

**ATP / SWTRC / ADHS Virtual Office Hours**

**FAQ - May 18, 2023**

<b>Organization and Question</b>	<b>Answer</b>
<b>Academy of Nutrition and Dietetics</b>	
Can you please clarify billing for MNT services (97802, 97803, 97804) in the hospital outpatient department?	Through the end of CY 2023, PT, OT, SLP, DSMT, MNT providers should continue to bill for these services when furnished remotely in the same way they have been during the PHE. Resource: FAQs, #21, pg 9.
<b>Allegheny Health Network</b>	
Where are concise online resources that describe PHE flexibilities continuing (permanently vs. temporarily), expiring & when?	FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency: <a href="https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf">https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf</a>
<b>AOTA</b>	
Can you address how therapy services delivered via telehealth have or have not changed as a result of the end of waivers?	CMS has waived the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2), which specify the types of practitioners who may bill for their services when furnished as Medicare telehealth services from a distant site. The waiver of these requirements expands the types of health care professionals who can furnish distant site telehealth services to include all those who are eligible to bill Medicare for their professional services. As a result, <b>a broader range of practitioners, such as physical therapists, occupational therapists, and speech language pathologists can use telehealth to provide many Medicare services.</b> After the PHE ends, the Consolidated Appropriations Act, 2023 provides for an extension for this flexibility <b>through December 31, 2024.</b> On 5/10, the following document was updated and includes information on therapists: <a href="https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf">https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf</a>

<b>Asante</b>	
Interested in finding out more about where things stand with providers having to list their home address with Medicare	Reporting Home Address: 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. Even though the PHE is anticipated to end on May 11, 2023, the waiver will continue through December 31, 2023.  Source: <a href="https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf">https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf</a>
<b>BANNER HEALTH</b>	
Telemedicine – still going to be covered, carve outs etc? Office visits – symptoms for covid, copay did not apply. Will it now?	Yes - definitely covered for home and no geographic originating site restrictions through Dec 31, 2024. The greatest changes are for facility charges. See pg 7, #17. For Covid-co-pays: on pg 6, #14 discussion of M.A. copayments.
Testing for covid coverage? Treatment of covid was covered, will it now? Part D	CMS will continue to pay approximately \$40 per dose for administering COVID-19 vaccines in most outpatient settings for Medicare beneficiaries through the end of the calendar year in which the Secretary ends the EUA declaration for drugs and biologicals with respect to COVID19. The EUA declaration is distinct from, and not dependent on, the PHE for COVID-19.
<b>Bayless integrated Healthcare.com</b>	
telephonic services	The 99441-94443 are covered thru 2024; however, in 2025 the AMA is deleting these codes. Telephone services for specific codes are also indicated on the Telephone Services List: <a href="https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes">https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes</a>
<b>CentiBlick</b>	
What does your program see next on the horizon as it applies to the evolution/expansion of telehealth?	
<b>CHCY</b>	
Just the changes to telehealth now that the PHE has ended	These will be asked/answered throughout the webinar.

<b>Children's Clinics</b>	
In an outpatient BH clinic, what would dictate "medical necessity" w/regards to Telehealth?	If the diagnosis code supports the services rendered, like any CPT/encounter.
<b>El Rio Health</b>	
Any FQHC related issues would be appreciated!	<a href="https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf">https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf</a>  <a href="https://www.natlawreview.com/article/what-fqhcs-need-to-know-about-telehealth-after-phe-0">https://www.natlawreview.com/article/what-fqhcs-need-to-know-about-telehealth-after-phe-0</a>
<b>Henry Ford Health</b>	
Medicare provider enrollment require home address, fee schedule updates, projection of what codes will stay and go with CY24 PFS	See above; fee schedule updates will come out in draft in mid-July 2023; CMS will suggest codes to be deleted, but all attendees should advocate on behalf of the codes that support their programs by writing letters to CMS via the Federal Register.
<b>JFCS</b>	
For Telehealth in-person visit for controlled substances what is the referral requirements? What has to be evidenced in the MR?	<a href="https://www.foley.com/en/insights/publications/2023/05/dea-telemedicine-controlled-medications">https://www.foley.com/en/insights/publications/2023/05/dea-telemedicine-controlled-medications</a>  <a href="https://public-inspection.federalregister.gov/2023-09936.pdf">https://public-inspection.federalregister.gov/2023-09936.pdf</a>
<b>Mariposa Community Health Center</b>	
Has Medicaid offered any guidance on how we need to bill telehealth or if they even cover it at all?	The Arizona Medicaid program has an expansive telehealth program; here is the billing guide: <a href="https://southwesttrc.org/resources/newsletters/2023/2023-05">https://southwesttrc.org/resources/newsletters/2023/2023-05</a>
<b>NMDOH</b>	
PHE ending and telephone visit charges, location of clinician/client changes for telehealth visits, billing charges still in eff	

<b>North Country Healthcare</b>	
Supervising residents - changes post PHE	The supervising of trainees was reinstated on May 12, 2023 at 7:15pm: <a href="https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf">https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf</a>
<b>PAVMT</b>	
What to expect after PHE	See above and below.
<b>Planned Parenthood of Northern New England</b>	
We're mostly concerned with contraceptive counseling access and abortion care (we're in states that have protected access to AB)	Health care providers who initiated or expanded telemedicine services for contraceptive counseling during the COVID-19 pandemic should consider continuing to offer them after the pandemic. At the policy level, these findings favor expanding access to telemedicine and providing reimbursement for virtual visits, including telephone visits. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8056642/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8056642/</a>

<b>Providence Health &amp; Services</b>	
Are therapists in facility setting (hosp OP) only restricted on traditional Medicare? Does same apply to other insurances?	The hospital-based therapy services were reinstated on May 12, 2023 at 7:15pm: <a href="https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf">https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf</a> Most insurances will follow Medicare's lead
<b>Provider based physician office multi-specialty</b>	
Can a patient come to a physicians office to telehealth with a physician not in the office.	Yes; this is an originating site and the provider can be at home or at sites identified as distant sites, such as RHCs or FQHCs. Bill Q3014.
<b>rtNOW</b>	
Virtual Pulmonary Rehabilitation	The services you wish to provide should be available to bill CMS thru Dec 2024 (pulmonologists; however, as well as other facility-based providers such as therapy services)
<b>RUME Health</b>	
Regulations on hospital admission for minors in mental health crisis?	This depends on the State; in California, this is a 72 hour hold under 5585; here is a great guide to the different holds: <a href="https://namila.org/guide-to-involuntary-treatment-lps-holds/">https://namila.org/guide-to-involuntary-treatment-lps-holds/</a>
<b>Steward Medical Group</b>	
Will the wRVU value and reimbursement rates from Medicare and AHCCCS remain the same post PHE.	Yes. They never changed. Prior to PHE, both POS 11 and 19/22 were paid at the "facility" pro fee rate, which is lower than the non-facility rate. During the PHE and continuing through to Dec 31, 2024 (conceivably), the non-facility will continue to receive the non-facility rate, while the facility locations will receive the facility but will not receive any facility fee (during PHE could bill Q3014 or G0463)

<b>The Bone and Joint Center of Yuma, PLLC</b>	
Funding for home monitoring programs designed to prevent hospital re-admissions	Funding opportunities can be found in various locations depending on your program. <a href="https://telehealth.hhs.gov/funding-opportunities">https://telehealth.hhs.gov/funding-opportunities</a> Example: <b>Effectiveness Trials for Post-Acute Interventions and Services to Optimize Longer-term Outcomes (R01 Clinical Trial Required)</b> - The purpose of this funding opportunity is to research the effectiveness of therapy and service delivery during the post-acute phase management of mental health conditions. Relevant research topics include maintenance therapies that promote ongoing monitoring, delivered via telehealth or in-person, as well as technology-assisted monitoring that can detect clinical deteriorations.
<b>University of Miami Health System</b>	
Does the provider's address become visible on the patient's EOB, Claims forms, or healthcare comparison websites?	No. There is a way to suppress the address in PECOS, but I have not seen the way to do it.
<b>UroSouth PLLC</b>	
Can we bill the office CPT codes after PHE? 99204-99214 with modifier 95?	Yes.
<b>Valle del Sol</b>	
Masking and Healthcare guidance for positive COVID	You should follow your local community health agency's guidelines
<b>White Mountain Regional Medical Center</b>	
What telehealth changes to expect for RHC? / What nursing home visit changes to expect? / What is an HHA shortage?	<a href="https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf">https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf</a>  The nursing home changes are that the 3 day qualification period for SNFs is reinstated.  Home Health Aide - following link states that "an average of 711,700 jobs will open up every year from 2021 to 2031";

	<a href="https://immigrationimpact.com/2023/01/26/shortage-home-health-aides-immigrants/">https://immigrationimpact.com/2023/01/26/shortage-home-health-aides-immigrants/</a>
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