COVID-19: After the Public Health Emergency Ends

May 4, 2023
Webinar FAQ Document

1. **Question** – When did the Emergency Use Authorization (EUA) for the monovalent COVID-19 vaccines end? Does this mean that only bivalent vaccines should be administered?

   Answer – The U.S. Food & Drug Administration (FDA) revoked the EUA for the monovalent mRNA COVID-19 vaccines effective April 18, 2023. Beginning April 18, 2023, patients receiving the mRNA-based vaccines should only be administered the bivalent formulation. This affects the Moderna and Pfizer-BioNTech vaccines, and does not affect the Novavax or Johnson & Johnson (Janssen Pharmaceuticals) vaccines.[1]

2. **Question** – Regarding video and audio-only visits in the office setting, are there any specific documentation requirements surrounding these services? For example, does the documentation need to support why a video visit is being performed instead of onsite in-office visit?

   Answer – There are no documentation requirements at this time to support why a telehealth or audio/visual visit is being performed. In the Telehealth for Providers: What You Need to Know document, the Centers for Medicare & Medicaid Services (CMS) does not mention anything about the need for documenting why the visit is not an in-office visit.[2]

3. **Question** – Is Medicare requiring modifier 93 for all audio-only services now?

   Answer – There are certain Current Procedural Terminology (CPT®) codes that will not need to append modifier 93 *Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System*, such as the telephone evaluation and management (E/M) codes 99441-99443 or 98966-98968. In the Calendar Year (CY) 2023

[1] FDA News Release, "Coronavirus (COVID-19) Update: FDA Authorizes Changes to Simplify Use of Bivalent mRNA COVID-19 Vaccines", available at: https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-changes-simplify-use-bivalent-mrna-covid-19-vaccines (April 18, 2023)

[2] "Telehealth for Providers: What You Need to Know", page 16, available at: https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf (March 2021)

Medicare Physician Fee Schedule (MPFS) Final Rule, CMS said that providers "can" report modifier 93 on audio only services. This generally means that usage is optional.

The exception is for audio-only mental health and substance abuse disorder services. In this instance, a modifier is required to indicate the service was audio-only. Providers may use either modifier 93 or FQ *The service was furnished using audio-only communication technology*.[3]

4. **Question** – Will modifier CS *Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency* still need to be appended?

   Answer – After the end of the Public Health Emergency (PHE), modifier CS will no longer be necessary. The description of the modifier contains the phrase "during the COVID-19 public health emergency" indicating this will no longer apply after May 11, 2023.[4]

   National Government Services (NGS) Medicare has an article on their site indicating that cost sharing for line items with the CS modifier will no longer be bypassed.[5]

5. **Question** – Regarding modifier CS, will insurance companies no longer use the modifier on evaluation and management (E/M) visits that result in a laboratory test?

[3] Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; page 69466, available at: https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other (November 18, 2022)
[4] COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing, "B. Diagnostic Laboratory Services, Question 15," page 11, available at: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf (Updated: April 20, 2023)
[5] Modifier CS and COVID-19 Billing, available at: https://www.ngsmedicare.com/web/ngs/search-details?lob=93617&state=97256&rgion=93623&selectedArticleId=1422633 (April 10, 2023)

Answer – Insurance companies may set their own payment policies on cost sharing and use of modifier CS. You will need to verify with the individual insurance companies.[6]

6. **Question** – What about the modifiers that coders were adding to the claims during the PHE to indicate the emergency?

   Answer – At the end of the PHE, modifier CR *Catastrophe/disaster related* and condition code DR *Disaster Related* will no longer be necessary with limited exceptions.

   According to the MLN® Connects Newsletter published May 4, 2023, there are two exceptions for the COVID-19 PHE. Modifier CR should continue to be used by Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers for supplies and accessories associated with certain DMEPOS items provided during the PHE.

   Skilled Nursing Facility (SNF) and swing bed providers should continue to report condition code DR on inpatient claims for patients admitted prior to May 12 to indicate that the patient was admitted under the waiver for benefit period and qualifying stay scenarios.[7]

7. **Question** – Will the telehealth modifiers change or are they remaining the same?

   Answer – At this time, there does not appear to be changes to the guidance for modifier usage for telehealth services. There may be updates for 2024, so it will be important to read the documents published for the rule-making process.

[6] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency "Private Insurance", pages 10-11, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

[7] MLN Connects® Newsletter 2023-0504, "Claims, Pricers, & Codes", available at: https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive/2023-05-04#_Toc134022257 (May 4, 2023)

The Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, which was recently updated by CMS, does not contain information regarding modifier usage.[8]

8. **Question** – Could you please provide clarification on the usage of modifiers PN *Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital* and PO *Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments* for telehealth services?

   Answer – For Provider-Based Departments (PBDs) of a hospital, there will be very limited use of telehealth services. Use of modifier PN or PO will be based upon whether or not your PBD is considered excepted or non-excepted.

   Telehealth services on an institutional claim would be limited to the behavioral health services that may be provided by hospital-employed staff, which is reported with Healthcare Common Procedure Coding System (HCPCS) codes C7900-C7902.

   HCPCS code Q3014 *Telehealth originating site facility fee* does not require the use of modifier PN/PO. This code may only be reported if the patient is at your facility and services are being provided by a distant site provider.[9]

9. **Question** – Should Rural Health Clinics (RHCs) continue to report HCPCS code G2025 *Payment for a telehealth distant site service provided by a rural health clinic (RHC) or federally qualified health center (FQHC) only*?

[8] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

[9] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", pages 5-7, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

Answer – RHCs and Federally Qualified Health Centers (FQHCs) may report HCPCS code G2025 through the end of 2024 for telehealth services.[10]

The exception is for mental health and substance use services, which would not use HCPCS code G2025 when provided via telehealth.[11]

10. **Question** – Can individual or group diabetes classes be done as telehealth or part of the Hospital Without Walls?

    Answer – The answer will be dependent upon your provider enrollment with CMS. Providers or suppliers who are enrolled in the Medicare Diabetes Prevention Program (MDPP) Expanded Model may continue to deliver services via telehealth. The guidance, published in the Federal Register on May 2, 2023, states that "in-person delivery" is suspended through December 31, 2023. Additionally, the new guidance eliminates the maximum number of virtual services.[12]

    For facility reporting, the Hospital Without Walls waivers and flexibilities are ending after May 11, 2023. The patient will need to be in the facility for an institutional claim to be submitted.[13]

11. **Question** – What date do the telehealth waivers and flexibilities end?

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[10] Billing for telehealth during COVID-19, "Billing Medicare as a safety-net provider", available at: https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-medicare-as-a-safety-net-provider (January 23, 2023)

[11] Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs): CMS Flexibilities to Fight COVID-19, "Mental Health Visits Furnished Using Telehealth", page 4, available at: https://www.cms.gov/files/document/rural-health-clinics-and-federally-qualified-health-centers-cms-flexibilities-fight-covid-19.pdf

[12] Medicare Program; Extending the Medicare Diabetes Prevention Program's (MDPP) Expanded Model Emergency Policy Through CY 2023, pages 27413-27414, available at: https://www.federalregister.gov/documents/2023/05/02/2023-09188/medicare-program-extending-the-medicare-diabetes-prevention-programs-mdpp-expanded-model-emergency#h-7 (May 2, 2023)

[13] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", pages 5-7, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

Answer – The Public Health Emergency declaration ends after May 11, 2023. The telehealth flexibilities and waivers may be used through May 11, 2023 but will not be in place for items or services provided on May 12, 2023.[14]

12. **Question** – When you say most Medicare telehealth flexibilities end, can you please elaborate on what that means? What flexibilities end and what flexibilities will stay?

    Answer – For facilities, the Hospital Without Walls flexibilities are ending, and facilities are expected to provide services within their hospital departments, in accordance with the Conditions of Participation.[15] Facilities may report HCPCS code Q3014 *Telehealth originating site facility fee* when the patient is at the facility and receiving services from an eligible distant site provider.[16]

    There is an exception for mental/behavioral health or substance use disorder services provided by hospital-employed clinical staff when no professional services are provided. HCPCS codes C7900-C7902 have been established to report these services.[17]

[14] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 1, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)
[15] Hospitals and CAHs (including Swing Beds, DPUs), ASCs and CMHCs: CMS Flexibilities to Fight COVID-19, "CMS Hospitals Without Walls (Temporary Expansion Sites)", page 4, available at: https://www.cms.gov/files/document/hospitals-and-cahs-ascs-and-cmhcs-cms-flexibilities-fight-covid-19.pdf
[16] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 5, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)
[17] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", pages 5-6, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

Providers enrolled in the MDPP Expanded Model may continue to deliver services via telehealth. The guidance, published in the Federal Register on May 2, 2023, states that "in-person delivery" is suspended through December 31, 2023.[18]

For more information, you may wish to review the Fact Sheet(s) appropriate for your provider type that CMS has listed on their Coronavirus waivers & flexibilities website.[19]

13. **Question** – We have received conflicting information on the extension of telehealth billing to December 2024. Can you clarify if the extension is for only professional billing, or does the extension include telehealth facility billing?

    Answer – For professional billing, the telehealth flexibilities which continue through December 31, 2024 allow patients to remain in their home rather than travel to a healthcare facility, allow telehealth services to be provided in any geographic area within the United States or territories, and allow some services to be provided using audio-only technology if unable to use audio-visual technology.[20]

    Facilities may report HCPCS code Q3014 *Telehealth originating site facility fee* when the patient is at the facility and receiving services from an eligible distant site provider.[21]

[18] Medicare Program; Extending the Medicare Diabetes Prevention Program's (MDPP) Expanded Model Emergency Policy Through CY 2023, pages 27413-27414, available at: https://www.federalregister.gov/documents/2023/05/02/2023-09188/medicare-program-extending-the-medicare-diabetes-prevention-programs-mdpp-expanded-model-emergency#h-7 (May 2, 2023)
[19] CMS.gov, "Coronavirus waivers & flexibilities", available at: https://www.cms.gov/coronavirus-waivers
[20] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 5, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)
[21] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", pages 5-6, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

There is an exception for mental/behavioral health or substance use disorder services provided by hospital-employed clinical staff when no professional services are provided. HCPCS codes C7900-C7902 have been established to report these services.[22]

There are other flexibilities for RHC/FQHC providers[23] and those enrolled in the MDPP Expanded Model program.[24]

14. **Question** - I am confused about how long telehealth visits can continue to be provided using patient's smart phone in their home… This resource (Telehealth policy changes after the COVID-19 public health emergency | Telehealth.HHS.gov) contains information, but two different dates are mentioned end of CY2023, and May 11, 2023… These seem contradictory:

    o Under Temporary Medicare changes through December 31, 2024 it says "Medicare patients can receive telehealth services authorized in the Calendar Year 2023 Medicare Physician Fee Schedule in their home."

    o Under Temporary changes through the end of the PHE (which would be May 11, 2023), it says "Medicare-covered providers may use any non-public facing application to communicate with patients without risking any federal penalties — even if the application isn't in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)."

[22] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", pages 5-6, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)
[23] Billing for telehealth during COVID-19, "Billing Medicare as a safety-net provider", available at: https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-medicare-as-a-safety-net-provider (January 23, 2023)
[24] Medicare Program; Extending the Medicare Diabetes Prevention Program's (MDPP) Expanded Model Emergency Policy Through CY 2023, pages 27413-27414, available at: https://www.federalregister.gov/documents/2023/05/02/2023-09188/medicare-program-extending-the-medicare-diabetes-prevention-programs-mdpp-expanded-model-emergency#h-7 (May 2, 2023)

Answer – Telehealth services may be provided to patients in their home, with certain flexibilities such as geographic location allowed. These services may be provided through December 31, 2024.[25]

After the end of the PHE, which is after May 11, 2023, then the enforcement discretion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ends.[26]

Telehealth may be provided through secure means, rather than through any non-public facing application.

15. **Question –** Can physicians still see COVID-19 patients in the hospital setting to reduce exposure?

Answer - Yes, physicians may still see COVID-19 patients via audio-visual means in the hospital setting to reduce exposure. Initial and subsequent hospital care codes remain on the CMS list of approved telehealth services. The list is reviewed on an annual basis, so there is a possibility of changes in 2024.[27]

Of note, the pre-pandemic regulations stipulate that subsequent hospital visits may be provided by telehealth only once every three days.[28]

[25] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 5, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)
[26] HHS Office for Civil Rights Announces the Expiration of COVID-19 Public Health Emergency HIPAA Notifications of Enforcement Discretion, available at: https://www.hhs.gov/about/news/2023/04/11/hhs-office-for-civil-rights-announces-expiration-covid-19-public-health-emergency-hipaa-notifications-enforcement-discretion.html
[27] CMS.gov, "List of Telehealth Services", available at: https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes (February 14, 2023)
[28] Pub. 100-04 Medicare Claims Processing System, Chapter 12 Physicians/Nonphysician Practitioners, "Subsection 190.3.5 Payment for Subsequent Hospital Care Services and Subsequent Nursing Facility Care Services as Telehealth Services", page 153, available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf

16. **Question** – When do the frequency limitations come into play for subsequent inpatient telehealth visits?

    Answer – The frequency limitations go back into play at the end of the PHE. In the Open Door Forum (ODF) on April 12, 2023, the answer is provided in the Frequently Asked Questions (FAQ) document.[29]

17. **Question** – Do you have any idea if third-party payers will continue to allow video and audio-only office visits?

    Answer – Third-party payers and Medicare Advantage (MA) plans may set their own policies regarding video and audio-only visits. Unfortunately, this may vary by payer.

18. **Question** – Will CMS' list of approved telehealth services remain the same through December 2024?

    Answer – CMS' list of approved telehealth services will remain the same through December 2023. During the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (MPFS) rule-making process, it is possible there will be changes to the list.[30]

19. **Question** – We have third-party payers denying initial inpatient CPT® codes 99221-99223. Aren't other payers required to use the same list as CMS?

    Answer – Third-party payers set their own policies regarding site of service requirements. While third-party payers may use CMS's list of approved telehealth services, it is not required.

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[29] CMS.gov, "Physicians, Nurses and Allied Health Professionals, Open Door Forum (ODF)", available at: https://www.cms.gov/outreach-and-education/outreach/opendoorforums/podcastandtranscripts (April 12, 2023)

[30] Medicare and Medicaid Programs; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; pages 69460-69461, available at: https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other (November 18, 2022)

20. **Question** – Can you elaborate on the statement regarding HCPCS code Q3014 *Telehealth originating site facility fee* when you said, "when the facility meets the requirements as an originating site?" Do the geographic restrictions extend to facilities in the reporting of Q3014?

    Answer – The lifting of the geographic restrictions does extend to facilities; however, the usage of Q3014 is changing for facilities. After the PHE ends, facilities may report Q3014 only when the patient is located within the hospital and the patient receives a telehealth service from an eligible distant site practitioner.[31]

21. **Question** - For facility outpatient departments or rehabilitation facilities, does the end of the PHE mean an end to the flexibilities for medical nutrition therapy (MNT), physical therapy (PT), occupational therapy (OT), and speech language pathology (SLP) via telehealth?

    Answer – For therapy services such as MNT/PT/OT/SLP, the patient is expected to come to the facility for services. Telehealth will no longer be covered, with an exception for those in private practice.[32]

22. **Question** – Are there additional flexibilities for facility reporting for hospital-based telehealth behavioral services?

    Answer – As a permanent change, CMS has created HCPCS codes C7900-C7902 for reporting mental/behavioral health services performed by hospital-employed therapists when patients are not within the facility.[33]

[31] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 5, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

[32] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 7, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

[33] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 6, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

There are specific guidelines for using C7900-C7902, such as the therapist must be licensed within your state and no other professional service is being reported.[34]

23. **Question** – You said that Partial Hospitalization Program (PHP) services cannot be done via telehealth after the PHE, but I thought that CMS extended flexibilities for mental/behavioral health (including substance use disorders) to be able to be provided by hospital-employed providers?

    Answer – The Coronavirus Waivers & Flexibilities page Frequently Asked Questions (FAQ) document for Hospitals and CAHs states that the PHP flexibility for providing services via telehealth ends with the PHE. Services such as those reportable with HCPCS C7900-C7902 may be available for these patients, but the services are not recognized as PHP services.[35]

24. **Question** – Will Nurse Practitioner (NP) telehealth visits no longer be covered by Medicare starting in 2024?

    Answer – If the NP reports their professional services to Medicare, then telehealth visits may extend through December 31, 2024. There are some restrictions, such as if the services are being provided under the hospice benefit, as there are some in-person requirements.[36]

25. **Question** – Would you happen to know if local Medicaids will be following CMS updates?

    Answer – Local Medicaids are included in the CMS updates, and individual states may have different offerings for their enrollees. For example, the telehealth flexibilities under Medicaid

[34] CY 2023 Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, "A. Designation of Mental Health Services Furnished to Beneficiaries in Their Homes as Covered OPD Services", page 72014-72017, available at: https://www.federalregister.gov/documents/2022/11/23/2022-23918/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment (November 23, 2022)

[35] Hospitals and CAHs (including Swing Beds, DPUs), ASCs and CMHCs: CMS Flexibilities to Fight COVID-19, "CMS Hospitals Without Walls (Temporary Expansion Sites)", page 10, available at: https://www.cms.gov/files/document/hospitals-and-cahs-ascs-and-cmhcs-cms-flexibilities-fight-covid-19.pdf

[36] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 5, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

are not tied to the COVID-19 PHE. States have a great deal of flexibility with respect to covering services.[37]

26. **Question** – Will Over The Counter (OTC) tests still be available for purchase, even if they are not covered by Medicare or third-party payers?

    Answer – Yes, as long as the OTC test is covered under an EUA through the FDA, the test should be commercially available. The FDA's EUAs are functioning under different waivers than the PHE waivers and flexibilities, so the OTC tests will remain on the market until phased out at a later date.[38]

27. **Question** – Under the Hospitals Without Walls flexibility, providers were able to have drive-up clinics (parking lot) for vaccinating and testing. Will offices still be able to offer drive-up clinics for administering flu vaccines this year?

    Answer – Unfortunately, drive-up vaccination and testing sites fall under the "temporary expansion sites" portion of the flexibilities and waivers. At the end of the PHE, temporary expansion sites are not allowed and facilities will be required to provide services to patients within their hospital departments.[39]

28. **Question** – How do we capture the New COVID-19 Treatments Add-on Payment (NCTAP) for Paxlovid™ or mulonopiravir on inpatient claims, as they require the National Drug Code (NDC)?

    Answer – Both Paxlovid™ (nirmatrelvir co-packaged with ritonavir) and Lagevrio™ (mulnupiravir) should be reported on an inpatient claim, with the 11-digit NDC. CMS has provided the NDC codes for the drugs on their New COVID-19 Treatments Add-On Payment

[37] End of the COVID-19 Public Health Emergency (PHE) and the COVID-19 National Emergency and Implications for Medicaid and the Children's Health Insurance Program (CHIP), available at: https://www.medicaid.gov/state-resource-center/downloads/cib050823.pdf (May 8, 2023)
[38] FDA Emergency Use Authorization, "Information About COVID-19 EUAs for Medical Devices (including diagnostic tests), available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization
[39] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 4, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)

(NCTAP) web page. You may report the product, but only a nomimal charge should be reported for any products that were provided free of charge by the U.S. Government.[40]

The NDC code is generally reported in the "Remarks" section of a paper claim, or in Loop 2410 LIN03 of the 837I.[41]

CMS' website for NCTAP is located here:

https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap

29. **Question** – Regarding teaching physician residents no longer being able to bill an evaluation and management (E/M) code level 4-5, is this specific to the primary care exception?

    Answer – Yes, this guidance is specific to providers at certain primary care centers.[42]

30. **Question** – What are the suggested replacement codes for HCPCS U0003-U0004 lab codes?

    Answer – There is no one-to-one crosswalk for suggested replacement codes. There are already several CPT® codes, including Proprietary Laboratory Analyses (PLA) codes, that may be used. Code selection is dependent upon the type of test, and PLA codes are specific to the test and manufacturer.[43]

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[40] Pub. 100-04 Medicare Claims Processing Manual, Chapter 32 Billing Requirements for Special Services, "Subsection 67 No Cost Items", page 55, available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c32.pdf (February 5, 2007)

[41] Pub. 100-04 Medicare Claims Processing Manual, Chapter 17 Drugs and Biologicals, "Subsection 100.2.3 Submitting the Prescription Order Numbers and No Pay Modifiers", pages 67-68, available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c17.pdf (May 25, 2017)

[42] Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities to Fight COVID-19, "Workforce", page 4, available at: https://www.cms.gov/files/document/teaching-hospitals-physicians-medical-residents-cms-flexibilities-fight-covid-19.pdf (March 31, 2023)

[43] American Medical Association (AMA), "COVID-19 CPT Coding and Guidance", available at: https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-coding-and-guidance

31. **Question** – Can you still report CPT® 87635 *Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique* after the end of the PHE?

    Answer – COVID-19 laboratory tests will still be covered by traditional Medicare. After the PHE, the test will need to be ordered by a physician or other qualified healthcare professional (QHP). Coverage by third party payers is at the payer's discretion.[44]

32. **Question** – Is 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* remaining active?

    Answer – Yes, HCPCS code C9803 will remain active through 2023. During the National Stakeholder Call held on April 25, 2023, the CMS Subject Matter Experts (SMEs) stated that the code would remain active, but to watch for changes in the rule-making process.[45]

33. **Question** - Regarding coding from COVID lab test results, a publication recently put out by CMS seems to indicate coders would no longer be required to code from the COVID lab test result itself; am I interpreting that correctly?

    Answer: In order for facilities to receive the additional 20% increase in the Medicare Severity-Diagnosis Related Grouping (MS-DRG), a positive COVID-19 laboratory test must be documented in the patient's medical record. With the end of the PHE, this may no longer be required as there will no longer be an increase in payment.[46]

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[44] Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency, "Medicare", page 4, available at: https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf (May 5, 2023)
[45] CMS National Stakeholder Calls, "Office Hours on the Ending of the PHE", available at: https://www.cms.gov/outreach-education/partner-resources/cms-national-stakeholder-calls
[46] MLN Matters® Special Edition Article SE20015, "New Waivers for Inpatient Prospective Payment System (IPPS) Hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs) due to Provisions of the CARES Act", page 4, available at: https://www.cms.gov/files/document/se20015.pdf (September 11, 2020)

After the PHE, coding rules will be based on general coding guidance. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) should be based on the provider's documentation or a positive test result.[47]

34. **Question** - In order to report code Z20.822 would coders need to see provider documentation that the patient had a COVID exposure rather than assuming exposure?

    Answer: Current guidance states that during the pandemic, a screening code should not be used and to use the "Exposure to COVID-19" guidance and assign ICD-10-CM code Z20.822.[48]

    According to the AHA Coding Clinic for ICD-10 for first quarter 2023, coding guidance will be updated effective October 1, 2023. Until then, diagnosis coding for exposure remains the same as it is now.[49]

35. **Question** – Can a pharmacist perform an annual wellness visit (AWV) via telehealth, with direct supervision by an on-site provider?

    Answer – A pharmacist is considered ancillary or clinical staff. An AWV may be reported when performed by a pharmacist when the following conditions are met:

    • The service is not covered under Medicare Part D
    • The pharmacist meets the "incident to" provisions
    • The service is provided under the appropriate level of supervision

[47] ICD-10-CM Official Guidelines for Coding and Reporting FY 2023 -- UPDATED April 1, 2023 (October 1, 2022 - September 30, 2023), I.C.1.g.1.a, "Code only confirmed cases", page 27, available at: https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf (January 11, 2023)
[48] ICD-10-CM Official Guidelines for Coding and Reporting FY 2023 -- UPDATED April 1, 2023 (October 1, 2022 - September 30, 2023), I.C.1.g.1.f, "Screening for COVID-19", page 29, available at: https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf (January 11, 2023)
[49] AHA Coding Clinic® for ICD-10, Volume 10, Issue 1, "Announcement", page 14

- The pharmacist is practicing under state regulations and scope of practice laws
- The pharmacist is following your facility's policies and bylaws[50]

[50] Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and other Changes to Part B Payment Policies, "3. Pharmacists Providing Services Incident To Physicians' Services", pages 84592-84593, available at: https://www.federalregister.gov/documents/2020/12/28/2020-26815/medicare-program-cy-2021-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part (December 28, 2020)