

CMS “Office Hours” on COVID-19 April 7, 2020

To Discuss -

- Increase Hospital Capacity – CMS Hospitals Without Walls;
- Rapidly Expand the Healthcare Workforce;
- Put Patients Over Paperwork; and
- Further Promote Telehealth in Medicare

This is the first in a series of calls that CMS will be offering with program matter experts, it was entirely questions.

Q: Clarification on letter to clinicians sent on April 7th, regarding audio only E/M, codes 99201-99215 coding for audio only?

A: Under current rules telephone CPT codes should be used, the letter may be misleading and will be clarified.

Q: Medicare telehealth for hospice under routine home care as well as face-to-face encounter, may it be voice-to-voice?

A: It may be used for routine home care but not for face-to-face encounter. More clarity on face-to-face to come.

Q: Hospice visits, routine care within last 7 days of life, are hospices able to report these visits via telehealth and receive the higher pay adjustment?

A: Will take back and consider it.

Q: Some facilities will not allow hospice to come in to care for patients, will you consider allowing telephone only in those instances for assessment?

A: Initial assessment may be done through telehealth at this time to the extent that the telehealth is able to give the full assessment of the patient and caregivers needs to deliver care.

Q: Will you be expanding additional waivers to non-physicians beyond the interim final rule?

A: CMS is actively working on new authorities from the CARES Act and will clarify what can now be done.

Q: Clarification for hospitalists, when they provide a service through telehealth from another part of the hospital via virtual service, how should that be billed?

A: Under current rules, telehealth only applies with the patient and practitioner are in different facilities, when they are “under the same roof” may be billed as if in person, telehealth modifier is not needed. Regular E/M codes are fine.

Q: 99441-99443, will Medicare recognize the codes without video? Will a rate be set?

A: Under new rule there are specific CPT codes for audio only evaluations. The codes should have a payment amount soon.

- Q: Accelerated payments, the quote from our MAC is not right or not expected, what is the remedy for this?
- A: Send facilities information to the mailbox for clarification, CMS has taken a look-back at the history that preceded the emergency from July 1-Dec. 31, 2019. If facilities believe that there is a discrepancy send to mailbox at covid-19@cms.hhs.gov identify in the problem in the subject line.
- Q: What documentation is needed to send a patient to a SNF under the waiver?
- A: There is flexibility in what can be used but full documentation of patient needs assessment as usual and a note from the hospital that they are freeing up their bed capacity.
- Q: Annual wellness visits are eligible for telehealth, how does the provider record height, weight, blood pressure, etc.?
- A: Patients should be able to take some of their vitals, however telehealth is also allowed from one facility to another such as when the patient is in a SNF and the provider is in their office. Still reviewing however and will provide additional clarification on this.
- Q: Accelerated payments, flexibilities of when the recoupments will begin, will the one-year to repay given to physicians as well? Or 210 days?
- A: 210 days is the required amount of times. On day 121, CMS will begin to recoup payments through 210. Certain hospitals were allowed from day 121 to 365 due to the CARES Act.
- Q: How will providers know when the recoupment is occurring? What will the code be?
- A: Code is not known at this time but will be noted on statements that it is due to COVID-19 accelerated payment.
- Q: PAC settings will be waived from submitting quality measurements, what are the specific measurements?
- A: That will be specifically addressed in an upcoming rule.
- Q: Physician supervision, in recognition that physicians are not within the office due to the emergency, does the physician needed to be on a constant open line or simply on-call and available?
- A: Virtual allowance was put in place to allow for the physician to be immediately available but not constantly on the line.
- Q: May we have more details on what alternatives are allowed? Is a patient's home acceptable? Under hospitals without walls, treating a patient at home but as a DRG as inpatient.
- A: Still looking at whether this is acceptable, right now is not part of the program. Will issue additional guidance on hospital at home shortly.

Q: CR Modifier, are telephone calls part of this blanket waiver and needed during this type of call?

A: Modifier is not needed in telephone calls, it is part of the blanket waiver.