

Office Hour Q&A

January 2022 Session: Policy Updates for Telehealth in 2022
CMS Physician Fee Schedule and No Surprises Act

The following questions were submitted during the LIVE Office Hour Session held on Jan 11, 2021. This Q&A document is purely for informational purposes. CTRC does not provide legal advice or coding services. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services mentioned below.

Q: Will you be going over the new POS 10 and how we can find out what commercial payers want this code used now?

A: Here is a resource for POS 10 <https://www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf>

Q: Do the same GFE requirements apply to private practice settings?

A: YES

Q: Is there a way for physicians to find out what to expect getting paid for out-of-network patients?

A: You must contact the payer directly for this information.

Q: Does Medicare cover CPT 99443 this year, in 2022? For a private MD not affiliated with any hospital

A: 99443 is in effect until the end of the PHE (see below)

LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2022-updated November 1, 2021				
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirement?	Medicare Payment Limitations
99342	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic		
99343	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic		
99344	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic		
99345	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic		
99347	Home visit est patient			
99348	Home visit est patient			
99349	Home visit est patient	Available up Through December 31, 2023		
99350	Home visit est patient	Available up Through December 31, 2023		
99354	Prolong e&m/psycstx serv o/p		Yes	
99355	Prolong e&m/psycstx serv o/p		Yes	
99356	Prolonged service inpatient		Yes	
99357	Prolonged service inpatient		Yes	
99406	Behav chng smoking 3-10 min		Yes	
99407	Behav chng smoking > 10 min		Yes	
99441	Phone e/m phys/qlp 5-10 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99442	Phone e/m phys/qlp 11-20 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99443	Phone e/m phys/qlp 21-30 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99468	Neonate crit care initial	Temporary Addition for the PHE for the COVID-19 Pandemic		

Q: For Part 1 for physicians if you take out-of-network insurance should we have the patient sign a consent to balance bill?

A: Part 1 of the NSA, which prohibits balance billing unless a Notice and Consent (N&C) form, is provided to an **insured** patient receiving non-emergent care from an out-of-network provider. To determine if your organization is impacted by N&C, it must first review the NSA's definition of a "facility". Per the ruling, a "Health care

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facility described in the statute is each of the following, in the context of non-emergency services: (1) a hospital; (2) a hospital outpatient department; (3) a critical access hospital; (4) an ambulatory surgical center”.

If a provider determines they practice within this definition of a facility, they must then decide if they want to balance bill the patient. If they agree to not balance bill the patient and accept what the insurance pays, no further action is needed. If the provider wishes to balance bill the patient for non-emergent care, the provider must provide a copy of the Notice & Consent form to the patient before the appointment. This document must include a Good Faith Estimate of charges and be signed by the patient.

For more information about the Part 1, including exceptions to the rule, or to find a copy of the CMS Notice and Consent document, please click [here](#) to go to the CMS No Surprises Act website.

Q: Is it only for mental health? Or is in-person requirement for all subspecialties? (I have Telehealth only pulm/cc/sleep)

A: The requirement is for mental health. Any other specialties would follow the current guidelines of their specialty. As of now, there are no in-person requirements in place for specialties outside of mental health.

Q: For in-person, in a situation where the TH provider is not available (ie, out of state provider, etc) to do in-person visits, who can do this in his/her stead?

A: A provider from the same group and same specialty may conduct the visit.

Q: Do you think, this in-person rule will impact the Telehealth progress?

A: Not really, several exceptions to the rule make it possible to work around (ie. Alternative provider and patients’ choice for telehealth)

Q: So audio-only is covered for mental health only? not for general internal med and other diagnoses?

A: It depends on who is doing the covering. Currently, Audio is covered under the PHE waiver until 90 days post conclusion of the PHE for Medicare. Per Medi-Cal guidelines, Audio-only encounters are covered through 2022.

Q: Please explain reimbursement when you have the patient at the FQHC, and connect over video to remote expert (cardiologist or pulmonologist, etc). thank you

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A: It depends on if the specialist is a consultant or is contracted. Contact CTRC if you'd like to discuss specific scenarios.

Q: One question to do RPM, does it need first in Person visit or just video? meaning TH provider

Q: To start RPM a TH provider needs an in Person visit? or can the video call be enough to get the patient in an RPM program?

A: In the 2021 Final Rule, CMS stated that RPM services are limited to “established patients.” In support of this position, CMS asserted that a physician who has an established relationship with a patient would likely have had an opportunity to provide a new patient E/M service. CMS waived the “established patient” restriction during the Public Health Emergency (PHE) but in the 2021 Final Rule, CMS declined to extend such waiver beyond the PHE. CMS’ waiver suggests (but does not explicitly state) that during the PHE, practitioners may render RPM services without first conducting a new patient E/M service. After the PHE waiver expires, there will need to be an established patient-practitioner relationship to bill Medicare for CPT 99453, 99454, 99457, and 99458. Typically, this will require the practitioner to conduct a new patient E/M service. To date, CMS has not issued public guidance on physicians using telehealth to conduct a new patient E/M service prior to enrolling a beneficiary in an RPM program. However, we do know that, for Medicare telehealth services, CMS allows the use of real-time interactive audio-video technology to satisfy the face-to-face element of an E/M service. And we do know that “new patient E/M service” codes (e.g., CPT Codes 99201-99205) are listed among the Medicare-covered telehealth services.

Q: During the pandemic, Substance Use disorder Programs have been able to use Telehealth to deliver services (Psych, Medical, and Counseling). Will that be available in 2022/23?

A: Yes, SUD encounters are seen similarly to mental health visits.

Q: Can someone share a generic consent form for RPM?

A: Verbal Consent is sufficient for this if it is documented in the patient record.