



On April 28, 2023, at 1:00pm (EDT) The Association of American Medical Colleges (AAMC) hosted a webinar to discuss changes that will occur when the COVID-19 public health emergency (PHE) ends on May 11, 2023.

Webinar Information

Q: Are the slides and recording available?

The webinar and slides are available on the [AAMC website](#). To view the webinar, you must sign-in or register for an AAMC account.

Telehealth

Q: What is the rationale for the changes in telehealth policies post-PHE from a CMS perspective? Why are the rules becoming more limited in light of the positive aspects for patients?

CMS is concerned about patient safety and effectiveness. They are also concerned about potential fraud, abuse, and overuse of telehealth services. CMS does not have the authority to extend some of the telehealth waivers, which require Congressional action. On the April 25 *CMS Open Door forum*, they explained that waivers and flexibilities were issued during a public health emergency (PHE) to prevent the spread of COVID-19 in an effort to maintain access and continuity of care. With the end of the public health emergency, CMS is returning to some of the pre-COVID PHE policies. CMS has reviewed the current COVID-19 PHE flexibilities to identify those that worked well so they can be reissued in the event of another PHE. ([CMS Open Door Forum](#); transcript and recording will be available soon).

[Modifiers and POS]

When billing telehealth what modifiers and place of service codes (POS) should you use?

Through the end of 2023, practitioners should continue using the place of service code they would have used had the service occurred in person along with the 95 modifier to identify telehealth services. Beginning Jan 1, 2024, practitioners should use POS 10 for when the beneficiary is located in their home, and POS 02 when they're located in another eligible originating site (not their home), such as a hospital or physician's office. ([2023 Physician Fee Schedule Final Rule](#))

[Mental Health]

Q: What constitutes a mental health telehealth service? Is this for psychiatrists or can primary care physicians provide mental health telehealth services as well?

CMS implemented provisions in the Consolidated Appropriations Act, 2021 (CAA) that remove geographic restrictions and permit the home to be an originating site for telehealth services for the treatment of mental health disorders, as long as the practitioner has seen the patient in person within the 6-months prior to the telehealth visit and every 12-months thereafter. Patients who have received

mental health telehealth services during the PHE do not have to satisfy the initial 6-month in-person requirement. CMS did not limit mental health telehealth services to a specific specialty. ([2022 Physician Fee Schedule Final Rule](#))

Q: Please clarify telehealth coverage for hospital-based mental health services billed on UB-04s, Partial hospitalization programs (PHP) and other hospital outpatient services.

A: CMS designated certain remote services provided for the purposes of diagnosis, evaluation, or treatment of a mental health disorder furnished by clinical staff of a hospital using communications technology to beneficiaries in their homes as hospital outpatient services that are covered and paid for under the OPSS permanently. CMS created code C7900 for 15 to 29 minutes of mental health services provided by outpatient hospital staff to a patient located remotely in the home via telecommunications technology Code C7901 for 30 to 60 minutes of service and code C7902 for each additional 15 minutes service beyond 60 minutes and established payment rates for these codes. ([CY 2023 OPSS Final Rule](#)) CMS clarified that PHP services may not be provided remotely to patients in their home after May 11. ([CMS Open Door Forum](#); transcript and recording will be available soon).

[Hospital and Outpatient Department Billing]

Q: If a PT, OT, or SLP are hospital employed but in an incident-to setting (physician POS 11) - is that still billable to PFS as long as incident to rules are met?

After the PHE ends on May 11, services provided by hospital employed PT, OTs, and SLPs, that are billed on the institutional claim form (UB-04) may not be paid under Medicare. ([CMS Fact Sheet](#)) If the PT, OT, or SLP services are provided incident to a physician's professional services and billed by the physician on the professional claim form (1500/837P) the services may be paid by Medicare as long as the "incident to" billing requirements are met.

Q: Specific question on non-covered services provided by hospital-based counselors and billed by the outpatient hospital setting. After the PHE, Medicare would not cover genetic counseling services furnished by genetic counselors employed by the hospital. We have patients who would like to receive these services remotely. Since the services are non-covered, can we issue an Advanced Beneficiary Notice (ABN) to the patient and collect out of pocket payment from the patient for these genetic counseling services.

A: After the PHE ends on May 11, outpatient hospital services provided to the patient in their home by providers employed by the hospital will not meet the statutory provision for coverage unless the service is a behavioral health service. A telehealth visit that does not meet the statutory requirements would be a non-covered service and the patient would be responsible for payment for this service. Statutory denials (items and services not covered because there is no benefit category or items explicitly excluded from coverage under [Social Security Act Section 1862](#)) do not require an Advance Beneficiary Notice of non-coverage (ABN), but ABNs are recommended under the [Claims Processing Manual Chapter 30, Section 50](#).

Q: PTs, OTs, and SLPs are on the expanded list of practitioners who can bill telehealth until December 31, 2024. If the PTs, OTs and SLPs are employed by the hospital and their services are billed on the institutional claim form, can the hospital bill for telehealth services after the PHE ends?

A: The CAA 2023 extension that allows PTs/OTs/SLPs to provide telehealth services until the end of CY 2024 only applies to therapists who bill separately for their professional services. As a general rule, coverage and payment for telehealth is limited to distant site practitioners. During the PHE hospital-employed PTs/OTs/SLPs have been able to provide telehealth services through the Hospital Without Walls program with the patient's home acting as a distant site. Once the PHE ends, hospitals may only bill for therapy services. ([CMS Fact Sheet](#))

After the PHE a distant site practitioner must be a Physician, Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist Certified Registered Nurse Anesthetist, Nurse-Midwife, Clinical Social Worker* Clinical Psychologist* and Registered Dietitian or Nutritional Professional

*Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include E/M services under Medicare.

Q: What codes are included in the frequency limit for hospital telehealth?

A: The codes that are included in the frequency limit that can be billed are the subsequent inpatient hospital care services not the initial hospital visit. (See [telehealth list](#) for a complete list of telehealth services that can be billed)

[Acute Hospital at Home Program]

Q: Professional billing for telehealth for inpatients will be limited to once every three days. Is there any flexibility for professional billing for daily telehealth services provided to acute hospital at home patients?

A: We will follow-up with CMS for clarification on this question as they develop more guidance on the acute hospital at home program.

[Diabetes Self-Management Training]

Q: Can Diabetes Self-Management Training (DSMT) be provided via telehealth after the PHE ends on 05/11/2023.

A: After the end of the PHE, hospitals can only bill for Diabetes Self-Management Training (DSMT) provided to beneficiaries physically within the hospital. ([CMS Open Door Forum](#); transcript and recording will be available soon)

[Registering Home Address for Telehealth Services]

Q: Do you anticipate that CMS will change the requirement to enroll provider home addresses? There is concern with provider safety issues with home addresses being exposed.

During the PHE, CMS allowed practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location. When the PHE ends, the waiver will continue through December 31, 2023. For 2024 and beyond, we anticipate CMS may include a proposal regarding enrollment in the proposed Physician

Fee Schedule rule, which will be issued around July 1, 2023, and there will be an opportunity for the public to comment. ([Teaching Hospitals, Teaching Physicians and Medical Residents: CMS](#))

Q: How do providers register their home address for telehealth services?

If the practitioner is billing Medicare directly for the services, the home address would be registered on the 855I form. If the organization (e.g., group practice) is billing for the practitioner's services, the organization would report the individual's home address as a practice location on the 855B form and reassign benefits using the 855R. Reporting home addresses will not be required until Jan. 1, 2024, and this date could change in the future. Enrollment application forms are available on [CMS's website](#).

Q: If a provider is at home, does the 1500 claim form need to list the home address of the physician?

A: Claim forms do not need to include the home address of the practitioner. The bills would go under the physician practice location.

[DEA Rule on Prescribing Controlled Substances via Telehealth]

Q: Do we have any insight on when the DEA might finalize the telehealth prescribing rules? Do we expect any interim action from them given the short time frame?

On May 9, the DEA published the "[Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#)" in the *Federal Register*. The rule extends all telemedicine COVID-19 PHE flexibilities for prescribing controlled substances for 6 months until Nov. 11, 2023. For practitioner-patient relationships established on or before November 11, 2023, telemedicine COVID-19 flexibilities for prescribing controlled substances will be further extended for one year until November 11, 2024. These flexibilities will not be extended to those who established a new practitioner-patient relationship after November 11, 2023. The DEA and SAMSHA expect to extend certain telemedicine flexibilities on a permanent basis in future rulemaking.

[Hospice Care]

Q: Can Hospice practices still use visual technology to supplement their care?

After the end of the PHE on May 11, routine home care hospice services must be provided in person. ([CMS Fact Sheet](#)). Face-to-face encounters for patient recertification for Medicare hospice benefit can be conducted via telehealth until December 31, 2024. Hospices can use technology to have follow-up communications with the patient as long as the use of such technology does not replace an in-person visit. Follow-up contact should be documented in a hospice medical record. Documentation must be in accordance with the standards of practice and the hospice's own policies and procedures. ([CMS Open Door Forum](#); transcript and recording will be available soon).

Audio-only

Q: Can providers continue to bill telephone only codes (99441-99443) after the PHE?

A: For Codes 99441, 99442, and 99443, they are currently set to expire at the end of 2023. CMS is considering further actions for these codes in future rulemaking.

Q: Are there any circumstances where the resident can provide audio-only visits?

During the COVID-19 PHE the primary care exception was expanded to all levels of office and outpatient E/M codes including codes of lower and mid-level complexity and higher levels of complexity. In addition, it was expanded to include telephone evaluation and management services (CPT 99441-99443). After the PHE, these services are not included on the primary care exception list. CMS may address this in future rulemaking given the extension of audio-only services under the CAA 2023.

[\(Consolidated Appropriations Act, 2023\)](#)

Resident Supervision

Q: Since virtual supervision of residents will not be allowed in MSAs after May 11, are the residents still permitted to provide telehealth visits?

Virtual supervision of resident telehealth services: During the COVID-19 PHE, Medicare will make payment to teaching physicians for services when a resident furnishes telehealth services to beneficiaries while the teaching physician is present using audio/video real time communications technology. Audio-only technology is not included in this exception. Under this policy, it is possible for a resident to furnish the service at a distant site from the patient and the teaching physician to be at a third site while supervising through audio/video real-time communications technology. After the PHE ends on May 11, 2023, virtual supervision of residents providing telehealth services will not be allowed in metropolitan statistical areas (MSAs). Residents in a MSA can still provide telehealth services after the PHE ends on May 11 as long as the teaching physician is physically present during critical or key portions of the service.

Primary Care Exception: The primary care exception allows residents (after completing six months of residency) to furnish office/outpatient evaluation and management (E/M) visit codes of lower and mid-level complexity (99201, 99202, 99203, 99211, 99212, 99213 and annual wellness visits (HCPCS G0402, G0438, G0439) without the presence of a teaching physician.

The teaching physician must be immediately available onsite to provide the necessary direction and can only supervise four residents at a time. Under this exception, the teaching physician must also review the patient's medical history, physical examination, diagnosis, and record of tests and therapies during or immediately after each visit. The teaching physician must have no other responsibilities at the time the residents are being supervised, assume management responsibility for the beneficiaries seen by the residents, and ensure that the services furnished are appropriate.

During the COVID-19 PHE the primary care exception was expanded to all levels of office and outpatient E/M codes including codes of lower and mid-level complexity and higher levels of complexity. In addition, it was expanded to include telephone evaluation and management services (CPT 99441-99443), transitional care management services (CPT 99495 and 99496), online digital evaluation and

management service for an established patient (CPT 99422-99423), interprofessional telephone/internet/electronic health record referral services (CPT 99452), brief communication technology-based service (HCPCS G2012) and (remote evaluation of recorded video and/or images submitted by an established patient (HCPCS G2010). These services must be reviewed remotely by the teaching physician during or immediately after the service is provided using audio/video real-time technology. Audio-only technology is not included in this exception. CMS will also allow payment to teaching physicians for residents' services furnished via telehealth under the primary care exception if the services are on the list of telehealth services which can be located on the CMS website.

After the COVID-19 PHE, the primary care exception will once again be limited to services of lower and mid-level complexity (CPT 99201- 99203, 99211-99213 and HCPCS G0402, G0438, G0439). However, services under the primary care exception are expanded permanently to include online digital evaluation and management services (CPT 99421–99423), interprofessional telephone/internet/electronic health record consultation (CPT 99452), remote evaluation of recorded video and/or images submitted by an established patient (HCPCS G2010) and brief communication technology-based service (HCPCS G2012). ([2021 Physician Fee Schedule Final Rule](#)) ([2022 Physician Fee Schedule Final Rule](#))

Q: How narrowly is CMS construing the requirement that teaching physician be physically present with the resident for telehealth visits?

Supervision requirements for residents will revert back to the requirements before the PHE. ([AAMC Virtual Supervision Resource](#))

Q: After the PHE will residents under the primary care exception be able to bill level four and level five?

A: After the public health emergency residents will no longer be able to bill for level four or level five E/M services under the primary care exception. ([2021 Physician Fee Schedule Final Rule](#)) ([2022 Physician Fee Schedule Final Rule](#))

Q: Is the FR modifier for supervising physicians to indicate virtual presence for all services medical and mental health or only for the mental health/SUD providers?

Supervising practitioners continue to be required to append the “FR” modifier on any applicable telehealth claim when they provide direct supervision for a service using virtual presence through appropriate telecommunications technology. ([2023 Physician Fee Schedule Final Rule](#))

Remote Patient Monitoring

Q: For RPM coverage, how is a "new" patient defined?

A: A new patient is defined as a patient who has not received any professional services from the physician or physician in the same group practice and same physician specialty within the previous 3 years. ([CMS Manual](#))

Vaccines

Q: Will Medicare cover and pay for the second booster if needed?

A: Medicare will pay for the vaccine (including boosters) and the administration with no cost sharing. ([CMS Fact Sheet](#))

Specimen Collection Fee

Q: Does the specimen collection fee end on May 11th?

HPSC code C9803 hospital outpatient clinic visits specimen collection code for COVID-19 testing, can be billed through the end of calendar year 2023. There will be an opportunity to comment on specimen collection fees during the OPPS annual rule making process, beginning July 2023. ([CMS Open Door Forum](#); *transcript and recording will be available soon*).