

Incident to billing back-up. Carved out from the CMS FAQ's updated 05/01/2020

11. Question: What has changed for communication technology-based services (e.g. remote evaluation of patient images/video and virtual check-in) for practitioners who bill for E/M codes?

Answer: During the PHE for COVID-19, HCPCS codes G2010 and G2012, which may only be reported when they do not result in an in-person or telehealth visit, can be furnished to both new and established patients. During the PHE, the required annual beneficiary consent to receive these services may be obtained at the same time that the services are furnished either by the billing practitioner or by staff under general supervision. If the brief communication technology-based service originates from a related E/M service provided within the previous 7 days by the same physician or other qualified health care professional the service would be considered bundled into the previous E/M service and would not be separately billable. PG28

21. Question: May clinical staff provide RPM services under general supervision?

Answer: Yes. We finalized in the CY 2020 PFS final rule (84 FR 62698) that RPM services, including but not limited to HCPCS codes 99453, 99454, 99457, 99458, may be provided under the general supervision of the billing practitioner. We note that, beneficiary consent to receive these services may also be obtained by auxiliary personnel under general supervision of the billing practitioner. Further, we note that, as specified in the IFC (85 FR 19245-19246), during the PHE when physicians and other health care professionals are faced with challenges regarding potential exposure risks for themselves and their patients, the direct supervision requirement that applies for most other services that are furnished incident to a physician or other practitioner's services may be met virtually through audio/video real-time communications technology.

We also note that clinical staff are "auxiliary personnel." According to the 2019 CPT Codebook (p. xii), "A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service." PG 31

Question: What does the IFC change for physician and practitioner billing?

Answer: We are revising certain Medicare regulations to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicare program during the public health emergency (PHE) resulting from the COVID-19 pandemic. To that end, the IFC makes temporary changes to certain policies regarding:

- Supervision by a physician or non-physician practitioner
- Payment for certain services furnished by teaching physicians and moonlighting residents
- Telehealth and other communication technology-based services
- Services furnished by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

- Payment to laboratories for specimen collection New: 4/9/20 2. Question: What are the changes to supervision? Answer: In general, we are revising the definition of direct supervision to include, during the PHE, a virtual presence through the use of interactive telecommunications technology, for services paid under the Physician Fee Schedule as well as for hospital outpatient services. The revised definition of direct supervision also applies to pulmonary, cardiac, and intensive cardiac rehabilitation services during the PHE. Additionally, we changed the supervision requirements from direct supervision to general supervision, and to allow general supervision throughout hospital outpatient non-surgical extended duration therapeutic services. Most other therapeutic hospital outpatient services have been subject to general, rather than direct, supervision requirements since January 1, 2020. General supervision means that the procedure is furnished under the physician's overall direction and control, but that the physician's presence is not required during the performance of the procedure. General supervision may also include a virtual presence through the use of telecommunications technology but we would note that even in the absence of the PHE general supervision could be conducted virtually, such as by audio-only telephone or text messaging PG 32

6. Question: Does Medicare pay for a doctor or non-physician practitioner (NPP) to furnish care in a beneficiary's home? Answer: Medicare pays for evaluation and management (E/M) and other services (e.g., injections, venipunctures.) furnished in a beneficiary's home by a physician or NPP. Medicare pays for Medicare telehealth services, which include many services that are normally furnished in-person. Under the emergency declaration and waivers, these services may be provided to patients by physicians and certain non-physician practitioners regardless of the patient's location. Additionally, Medicare makes payment for a number of non-face-to-face services that can be used to assess and manage a beneficiary's conditions. These services include: care management, remote patient monitoring, and communication technology based services, e.g., remote evaluation of patient images/video and virtual check-ins. Importantly, Medicare will also pay physicians for care furnished in the patient's home by auxiliary personnel as long as those services are furnished incident to a physician's service and as long as the practitioner is providing appropriate supervision through audio/video communication when needed. In addition to personnel employed by the physician, this could potentially also include clinicians leased from other entities (e.g., a home health agency, home infusion provider, or ambulance provider). In these circumstances, payment for such services would be made to the billing practitioner who would then make the appropriate payment to the contracted entity PG 33