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Sent: Monday, May 18, 2020 10:52 AM

To: DRM <DRM@ASIPP.ORG>

Subject: RE: Thank you from ASIPP and chronic pain patients

Refer to: TF/SPS00436466/MTN584824

Dr. Laxmaiah Manchikanti

American Society of Interventional Pain Physicians (ASIPP)

This is in response to your May 5, 2020 email addressed to the U.S. Department of Health & Human Services (DHHS) requesting guidance regarding audio only telehealth services and the suspension of the accelerated/advance payment program.

On March 13, 2020, President Trump declared the COVID-19 pandemic a national emergency, which the Centers for Medicare & Medicaid Services (CMS) to waive certain federal requirements in the Medicare, Medicaid, and Children's Health Insurance Program (CHIP) programs to ensure continued access to quality of care for all Medicare beneficiaries. As a result, 1135 waivers are in effect, with a retroactive date of March 1, 2020 through the end of the emergency declaration.

During the COVID-19 crisis, CMS does not require that providers submit individual requests for waivers that are covered under the 1135 blanket waiver authority. See our Summary of COVID-19 Emergency Declaration Waivers and Flexibilities for Health Care Providers at <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>.

CMS has issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the COVID-19 pandemic. These temporary changes apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration.

Telehealth

Per the Medicare Telemedicine Healthcare Provider factsheet (found at <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>), there are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet: Medicare telehealth visits, virtual check-ins and e-visits. Please also review our CMS Dear Clinician Letter at

<https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf> for further guidance.

Additionally, please refer to our Medicare Telehealth Frequently Asked Questions (found at <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>), CMS' response to question 13 states billing for Medicare telehealth services is limited to professionals. If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services can be paid for. For more detailed information regarding the originating site facility fee and type of bill codes, please refer to our Medicare Claims Processing Manual, Chapter 12, Section 190 found at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>.

Please also refer to our COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing factsheet on our website at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>. CMS' answer to question 15 under Section K states the interim final rule (IFC) allows physicians and other practitioners to bill for certain telephone assessment, evaluation and management services during the public health emergency (PHE). These services were previously not separately billable. These services may be billed for both new and established patients. CMS has activated CPT codes 98966, 98967, and 98968, which describe assessment and management services conducted over the phone (as noted on question 12, Section K). Additionally, CMS' answer to question 7 under Section K states that the telehealth waiver will be effective until the end of the PHE declared by the Secretary of HHS on January 31, 2020. Billing for the expanded Medicare telehealth services, as well as for the telephone assessment and management, telephone, evaluation and management services, and additional flexibilities for communications technology-based services (CTBS) are effective beginning March 1, 2020, and through the end of the PHE.

For more detailed information regarding telehealth services, please watch our Medicare Learning Network (MLN) Telehealth Services YouTube video found at <https://www.youtube.com/watch?v=bdb9NKtybzo&feature=youtu.be>.

Medicare telehealth services that can be provided during this emergency period may be found at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. These services are described by HCPCS/CPT codes and paid under the Physician Fee Schedule.

Medicare Accelerated/Advance Payment Program

Detailed information regarding accelerated/advance payments may be found at <https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf> and <https://www.cms.gov/files/document/covid-accelerated-and-advance-payments-state.pdf>. Our Medicare Administrative Contractors (MACs) have the authority to approve accelerated and advance payments for COVID-19 without CMS approval at this time. The forms to apply are on each MAC's website for providers to submit their requests.

However, on April 26, 2020, CMS announced that it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program to Part B suppliers effective immediately.

CMS made this announcement following the successful payment of over \$100 billion to healthcare providers and suppliers through these programs and in light of the \$175 billion recently appropriated for healthcare provider relief payments under the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Fund. Funding will continue to be available to hospitals and other healthcare providers on the front lines of the coronavirus response primarily from the Provider Relief Fund (found at <https://www.hhs.gov/providerrelief/index.html>).

The Department of Health and Human Services (HHS) is distributing this money through the Provider Relief Fund, and these payments do not need to be repaid. This funding will be used to support healthcare-related expenses or lost revenue attributable to the COVID-19 pandemic and to ensure uninsured Americans can get treatment for COVID-19.

We hope this information is helpful to you and we thank you for your feedback. If you have further billing and payment questions, please contact your local Medicare Administrative Contractor (MAC).

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