spending I mean our statute requires us to budget neutralize across the Fee Schedule so that that means that all codes are adjusted when the values of some codes go up and the values of other codes go down.
    - i. The Fee Schedule, can you advise what table that was again?
      1. It's going to be at the back of the rule in the DB Impacts pages.
3. We're in FQHC. And what we're looking for is if the pandemic expands is there a plan on increasing the payment for the amount of the services? Currently that we're only billing the G2 or (25) on the claim and it's not taking to affect that RHCs and FQHCs do a higher level of a visit including more complex patients and more comorbidities.
  - a. Any adjustments to the payment for distant site telehealth services for RHCs and FQHCs would require a legislative change.
1. I'm trying to get clarification on the teaching physician guidance. It sounded like what you said is that the exemption for the teaching physician that we currently have under the PHE is eligible based on the CPT Codes identified in the telemedicine list that was expanded because we were trying to determine if that exemption under the PHE is applicable in all places of service. So it sounds like it is going by the CPT Code level that is on the CMS list. Would that be correct?
  - a. So you would build the GC Modifier for any service that, in which you have a resident involved in furnishing a service with a teaching physician. And that's not restricted to a particular list of CPTs with the exception of surgical and interventional services where we're continuing to require the personal presence of the teaching physician. For the primary care exception, however, under that provision that permits

residents to furnish care to beneficiaries in certain primary care centers without the presence of a teaching physician. And under the ordinary time policy, residents can furnish certain levels of E&Ms. And we - for the public health emergency, we've expanded that list to some other services and under teaching physicians, would be billing the GE modifier along with the claim? And under any of these scenarios residents or I should say that teaching physicians may involve residents in furnishing services that are on the - that are telehealth as well.

- i. If the CPT level is on the covered list currently and that is an inpatient level that's where some of our biggest need is in our behavioral health services, then the teaching physician could provide oversight via telemedicine to the resident when the resident is providing the approved CPT Code on an inpatient basis. Correct.
    1. Yes. You've got it.
2. Please repeat the URL where we can find the announcement on the appropriate use criteria change this morning?
  - a. If you can't find the link please feel free to send an email to the resource box that's been mentioned. And we can certainly provide you with the link directly so you don't have trouble finding it. But the web site is [cms.gov/medicare](https://www.cms.gov/medicare). And from there you have to scroll pretty far down. But there's a subheading called Quality Initiatives and Patient Assessment Instruments. And it is in that list that you'll find appropriate use criteria.
    - i. We were also expecting a requirement for e-prescribing as of the first of the year for providers prescribing controlled substances. And we're wondering whether or not CMS is moving forward with that requirement in January.
      - a. In the PFS rule, we are encouraging prescribers to begin electronic prescribing of controlled substances as soon as possible. However, we are proposing that the compliance date of the regulation would be January 1, 2022 (85 FR 50260- 50261). Should you have any comments about this rule, we encourage you to submit comments via [regulations.gov](https://www.regulations.gov) or mail to Centers for Medicare & Medicaid Services Department of Health and Human Services, Attention: CMS-1734-P, P.O. Box 8016, Baltimore, MD 21244-8016. CMS also published a [Electronic Prescribing of Controlled Substances; Request for Information \(RFI\)](#) . The RFI seeks input from stakeholders about whether CMS should include exceptions to the EPCS requirement and under what circumstances, and whether CMS should impose penalties for noncompliance with this mandate.
3. Is there going to be any further rulemaking to implement the Support Act expansion, for instance, adding the practitioner role to the CFR regulations on open payments?
  - a. At this time, I'm not aware of any additional rulemaking. I'm sure that's something that would be helpful. If you have any ideas, we would love to hear why that would be useful. So if you visit the Open Payment's Contact Us page, that would be great to hear.