

# Sweeping COVID-19 Changes and Regulatory Waivers Announced

Emergency Webinar

## Disclaimer Statement

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## Relocation of Provider-Based Departments (PBDs)



*“We now feel it’s cheaper to do surgery via Skype. So, go home and lie down in front of your computer.”*

## Relocation of PBDs

- **Temporary extraordinary circumstances relocation policy in effect from 3/1/20 through end of PHE**
  - Both **on-campus and excepted off-campus** PDBs may seek an exception when relocating for purposes of addressing the COVID-19 pandemic, which will allow them to be paid at OPPS rate using “PO” modifier
    - Relocation must be consistent with state’s emergency preparedness or pandemic plan
    - One PBD may relocate to multiple locations, **including patients’ homes**

## Relocation of PBDs

- **Services may be provided at the new location(s) prior to receiving approval**
- **If approval is not given, claims will need to be rebilled using “PN” modifier and will be paid under PFS rate (40% of OPPS rate)**
- **Following end of PHE, it is expected the PBDs will relocate back to original location**
  - If not relocated to original location, they will be considered non-expected off-campus locations

## Relocation of PBDs

- **Email should be sent to the provider's CMS Regional Office within 120 days of start of services with the following information:**
  - Hospital's CCN
  - Address of the current PBD
  - Address(es) of the relocated PBD
  - Date when services started being furnished at the new location
  - Brief justification for the relocation and the role of the relocation in the COVID-19 response
  - Attestation that the relocation is consistent with state's emergency preparedness or pandemic plan

## Furnishing OP Services in Temporary Expansion Locations

- **Hospital Outpatient Therapy, Education, and Training Services may be provided by **clinical staff of the hospital** using telecommunications technology in temporary expansion locations that function as a PBD of the hospital (including patient's home)**
  - Supervision levels still apply – most are general supervision
  - Services still require an order from a physician or other NPP in accordance with their hospital privileges, state licensing requirements and scope of practice.
  - Hospital may bill for services as though they were provided in the hospital.

## Examples of OP Therapy, Counseling & Education Services

Category	HCPCS Code(s)
Therapeutic Procedures	97110, 97112, 97129, 97130, 97139, 97150, 97530, 97533, 97535
Adaptive Behavior Treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
Therapy Evaluation	97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168
Medical Nutrition Therapy	97802, 97803, 97804
Remote Physiologic Monitoring	99453, 99454, 99458
Care Planning & Management Services	99483, 99484, 99487, 99489, 99490, 99492, 99493, 99494, 99495, 99496, 99497, 99498, G0506, G2058
Diabetes Management Training	G0108, G0109
Other Services	G0175, G0248, G0249, G0444



## Furnishing OP Services in Temporary Expansion Locations

- **Partial Hospitalization Program services can be provided by facility staff of hospital or CMHC using telecommunications technology in temporary expansion locations that function as a PBD of the hospital (including patient's home)**
  - Individual psychotherapy
  - Patient Education
  - Group psychotherapy
- Must include audio and video unless video is not possible
- All other PHP requirements are unchanged

## Examples of Partial Hospitalization Program Services

Category	HCPCS Code(s)
Individual & Family Psychotherapy	990785, 90832, 90834, 90837, 90847
Group Psychotherapy	G0410, G0411
Therapy & Education Services	G0129, G0176, G0177

## Furnishing OP Services in Temporary Expansion Locations

- **Hospital In-Person Clinical Staff Services can be provided by facility staff of hospital in temporary expansion locations that function as a PBD of the hospital (including patient's home)**
- **Home health and hospital outpatient services should not overlap**
- **If patient is under a home health plan of care and services can be provided by home health, hospital staff should not provide those services**
  - Wound care
  - Drug administration

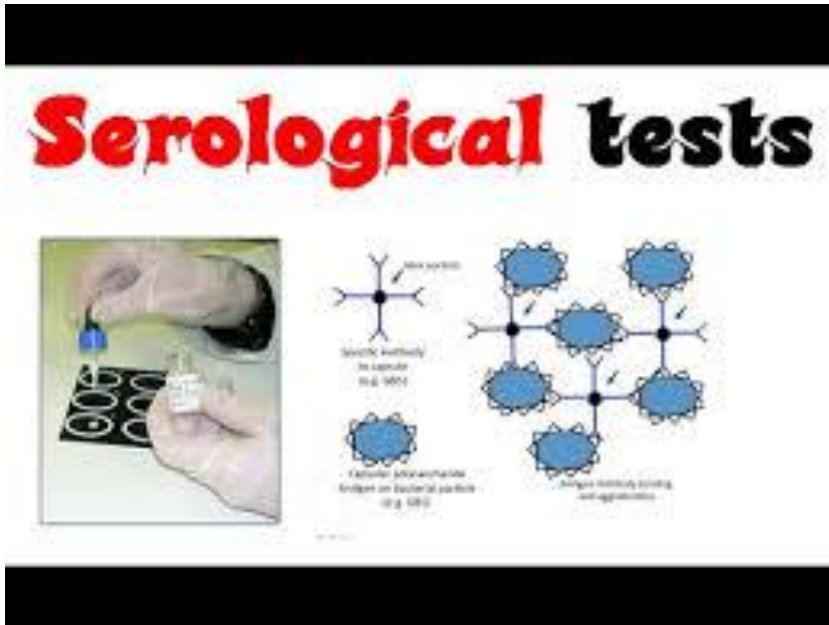
## Hospital Services Accompanying a Telehealth Visit

- **Hospitals may bill and receive payment for telehealth originating site fee when the physician provides telehealth services in the hospital OP Department to a patient at home or other temporary expansion location that has been made provider based to the hospital**
  - Scenario #1 – Hospital seeks exemption under the relocation exception policy
    - HCPCS code Q3014 reported with modifier PO (\$25.65)
  - Scenario #2 – Hospital does not seek exemption under the relocation exception policy
    - HCPCS code Q3014 reported with modifier PN (\$10.66)

## Expansion of COVID-19 Diagnostic Testing



## COVID-19 Serology Testing



- FDA-authorized COVID-19 serology tests fall under Medicare benefit category of diagnostic lab tests
- Due to PHE, tests did not go through required NCD process to establish medical necessity
- May only be billed once per sample

## Specimen Collection in Hospital Outpatient Department



- New HCPCS code C9803, Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19], any specimen source)
  - APC 5731 – Level I minor procedures
  - National reimbursement of \$22.98
  - Status indicator of Q1

## Specimen Collection in Physician Office



- Scenario #1
  - Specimen collection is the only service provided
    - CPT code 99211 – Can be billed for new and established patients
- Scenario #2
  - Specimen collection is performed as part of an E/M service
    - Collection is included in E/M service



## Specimen Collection from Homebound Patient – Lab Techs



- HCPCS code G2023, Specimen collection for COVID-19, any source
  - Approximate reimbursement \$23.46
- HCPCS code G2024, Specimen collection for COVID-19, from SNF patient or by lab on behalf of an HHA
  - Approximate reimbursement \$25.46

## Scope of Practice Changes



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- NP, CNS, PA, and CNM may order, furnish directly, and supervise the performance of diagnostic tests in accordance with state law
  - Includes psychological and neuropsychological testing
- Therapy assistants may perform maintenance services
  - PT/OT who established the maintenance program may delegate when clinically appropriate

## Scope of Practice Changes

- Any healthcare professional who is eligible to bill Medicare for their professional services can furnish telehealth services
- Any individual who may furnish and bill for their professional services to Medicare beneficiaries may review and verify notes in the medical record rather than having to re-document
- Clarification that pharmacists may provide services that are “incident to” services of the billing physician or non-physician practitioner if payment is not made under the Medicare Part D benefit
  - Medication management services provided under Part B

## Modification to Ordering Requirements

- COVID-19, influenza, and RSV tests do not require an order during the current PHE
  - Test results will be reported to the patient and to required local health officials
  - Regulations do not change when a provider orders the test

## Tests Not Requiring Practitioner Order During PHE

COVID-19 Tests	Influenza/RSV Tests	Influenza/RSV Tests
86328	87275	87503
86769	87276	87631
87635	87279	87632
U0001	87280	87633
U0002	87400	87634
U0003	87420	87804
U0004	87501	87807
	87502	

## Other Provisions In April 30 Interim Final Rule (IFR)



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"Removing the phone is easy. Getting your head and arms to their original positions will take weeks of physical therapy."

## **NCD/LCD Requirements During COVID-19 PHE**

- Waiver of face-to-face or in-person requirements during the PHE
- No enforcement of clinical indications for coverage for:
  - Respiratory services
  - Home anticoagulation management services
  - Infusion pumps
  - Therapeutic continuous glucose monitors



## Remote Physiologic Monitoring (RPM) Services

- RPM services may be reported to Medicare for periods of time less than 16 days during PHE
  - Do not report services of less than 2 days
  - Only applies to patients with suspected or confirmed COVID-19 infection
  - Applies to 99091, 99453, 99454, 99457, and 99458

## Time Used for E/M Level Selection



- Typical times listed in the office/outpatient E/M code descriptors should be used when time is the basis for code selection

New Patients	Established Patients
99201 – 10 minutes	99211 – 5 minutes
99202 – 20 minutes	99212 – 10 minutes
99203 – 30 minutes	99213 – 15 minutes
99204 – 45 minutes	99214 – 25 minutes
99205 – 60 minutes	99215 – 40 minutes

## Teaching Hospitals

- **Modification to methodology to determine IME payments**
  - Teaching hospitals IME payments will not be lowered due to temporary increases in beds during COVID-19 PHE
- **Teaching hospitals may claim residents sent to other hospitals to respond to COVID-19 PHE**
  - Allows teaching hospitals to maintain GME payments
  - Will not trigger establishment of FTE counts or PRA caps at receiving hospitals
- **Hold average daily census numbers at their pre-COVID-19 values for IRF/IPF facilities**
  - Teaching status adjustments will not decrease during the PHE

## Opioid Treatment Programs (OTPs)

- **Periodic assessments may be performed using audio/video technology**
  - HCPCS code G0277, Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment
  - May be audio only if A/V technology cannot be used and only if the assessment can be adequately performed using audio only

## Rural Health Clinics (RHCs)

- **Provider-based RHCs currently exempt from national per-visit payment limit will remain exempt regardless of number of beds associated with provider**
  - Number of beds will equal the number reported during cost reporting period prior to start of the current PHE

## Home Health Agencies (HHAs)

- **An “allowed practitioner” may certify, establish, and periodically review the plan of care and supervise the provision of items and services for Medicare beneficiaries**
  - Includes NPs, CNSs and PAs
  - Permanent change to the regulations

## Freestanding Inpatient Rehab Facilities (IRFs)

- **IRF coverage criteria, documentation requirements, and requirements for an interdisciplinary approach to care are waived for patients admitted solely to relieve acute care hospital capacity**
  - Append modifier “DS” for these patients
  - Only applies to states (or regions) that are in Phase I or who have not yet entered Phase I as outlined in the “Guidelines for Opening Up America Again”
  - Patients will be paid at the IRF PPS rates

## Reporting Requirements for LTC Facilities

- New provision to require LTC facilities to electronically report COVID-19 information in a standard format at least weekly to CDC's National Healthcare Safety Network
  - Suspected and confirmed COVID-19 infections, including previously treated residents
  - Total deaths and COVID-19 deaths
  - Personal protective equipment and hand hygiene supplies available
  - Resident beds and census
  - Access to COVID-19 testing
  - Staffing shortages



## Reporting Requirements for LTC Facilities

- New provision to require LTC facilities to inform residents, their representatives and families of confirmed or suspected COVID-19 infections among other residents and staff
  - Daily updates by 5 PM the next following one confirmed COVID-19 infection OR 3+ cases with new-onset of respiratory symptoms within 72 hours of each other
  - Weekly cumulative updates by 5 PM
    - Should not include personally identifiable information
    - Should include information on mitigating actions implemented
    - Does not require personal phone calls; can be paper notifications, website postings or recorded telephone messages

## References

- **Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency**  
<https://www.cms.gov/files/document/covid-final-ifc.pdf>
- **COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers**  
<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>
- **List of Hospital Outpatient Services and List of Partial Hospitalization Program Services Accompanying the 4/30/2020 IFC**  
<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>
- **List of Lab Test Codes for COVID-19, Influenza, RSV**  
<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>
- **MCOVID-19 Emergency Declaration Blanket Waivers for Health Care Providers**  
<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

# Questions?

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