



## **CMS Releases Additional Waivers in Interim Final Rule**

**April 30, 2020**

CMS released a second set of Interim Final Rules aimed at helping health care providers manage the ongoing COVID-19 pandemic. The Rule will give health care providers greater billing and payment flexibility along with additional waivers for telehealth and sites of care. Please see below for specific changes within the document.

Click [here](#) for the fact sheet, [here](#) for the updated CMS blanket waivers information page, and [here](#) for the rule.

### *Health Care Workforce Enhancements*

Under the rule, CMS expands the healthcare workforce that can provide care during the public health emergency (PHE) by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community or other states. These changes include –

- Nurse practitioners, clinical nurse specialists, and physician assistants can now provide home health services such as – order home health services; establish and periodically review a plan of care for patients; and certify and re-certify a patient’s eligibility for home health services
- Medicare payments will not be reduced for teaching hospitals that shift their residents to other hospitals to meet COVID-related needs, or penalize hospitals without teaching programs that accept these residents
- Physical and occupational therapists may delegate maintenance therapy services to physical and occupational therapy assistants in outpatient settings
- The requirement for ambulatory surgery centers to periodically reappraise medical staff privileges during the COVID-19 emergency declaration is waived
- For Accountable Care Organizations participating in the Medicare Shared Savings Program, next year’s application process is canceled, pandemic-related costs will be mitigated for providers participating in the current calendar year, and ACOs with contracts that expire at the end of this year, CMS will allow optional one-year extensions

### *Expansion of Hospitals Without Walls*

To ensure that local hospitals and health systems have the capacity to handle COVID-19 patients CMS is extending waivers for hospitals to utilize temporary expansion sites (also known as the CMS Hospital Without Walls initiative). These additions include –

- Providers have flexibility during the pandemic to increase the number of beds for COVID-19 patients while receiving stable, predictable Medicare payments
- Allows freestanding inpatient rehabilitation facilities to accept patients from acute-care hospitals experiencing a surge, even if the patients do not require rehabilitation care
- Allows payment for outpatient hospital services – such as wound care, drug administration, and behavioral health services – that are delivered in temporary expansion locations, including parking lot tents, converted hotels, or patients’ homes (when they’re temporarily designated as part of a hospital)

- Allows certain provider-based hospital outpatient departments that relocate off-campus to obtain a temporary exception and continue to be paid under the OPPS
- LTCHs can now accept any acute-care hospital patients and be paid at a higher Medicare payment rate
- Hospitals with rural health clinics to expand their bed counts without triggering limits on per-visit payment rates that apply to hospitals with more than 50 beds

#### *Increase Telehealth Waivers*

Through the rule, CMS increases access to telehealth for Medicare patients to allow them to receive care from their physicians and other clinicians while staying at home. Additional waivers include –

- Waives limitations on the types of clinical practitioners that can furnish Medicare telehealth services – now physical therapists, occupational therapists, and speech language pathologists may also be paid for telehealth services
- Hospitals may bill for services furnished remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is at home when the home is serving as a temporary provider-based department of the hospital
- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners when the patient is located at home
- Audio-only services have been broadened to include many behavioral health and patient education services and increase the payments for these telephone visits to match payments for similar office and outpatient visits, retroactive to March 1, 2020.
- CMS will pay for Medicare telehealth services provided by rural health clinics and federally qualified health clinics
- The video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services is waived

#### *Enhanced Testing Capabilities*

The rule expands at-home and community-based testing to minimize transmission of COVID-19 among Medicare and Medicaid beneficiaries. The rule allows –

- An order is no longer required by the treating physician or other practitioner for beneficiaries to get COVID-19 tests and certain lab tests required as part of a COVID-19 diagnosis
- Pharmacists can work with a physician or other practitioner to provide assessment and specimen collection services, and the physician or other practitioner can bill Medicare for the services
- Hospitals and practitioners will be paid to assess beneficiaries and collect laboratory samples for COVID-19 testing, and make separate payment when that is the only service the patient receives
- Medicare and Medicaid are covering certain serology (antibody) tests, to determine if a person may have developed an immune response and may not be at immediate risk for COVID-19 reinfection
- Medicare and Medicaid will cover laboratory processing of certain FDA-authorized tests that beneficiaries self-collect at home

### *Patients Over Paperwork Initiative*

Following the theme from the past couple of years, CMS expands the patients over paperwork initiative by giving providers, healthcare facilities, Medicare Advantage and Part D plans, and states temporary relief from many reporting and audit requirements so they can focus on patient care. The rule –

- Allows payment for certain partial hospitalization services – that is, individual psychotherapy, patient education, and group psychotherapy – that are delivered in temporary expansion locations, including patients' homes
- Allows Community Mental Health Centers to offer partial hospitalization and other mental health services to clients in the safety of their homes
- CMS will not enforce certain clinical criteria in local coverage determinations that limit access to therapeutic continuous glucose monitors for beneficiaries with diabetes