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The End of the COVID-19 Public Health Emergency (PHE): What You Need to Know

May 10, 2023

10:00 a.m. ET

9:00 a.m. CT

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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Today's Presentation

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- Agenda:
  - End of COVID-19 PHE Overview
  - Provider-Specific Changes Due to the End of the COVID-19 PHE
  - Telemedicine: Telehealth, Virtual Check-Ins, E-visits, and Telephone Services
  - Vaccine, Testing, and Treatments
  - RHCs, FQHCs and CAHs
- Objectives:
  - Provide guidance on what is changing due to the COVID-19 PHE ending
  - Review resources available for the end of the PHE
  - Explore the most current information on telehealth, virtual check-ins , E-visits, telephone services
  - Discuss vaccines, testing, and treatments

Acronym List

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Acronym	Definition
ASC	Ambulatory Surgical Center
CAA	Consolidated Appropriations Act
CAH	Critical Access Hospital
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CPT	Current Procedural Terminology
CY	Calendar Year
DOS	Date of Service
E/M	Evaluation and Management
EUA	Emergency Use Authorization
FQHC	Federally Qualified Health Center
HCPCS	Healthcare Common Procedure Coding System
OPPS	Outpatient Prospective Payment System
OTC	Over-the-Counter

Acronym List Two

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Acronym	Definition
PBD	Provider Based Department
PCR	Polymerase Chain Reaction
PHE	Public Health Emergency
PFS	Physician Fee Schedule
POS	Place of Service
RHC	Rural Health Clinic
SNF	Skilled Nursing Facility

End of COVID-19 PHE Overview

Ending the COVID-19 PHE - Resource Update

- Intent to end the COVID-19 national emergency and PHE declarations end of day May 11, 2023:
  - 60 days' notice was issued before ending the PHE
- Resources available to help you prepare for the end of the COVID-19 PHE:
  - Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency
  - CMS Emergencies Page:
    - ✓ Coronavirus Waivers & Flexibilities:
      - ➢ Provider-specific fact sheets for information about COVID-19 PHE waiver and flexibilities
    - ✓ CMS 1135 Waiver / Flexibility Request and Inquiry Form
    - ✓ Acute Hospital At Home:
      - ➢ Individual waiver (not a blanket waiver)
      - ➢ Each hospital seeking to provide acute hospital care at home must submit its own waiver request under its unique CMS Certification Numbers (CCN)
  - National Office Hours Call on the Ending of the COVID-19 Public Health Emergency transcript
  - Quality, Safety, & Oversight Memorandum: Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)

COVID-19 Public Health Emergency Transition Roadmap

- There are significant flexibilities and actions that will not be affected as we transition from the current phase of our response to the conclusion of the COVID-19 PHE
- For more information regarding what changes and does not change across the Department of Health and Human Services, review this fact sheet
- Reference:
  - Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap

Coronavirus COVID-19 Information

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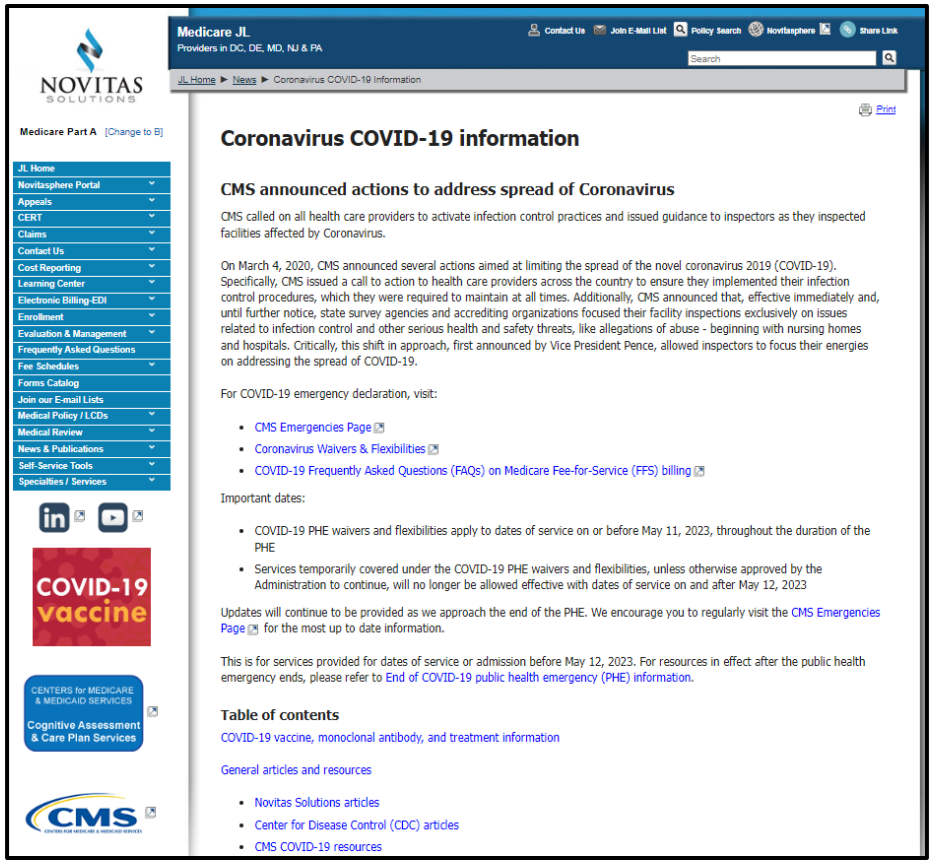
- Coronavirus COVID-19 information (JH) (JL)



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Coronavirus COVID-19 information

CMS announced actions to address spread of Coronavirus

CMS called on all health care providers to activate infection control practices and issued guidance to inspectors as they inspected facilities affected by Coronavirus.

On March 4, 2020, CMS announced several actions aimed at limiting the spread of the novel coronavirus 2019 (COVID-19). Specifically, CMS issued a call to action to health care providers across the country to ensure they implemented their infection control procedures, which they were required to maintain at all times. Additionally, CMS announced that, effective immediately and, until further notice, state survey agencies and accrediting organizations focused their facility inspections exclusively on issues related to infection control and other serious health and safety threats, like allegations of abuse - beginning with nursing homes and hospitals. Critically, this shift in approach, first announced by Vice President Pence, allowed inspectors to focus their energies on addressing the spread of COVID-19.

For COVID-19 emergency declaration, visit:

- CMS Emergencies Page
- Coronavirus Waivers & Flexibilities
- COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) billing

Important dates:

- COVID-19 PHE waivers and flexibilities apply to dates of service on or before May 11, 2023, throughout the duration of the PHE
- Services temporarily covered under the COVID-19 PHE waivers and flexibilities, unless otherwise approved by the Administration to continue, will no longer be allowed effective with dates of service on and after May 12, 2023

Updates will continue to be provided as we approach the end of the PHE. We encourage you to regularly visit the CMS Emergencies Page for the most up to date information.

This is for services provided for dates of service or admission before May 12, 2023. For resources in effect after the public health emergency ends, please refer to End of COVID-19 public health emergency (PHE) information.

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COVID-19 vaccine, monoclonal antibody, and treatment information

General articles and resources

- Novitas Solutions articles
- Center for Disease Control (CDC) articles
- CMS COVID-19 resources

End of COVID-19 public health emergency (PHE) information

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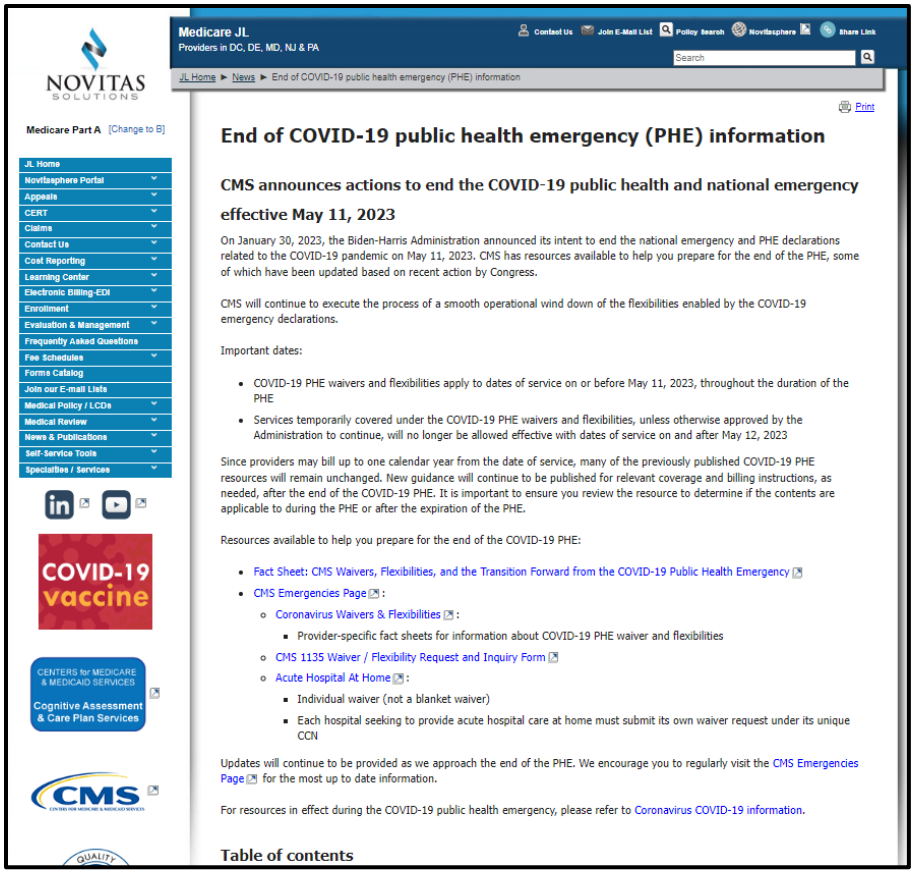
- End of COVID-19 public health emergency (PHE) information (JH) (JL)



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End of COVID-19 public health emergency (PHE) information

CMS announces actions to end the COVID-19 public health and national emergency effective May 11, 2023

On January 30, 2023, the Biden-Harris Administration announced its intent to end the national emergency and PHE declarations related to the COVID-19 pandemic on May 11, 2023. CMS has resources available to help you prepare for the end of the PHE, some of which have been updated based on recent action by Congress.

CMS will continue to execute the process of a smooth operational wind down of the flexibilities enabled by the COVID-19 emergency declarations.

Important dates:

- COVID-19 PHE waivers and flexibilities apply to dates of service on or before May 11, 2023, throughout the duration of the PHE
- Services temporarily covered under the COVID-19 PHE waivers and flexibilities, unless otherwise approved by the Administration to continue, will no longer be allowed effective with dates of service on and after May 12, 2023

Since providers may bill up to one calendar year from the date of service, many of the previously published COVID-19 PHE resources will remain unchanged. New guidance will continue to be published for relevant coverage and billing instructions, as needed, after the end of the COVID-19 PHE. It is important to ensure you review the resource to determine if the contents are applicable to during the PHE or after the expiration of the PHE.

Resources available to help you prepare for the end of the COVID-19 PHE:

- Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency
- CMS Emergencies Page:
  - Coronavirus Waivers & Flexibilities:
    - Provider-specific fact sheets for information about COVID-19 PHE waiver and flexibilities
  - CMS 1135 Waiver / Flexibility Request and Inquiry Form
  - Acute Hospital At Home:
    - Individual waiver (not a blanket waiver)
    - Each hospital seeking to provide acute hospital care at home must submit its own waiver request under its unique CCN

Updates will continue to be provided as we approach the end of the PHE. We encourage you to regularly visit the CMS Emergencies Page for the most up to date information.

For resources in effect during the COVID-19 public health emergency, please refer to Coronavirus COVID-19 information.

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Do Not Report CR Modifier and DR Condition Code After PHE Ends

- The CR modifier and DR condition code should only be reported during a PHE when a formal waiver is in place
- Plan to discontinue using the CR modifier and DR condition code for claims with dates of service on or after May 12, 2023
- For benefit period and qualifying stay waivers in a skilled nursing facility or swing bed, submit condition code DR for inpatient claims with admission dates before May 12, 2023
- References:
  - CMS MLN Connects Thursday, March 16, 2023
  - CMS MLN Connects Thursday, March 30, 2023
  - Medicare Claims Processing Manual, Pub. 100-04, Chapter 38 – Emergency Preparedness Fee-For-Service Guidance, Section 10 “Use of the CR Modifier and DR Condition Code for Disaster/Emergency-Related Claims

CS Modifier

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- Use of the CS modifier for services subject to the cost-sharing waiver for COVID-19 testing-related services is no longer applicable with the end of the PHE
- Reference:
  - SE20011 Medicare FFS Response to the PHE on COVID-19

Provider Enrollment Revalidation

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- Purpose:
  - Verify Medicare has the most current information on enrollment file
- Providers and suppliers revalidate every five years:
  - CMS reserves the right to request off-cycle revalidations
- Two ways to complete revalidation:
  - Online through PECOS
  - Paper applications (JH) (JL)
- To determine your due date, visit CMS' Medicare Revalidation List
- View our revalidation center (JH) (JL) for more information

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Provider-Specific Changes Due to the End of the COVID-19 PHE

COVID-19 Waivers and Administrative Flexibilities: How Health Care Providers and Suppliers are Affected

- Standard Blanket Waivers for Disaster Responses:
  - These waivers made available to several categories of providers will end at the end of the PHE
  - For more information review the CMS Coronavirus waivers & flexibilities webpage
- Hospital at Home:
  - Under the Consolidated Appropriations Act, 2023, the Acute Hospital Care at Home initiative has been extended through December 31, 2024:
    - ✓ Hospitals can continue to apply to participate in the initiative
    - ✓ If an individual is receiving care in a participating hospital and meets the requirements to receive inpatient care at home, they can continue to do so
- Nurse Aide Training for Nursing Homes:
  - All nursing aide training emergency waivers for states and facilities will end at the end of the PHE:
    - ✓ At that time, facilities will have four months (until September 10, 2023) to have all nurse aides who are hired prior to the end of the PHE complete a state-approved Nurse Aide Training and Competency Evaluation Programs (NATCEP) or Competency Evaluation Program (CEP)
    - ✓ Nurse aides hired after the end of the PHE will have up to four months from their date of hire to complete a state-approved NATCEP/CEP
- Reference:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency

COVID-19 Waivers and Administrative Flexibilities: How Health Care Providers and Suppliers are Affected Continued

- Scope of Practice (Certified Registered Nurse Anesthetist - Anesthesia services):
  - CMS will end this emergency waiver at the end of the PHE, but states may apply to waive the requirement
  - To apply for an exemption in a state, the Governor of the state must send a request to CMS attesting that they consulted with the State Boards of Medicine and Nursing about issues related to access to and quality of anesthesia services and concluded that it is in the best interest of the citizens of the state to opt-out of the current supervision requirements and that the opt-out is consistent with state law
- Health and Safety Requirements:
  - A significant number of emergency waivers related to health and safety requirements will expire at the end of the PHE
  - Example: During PHE, the timeframe to complete a medical record at discharge was extended:
    - ✓ With the end of the PHE, the patient's medical records are required to be completed at discharge to ensure there are no gaps in patients' continuity of care:
      - ➢ Each provider should have the most up-to-date understanding of their patients' medical records
- Reference:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency

Hospitals

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- Waivers and flexibilities ending May 11, 2023, include:
  - Hospitals Without Walls that allowed use of temporary expansion sites:
    - ✓ When the PHE ends, hospitals and CAHs will be required to provide services to patients within their hospital departments, pursuant to hospital and CAH conditions of participation at 42 CFR part 482 and part 485, Subpart F, respectively
  - Off Site Patient Screening:
    - ✓ Emergency Medical Treatment and Active Labor Act (EMTALA) waiver allowing hospitals to redirect patients from their emergency departments to screening tents for COVID-19 testing
  - Expanded ability for hospitals to offer long-term care services (swing beds) for patients who do not require acute care but do meet the SNF level of care criteria as set forth in 42 CFR 409.31
  - Increased weighting factor of the assigned diagnosis-related group (DRG) by 20 percent for an individual diagnosed with COVID-19 discharged during the COVID-19 public health emergency period
- Reference:
  - Hospitals and CAHs (including Swing Beds, DPUs), ASCs and CMHCs: CMS Flexibilities to Fight COVID-19

Hospitals Continued

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- Use of provider-based departments (PBDs) that were relocated to settings outside the hospital, including patient's homes, after receipt of an extraordinary circumstances waiver and that provide education and therapy services to hospital outpatients:
  - Following the COVID-19 PHE, if temporarily relocated off-campus PBDs do not go back to their original location, they will be considered to be non-excepted PBDs and paid the PFS-equivalent rate
- Hospital-only remote outpatient therapy and education services:
  - These services will no longer be paid when provided in the patient's home
  - In the CY 2023 OPPS/ASC Final Rule, CMS finalized OPPS payment after the PHE ends for behavioral health services furnished remotely by clinical staff of hospital outpatient departments:
    - ✓ This flexibility does not depend on considering the beneficiary's home to be a part of the hospital
    - ✓ CMS clarified that these services will not be recognized as partial hospitalization services, but will be available to beneficiaries in a partial hospitalization program

Long-Term Care Hospital (LTCH)

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- When the COVID-19 PHE ends, all LTCH admissions, except those that meet the requirements for exclusion from the site-neutral rate, are subject to the site-neutral payment rate under section 1886(m)(6)(A)(i) of the Act
- Reference:
  - Long-Term Care Hospitals & Extended Neoplastic Disease Care Hospitals: CMS Flexibilities to Fight COVID-19

Inpatient Rehabilitation Facility (IRF)

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- Waivers of the following requirements will expire at the end of the COVID-19 PHE:
  - Intensity of therapy requirement ("3-Hour Rule") where patients treated in IRFs generally receive at least 15 hours of therapy per week
  - Rehabilitation physicians (or, in accordance with the revised regulations, non-physician practitioners) will be required to visit IRF patients face-to-face at least three times per week:
    - ✓ No longer allowed to be performed as telehealth
  - In-person, weekly interdisciplinary team meeting are expected:
    - ✓ Rehabilitation physicians may lead meeting remotely using video, telephone conferencing, or technology
- When the COVID-19 PHE ends:
  - All inpatients will again be included in the IRF freestanding hospital's or excluded distinct part unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60% rule")
- Reference:
  - Inpatient Rehabilitation Facilities: CMS Flexibilities to Fight COVID-19

Skilled Nursing Facility (SNF)

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- Qualifying Hospital Stay (QHS) Waiver waiving the 3-day qualifying hospital stay during the PHE ends on May 11, 2023:
  - For patients admitted on or before May 11, 2023, the QHS waiver applies
  - For patients admitted on or after May 12, 2023, the patient must have a QHS
  - For an interrupted stay situation that goes beyond May 11, 2023, where the patient gets readmitted to the SNF for what is classified as a new SNF stay, the QHS will be required
  - A patient admitted under the waiver can continue with the SNF stay without the QHS as long as medically necessary
- Benefit Period Waiver ends on May 11, 2023:
  - This waiver allowed certain beneficiaries who exhausted their SNF benefits a onetime renewed SNF coverage without first having to start and complete a 60-day "wellness period"
  - If benefits exhaust on or before May 11, 2023, waiver applies
  - If benefits exhaust on or after May 12, 2023, then there needs to be a 60-break before a new 100-day SNF benefit period
- Reference:
  - Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities): CMS Flexibilities to Fight COVID-19

Virtual Supervision

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- During the COVID-19 PHE:
  - CMS temporarily changed the definition of “direct supervision”:
    - ✓ To allow the supervising health care professional to be immediately available through virtual presence using real-time audio/video technology instead of requiring their physical presence
  - CMS also clarified that the temporary exception to allow immediate availability for direct supervision through virtual presence:
    - ✓ Facilitates the provision of telehealth services by clinical staff “incident to” the professional services of physicians and other practitioners
- Flexibilities will expire on December 31, 2023
- Reference:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency

Teaching Physicians

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- During the COVID-19 PHE:
  - Teaching physicians may use audio/video real time communications technology to interact with the resident through virtual means, which would meet the requirement that they be present for the key portion of the service, including when the teaching physician involves the resident in furnishing Medicare Telehealth services
- After the PHE:
  - Only teaching physicians in residency training sites located outside of a metropolitan statistical area may meet the presence for the key portion requirement through audio/video real-time communications technology
- Reference:
  - Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities to Fight COVID-19

Teaching Physicians – Primary Care Center

- During the PHE:
  - Teaching physicians involving residents in providing care at certain primary care centers can provide the necessary direction, management, and review for services furnished by up to four residents at a time using audio/video real-time communications technology
- After the PHE:
  - Teaching physicians only in residency training sites located outside of a metropolitan statistical area may direct, manage, and review care furnished by residents through audio/video real-time communications technology
- Reference:
  - Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities to Fight COVID-19

Teaching Physicians – Primary Care Center Continued

- During the PHE:
  - Teaching physicians can oversee and bill for an expanded scope of care furnished by up to four residents at a time in certain primary care centers, including all levels of an office/outpatient E/M visit, telephone E/M, care management, and communication technology-based services
- After the PHE:
  - Teaching physicians can bill for levels 4-5 of an office/outpatient E/M visit furnished by residents in these primary care centers only when the teaching physician is physically present for the key portion of the service
- Reference:
  - Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities to Fight COVID-19

Ambulatory Surgical Center (ASC)

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- When the PHE ends, ASCs must decide either to meet the certification standards for hospitals at 42 CFR part 482, or return to ASC status:
  - If they choose to return to ASC status, they can only be paid under the ASC payment system for services on the ASC Covered Procedures List
- When the PHE ends, independent, freestanding, emergency departments (IFEDs) cannot bill Medicare for services as their temporary Medicare certification will end
- Reference:
  - Hospitals and CAHs (including Swing Beds, DPUs), ASCs and CMHCs: CMS Flexibilities to Fight COVID-19
  - ASC specialty page (JH) (JL)

Laboratory Services

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- HCPCS codes G2023 and G2024 used for lab specimen collection from a patient's home will be terminated for DOS on or after May 12, 2023:
  - No longer payable under Medicare
- After the PHE, Medicare will require all COVID-19 and related testing that is performed by a laboratory to be ordered by a physician or non-physician practitioner
- Increased payment for COVID-19 laboratory tests performed using high throughput technologies will no longer be payable for DOS on or after May 12, 2023, and HCPCS codes U0003, U0004, and U0005 will be terminated
- Reference:
  - Laboratories: CMS Flexibilities to Fight COVID-19

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Opioid Treatment Programs

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- Access to buprenorphine for opioid use disorder treatment in OTPs will not be affected:
  - Patient will continue to be allowed to start buprenorphine in an OTP by telehealth without the required in-person physical examination first
- Access to expanded methadone take-home doses for opioid use disorder treatment will not be affected:
  - SAMHSA extended this flexibility for one year from the end of the COVID-19 PHE, which will be May 11, 2024
- Reference:
  - Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap

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Telemedicine: Telehealth, Virtual Check-Ins, E-visits, and Telephone Services

Telehealth – End of PHE Updates

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- The Consolidated Appropriations Act (CAA), 2023, extended many telehealth flexibilities through December 31, 2024:
  - People with Medicare can access telehealth services in any geographic area in the United States, rather than only those in rural areas
  - People with Medicare can stay in their homes rather than traveling to a health care facility
  - Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer
  - Medicare payment for the telephone E/M visits (CPT codes 99441-99443) is equivalent to an established office/outpatient visit
- Physicians and practitioners will continue to bill modifier 95 with same place of service (POS) equal to what it would have been had the service been furnished in-person
- References:
  - MM12982 Medicare Physician Fee Schedule Final Rule Summary: CY 2023
  - Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency

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HCPCS Codes Q3014 and G0463 - Hospitals

- Medicare originating site facility fee for HCPCS code Q3014 for CY 2023 is $28.64:
  - Only billable based on original telehealth guidelines
- At the end of the PHE:
  - Hospitals cannot bill the originating site facility fee (HCPCS code Q3014) unless the beneficiary is located within a hospital and the beneficiary receives a Medicare telehealth service from an eligible distant site practitioner
  - If the beneficiary is within a hospital and receives a hospital outpatient clinic visit (including a mental/behavioral health visit) from a practitioner in the same physical location, then the hospital would bill for the clinic visit (HCPCS code G0463)
  - CAA only applies to physicians
- Reference:
  - Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency

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Behavioral Health

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- CMS has been allowing many behavioral health and education services to be furnished via telehealth using audio-only communications:
  - Services eligible to be furnished via audio-only are included on the CMS list of telehealth services
  - CAA extends availability through December 31, 2024
  - Physicians and practitioners will continue to bill modifier 95 with same place of service (POS) equal to what it would have been had the service been furnished in-person
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

List of Telehealth Services

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- CMS updated and simplified the List of Telehealth Services to clarify services available through the end of CY 2023:
  - Updates for CY 2024 and beyond will be addressed as part of the CY 2024 Physician Fee Schedule proposed and final rules

LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2023 - updated February 13, 2023

Code	Short Descriptor	Can Audio-only Interaction Meet the Requirements	Medicare Payment Limitations
94002	Vent mgmt inpat init day		
94003	Vent mgmt inpat subq day		
94004	Vent mgmt nf per day		
94005	Home vent mgmt supervision		Bundled code
94625	Phy/qhp op pulm rhb w/o mntr		
94626	Phy/qhp op pulm rhb w/ mntr		
94664	Evaluate pt use of inhaler		
95970	Alys npgt w/o prgrmg		
95971	Alys smpl sp/pn npgt w/prgrm		
95972	Alys cplx sp/pn npgt w/prgrm		
95983	Alys brn npgt prgrmg 15 min		
95984	Alys brn npgt prgrmg addl 15		
96105	Assessment of aphasia		
96110	Developmental screen w/score		Non-covered service
96112	Devel tst phys/qhp 1st hr		
96113	Devel tst phys/qhp ea addl		
96116	Nubhvl xm phys/qhp 1st hr	Yes	
96121	Nubhvl xm phy/qhp ea addl hr	Yes	

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Other Notable Telehealth Changes

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- Remote physiologic monitoring (RPM):
  - When the PHE ends:
    - ✓ Clinicians must once again have an established relationship with the patient prior to providing RPM services:
      - ➢ However, we will continue to allow RPM services to be furnished to patients with both acute and chronic conditions
    - ✓ Clinicians must only bill for RPM services described by CPT codes 99453 and 99454 when at least 16 days of data have been collected
- After the PHE, all applicable rules for furnishing the following services with take effect where the frequency limitations were previously removed:
  - A subsequent inpatient visit could be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233)
  - A subsequent SNF visit could be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 14 days (CPT codes 99307-99310).
  - Critical care consult codes could be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (HCPCS codes G0508-G0509)
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

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Telehealth Waivers Expiring With the End of the PHE

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- Section 1135 waivers that allowed for the following requirements to be performed as telehealth will expire at the end of the COVID-19 PHE meaning face-to-face visits will be required:
  - Medicare patients with end stage renal disease (ESRD) who are on home dialysis must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial three months of home dialysis and at least once every three consecutive months after the initial three months
  - To the extent that a National Coverage Determination (NCD) or Local Coverage Determination (LCD) would otherwise require an in-person, face-to-face visit for evaluations and assessments
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

Virtual Check-Ins

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- A brief communication service with practitioners, professionals, clinicians, and providers via a number of communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image
- During the PHE, clinicians provided remote evaluation of patient video/images and virtual check-in services (HCPCS codes G2010 and G2012 for physicians and G2251 and G2252 for non-physician practitioners) to both new and established patients
- After the end of the PHE, these services may only be provided to established patients
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

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E-Visits

NOVITAS SOLUTIONS

- A communication between a patient and their provider through an online portal
- In addition to physicians and other non-physician practitioners, during the PHE, licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists provided e-visits
- Physicians continue to use CPT codes 99421- 99423
- Qualified non-physician practitioners use CPT codes 98970-98972:
  - Physical therapists, occupational therapists, speech language pathologists, and licensed CPs and CSWs
- This policy was made permanent in the CY 2021 PFS Final Rule
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

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Telephone Services

NOVITAS SOLUTIONS

- Non-face-to-face E/M services provided using telephone audio
- During the PHE, a broad range of clinicians, including physicians, provided certain services by telephone to their patients
- Medicare payment for the telephone E/M (CPT codes 99441-99443) is equivalent to the Medicare payment for office/outpatient visits with established patients effective March 1, 2020:
  - After the PHE ends, the CAA provides for an extension for this flexibility through December 31, 2024
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

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Vaccine, Testing, and Treatments

COVID-19 Vaccines

NOVITAS SOLUTIONS

- Coverage will continue without cost sharing
- SNF enforcement discretion:
  - The enforcement discretion associated with vaccinating Medicare SNF residents will end on June 30, 2023, meaning immunizers will no longer bill Medicare directly for vaccines furnished to patients for a Medicare Part A-covered SNF stay
  - Beginning on July 1, typical SNF consolidated billing regulations will be in place, which require SNFs to bill for all services furnished to patients in a Medicare-covered SNF stay, including vaccines
- Reference:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency
  - Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities): CMS Flexibilities to Fight COVID-19

Vaccine Reimbursement

NOVITAS SOLUTIONS

- 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 COVID-19:
  - These rates are geographically adjusted for many providers
  - EUA declaration is distinct from, and not dependent on, the PHE for COVID-19:
    - ✓ Effective January 1 of the year following the year in which the EUA declaration ends, CMS will set the payment rate for administering COVID-19 vaccines to align with the payment rate for administering other Medicare Part B preventive vaccines, that is, approximately $30 per dose
  - Additional payment for administering the vaccine in the patient's home continues through calendar year 2023
- References:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19
  - Medicare COVID-19 Vaccine Shot Payment
  - What happens to EUAs when a public health emergency ends

COVID-19 Testing

NOVITAS SOLUTIONS

- COVID-19 PCR and antigen test coverage will continue when the test is ordered by a physician or other health care provider and performed by a laboratory
- Current access to free over-the-counter COVID-19 tests will end with the end of the PHE
- Reference:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency
  - Coverage for COVID-19 Tests

Pharmacists

NOVITAS SOLUTIONS

- CMS authorized pharmacists and other health care professionals authorized under the state scope of practice and other relevant laws, to order COVID-19 tests for Medicare beneficiaries during the PHE:
  - This does not mean pharmacists and other health care professionals have been able to enroll in the Medicare program to furnish and bill for services provided to beneficiaries:
    - ✓ It has allowed Medicare to pay for tests that they order
- This will expire at the end of the COVID-19 PHE
- Reference:
  - Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

COVID-19 Treatments

NOVITAS SOLUTIONS

- No change in Medicare coverage of treatments for those exposed to COVID-19 once the PHE ends:
  - In cases where cost sharing and deductible apply, they will continue to apply
  - Access to oral antivirals, such as Paxlovid and Lagevrio does not change
- COVID-19 treatments add-on payment (NCTAP) will end September 30, 2023
- Reference:
  - New COVID-19 Treatments Add-On Payment (NCTAP)

RHCs, FQHCs and CAHs

What Will be Affected for RHCs

NOVITAS SOLUTIONS

- Effective May 11, 2023:
  - Free COVID-19 over-the-counter tests will end
  - Virtual communication services:
    - ✓ HCPCS code G0071 will no longer include digital evaluation and management services
    - ✓ Virtual communications can only be provided to established patients
    - ✓ Consent for services will require direct supervision
    - ✓ Reimbursement after May 11, 2023, through the end of 2023:
      - ➢ $13.22
  - Home nursing visits will return to pre-PHE requirements
  - Certain staffing requirements will end May 11, 2023
  - Temporary expansion locations will end May 11, 2023
  - Bed count for provider-based RHCs will end May 11, 2023
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19
- CMS 1135 Waiver / Flexibility Request and Inquiry Form

What is Not Affected for RHCs

NOVITAS SOLUTIONS

- Effective May 11, 2023:
  - COVID-19 Vaccines and Monoclonal antibodies:
    - ✓ Continue to add to cost report for reimbursement
  - Medical telehealth/telephone services will continue to be reimbursed through HCPCS code G2025 until December 31, 2024:
    - ✓ Updated telehealth list, Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - Physician supervision of nurse practitioners will return to pre-PHE requirements end of December 2023
  - Mental telehealth is no longer reimbursed under HCPCS code G2025, use appropriate HCPCS code for your mental health visit, no changes occur May 11, 2023
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19

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What Will be Affected FQHC

NOVITAS SOLUTIONS

- Effective May 11, 2023:
  - Free COVID-19 over-the-counter tests will end
  - Virtual communication services:
    - ✓ HCPCS code G0071 will no longer include digital evaluation and management services
    - ✓ Virtual communications can only be provided to established patients
    - ✓ Consent for services will require direct supervision
    - ✓ Reimbursement after May 11, 2023, through the end of 2023:
      - ➢ $13.22
  - Home nursing visits will return to pre-PHE requirements
  - Certain staffing requirements will end May 11, 2023
  - Temporary expansion locations will end May 11, 2023
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19
- CMS 1135 Waiver / Flexibility Request and Inquiry Form

What is Not Affected FQHC

NOVITAS SOLUTIONS

- Effective May 11, 2023:
  - COVID-19 Vaccines and Monoclonal antibodies:
    - ✓ Continue to add to cost report for reimbursement
  - Medical telehealth/telephone services will continue to be reimbursed through HCPCS code G2025 until December 31, 2024:
    - ✓ Updated telehealth list, Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - Physician supervision of nurse practitioners will return to pre-PHE requirements the end of December 2023
  - Mental telehealth is no longer reimbursed through HCPCS code G2025, but through HCPCS codes G0469/G0470, no changes occur May 11, 2023
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19

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What Will be Affected for CAHs

NOVITAS SOLUTIONS

- Effective May 11, 2023:
  - Free COVID-19 over-the-counter tests will end
  - Waivers of the requirements that Critical Access Hospitals (CAHs) limit the number of inpatient beds to 25 and general limitations on CAH lengths of stay to no longer than 96 hours on average
  - Scope of Practice Certified Registered Nurse Anesthetist:
    - ✓ Anesthesia services CMS currently waives the requirement that a certified registered nurse anesthetist (CRNA) must be under the supervision of a physician, instead permitting CRNA supervision at the discretion of the hospital or Ambulatory Surgical Center (ASC) and state law
    - ✓ This waiver applies to hospitals, CAHs, and ASCs:
      - ➢ These waivers allow CRNAs to function to the fullest extent of their licensure when this is occurring consistent with a state or pandemic or emergency plan
        - » To apply for an exemption in a state, based on the standards set forth in the final rule published on November 13, 2001 (66 Fed. Reg. 56762), the Governor of the state must send a request to CMS, see the link below for additional information
- Virtual Supervision:
  - This flexibility will expire on December 31, 2023:
    - ✓ To allow more people to receive care during the PHE, CMS temporarily changed the definition of “direct supervision” to allow the supervising health care professional to be immediately available through virtual presence using real-time audio/video technology instead of requiring their physical presence
    - ✓ CMS also clarified that the temporary exception to allow immediate availability for direct supervision through virtual presence also facilitates the provision of telehealth services by clinical staff “incident to” the professional services of physicians and other practitioners
- CMS PHE Fact Sheet

What is Not Affected for CAHs

NOVITAS SOLUTIONS

- Effective May 11, 2023:
  - COVID-19 Vaccines and Monoclonal antibodies:
    - ✓ Medicare coverage will continue to have access to COVID-19 vaccinations without cost sharing after the end of the PHE
    - ✓ Medicare will continue to cover COVID-19 PCR and antigen tests with no cost sharing when the test is ordered by a physician or certain other health care providers:
      - ➢ Such as physician assistants and certain registered nurses, and performed by a laboratory
  - The Consolidated Appropriations Act, 2023, extended many telehealth flexibilities through December 31, 2024, such as:
    - ✓ Telehealth services in any geographic area in the United States, rather than only those in rural areas
    - ✓ Medicare beneficiaries can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility
    - ✓ Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer:
      - ➢ Updated telehealth list, Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - CMS PHE Fact Sheet

IHS COVID Updates Outpatient Hospitals UB-04

- COVID-19 vaccines, administrations and mAb infusions:
  - No changes

  Telehealth, telephone, specimen collections and diagnostic testing:

  UB-04 billing awaiting direction from CMS
- Soon as we have direction from CMS we will conduct a webinar

Summary

NOVITAS SOLUTIONS

- Provided guidance on what is changing due to the COVID-19 PHE ending
- Reviewed resources available for the end of the PHE
- Explored the most current information on telehealth, virtual check-ins, E-visits, and telephone services
- Discussed vaccines, testing, and treatments

Customer Contact Information

- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Jurisdiction H:
  - Customer Contact Center- 1-855-252-8782
- Jurisdiction L:
  - Customer Contact Center- 1-877-235-8073
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - http://www.medicare.gov

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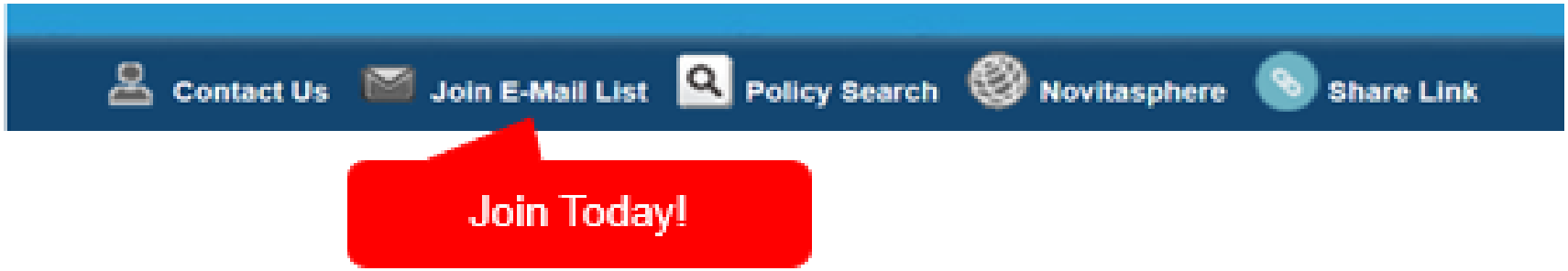

- Receive current updates directly via email:
  - Part A and Part B News
  - Issued every Tuesday and Friday
  - CMS MLN Connects issued Thursdays
- Subscribing is quick and easy:
  - Click the Join E-Mail List (JH) (JL) from our website tool bar
- Didn't receive verification or stopped receiving email notifications?
  - Follow these simple steps to allow emails

Thank You for Attending

- Effective January 1, 2023, CEU completion certificates are available through the MyCEUCertificate Gateway (JH) (JL)
- CEUs are awarded for successful completion of an event
- **Certificates will be available within 3-5 business days after the event in the MyCEUCertificate Gateway**
- **NOTE: If you have not attended any events, the gateway will not be able to validate/authenticate your information until 3-5 business days after the event**
- To log into the gateway, you will need your first name, last name, and email address you used to register for the event
  - This information **must match** the information you used to register and attend the event
- Visit the Learning Center Step-by-Step Tutorial: MyCEUCertificate Gateway, for complete instructions (JH) (JL)