

**CMS Office Hours on COVID-19**  
**April 9, 2020**

- Q: If PT is credentialed through CMS on a 1500 claim for outpatient services can they bill for telehealth?
- A: At the moment, therapists are not eligible for telehealth services in private practice.
- Q: Therapists in outpatient hospital settings, can they bill on eCheck in, etc.?
- A: If billing under the hospital (employed by the hospital) may bill for visits but are looking into more flexibilities for private practice.
- Q: Waiver to allow excluded units to be moved to an acute care hospital, or from acute patient to move to IRF, can they receive care on the acute care side?
- A: It is acceptable to move the patient for a surge capacity or for infectious control issues back and forth - continue to perform rehab in IPPS bed; if you want to move back to IRF, can do that - but please note that the movement is due to the bed capacity and under the blanket waiver.
- Q: May a patient remain in the acute care bed and receive PAC care?
- A: Need to look at regulations on expanding units.
- Q: Hospice initial assessment visits done via telehealth, may initial and comprehensive visits be done via telehealth? How will fiscal intermediaries charge of visits without physical visit reported and can meet the patients needs? Will the claims process without issue?
- A: As long as level of care is on the claim, the claim should process. These will be processed without the G code.
- Q: Does this apply to home health as well for telehealth visits?
- A: Nothing CoPs that prohibit this from being done for home health or hospice, there is just assessments that must be met, as long as telehealth can assess the key areas it can be done, but may need to be in person, it will be on a case-by-case basis. Assessment must provide comprehensive view of patient's status.
- Q: Who pays for the COVID-19 tests, what is the code for the specimen collection? The COVID-19 swab test?
- A: Bill the most appropriate code, there is not a COVID-19 code. It most likely be bundled into a service visit.
- Q: For rural health clinics, when will there be regulations on how to bill for telehealth for RHCs? Would you consider the types of patients that RHCs are dealing with and many will not have a visual component possible?
- A: This is a high priority, CMS is actively working on the new authorities and hope to get out something soon. CMS will create a mechanism for payment. CMS understands the audio only and are looking into it. The payment rate has been increased for virtual check-in and may be done through audio only.

- Q: For physicians licensed in a neighboring state, how should that be billed for an ER visit under the emergency?  
A: There are no requirements for billing for a physician from another state. Bill as normal. Look at the waivers of flexibilities, provides guidance on out of state physicians.
- Q: There are no guidelines currently for RHCs for telehealth for billing? Can they bill similar to CAHs?  
A: CMS is actively working on the guidance. Cannot bill as CAH.
- Q: Physician doing telehealth from home with patients who are at their home, may make note with no need to update file?  
A: That is correct. May use service code of the practice location, no need to put home address.
- Q: Telehealth hospital billing, use place of service of where it would have been provided, can the hospital also bill their portion of the E/M along with the physician?  
A: Only the provider may bill unless the patient is in the hospital than that can be the origination fee site of service.
- Q: Can hospitals use G2023 to bill for COVID-19 swab test?  
A: That's code for independent lab. Will take question back – typically considered it to be part of office visit and haven't paid separately for, it but will think about it.
- Q: What should hospice do if audio only to be recertified?  
A: This is statutory, CMS may not waive this requirement, but are taking another look at the issue, it would not be a waiver, would need to be a policy change.
- Q: Hospital-based guidance for non-physician such as dietitians, audiologists, etc. will you come out with hospital-based non-physician billing? Or allow via telemedicine?  
A: CMS is aware of the issue, have received lots of comments, will provide clarity as soon as they can.
- Q: Can PT/OT assistant provide telehealth visit? Or does it need to be done by the therapist.  
A: E-visit codes are for the practitioners who are reporting them, will be on the professional claim. It must be done by whoever is billing for the service.
- Q: If a SNF gets the accelerated payment can they also apply for the grants?  
A: Will have to take back but generally accelerated payments do not have such conditions however make sure to review the grant conditions. The \$100 billion grant money details are not out yet but will be out soon. These are two separate programs.
- Q: Rural hospital with RHCs, trying to add beds if needed. Will 50 bed rule be waived?  
A: Hasn't been resolved yet – still working on it
- Q: Will you consider patient's home as a temp extension for inpatient under hospitals without walls?

A: CMS is readily looking into this scenario and working to address this issue.

Q: Which modifier should we be using, CR or CS for telehealth?

A: For all telehealth services should be with the 95 modifier and the place of service code and that will be the driver of whether a facility code is need.