**CMS Office Hours**
**Moderator: Stefanie Costello**
**April 06, 2021**
**5:00 p.m. ET**

Operator: Good day and thank you for standing by. Welcome to the COVID Office Hours Conference Call.

At this time, all participants are in a listen-only mode. After the speakers' presentation, there will be a question-and-answer session. To ask a question during the session, you will need to press "star" "1" on your telephone. Please be advised that today's conference is being recorded. If you require any further assistance, press "star" "0."

I would now like to hand the conference over to your speaker today, Ms. Stefanie Costello. Please go ahead.

Stefanie Costello: Great, thank you. And good afternoon to everyone and thank you for joining our April 6, 2021 CMS COVID-19 Office Hours call. We appreciate you taking time out of your busy schedule to join us on today's call.

This is Stefanie Costello, Acting Director in the Office of Communications, Partner Relations Group at CMS. Office Hours provides an opportunity for hospitals, health systems and providers to ask questions of agency officials regarding CMS' temporary actions that empower local hospitals and healthcare systems.

While members of the press are welcome to attend these calls, we ask that they please refrain from asking questions. All press media questions can be submitted using our Media Inquiries form, which may be found at cms.gov/newsroom/media-inquiry.

Operator, let's open up the lines for our first question. Please keep your question to one question or a one question and a follow-up. Thank you.

Operator: All right. So as a reminder, to ask a question, you will need to press "star" "1" on your telephone. To withdraw your question, press the "pound" key. Again, that is "star" "1" on your telephone.

First question comes from the line of Sonja Quicksell from Bluestone Division 5. You are now live. Sonja, you are now live.

Sonja Quicksell: Hello?

CMS - Stefanie Costello: Hi, we can hear you.

Sonja Quicksell: Oh, thank you. Well, I just have a quick question regarding the use of CPT Code 99211, specifically for providers in the home and domiciliary setting, we are hoping to confirm that using this code with those places of service, for example, 12, 13 and 14, would be appropriate when we are collecting COVID-19 specimens from our primary care patient.

CMS - Male: So, I think – I think that's right, but I think we're going to have to confirm that, and we'll make sure that that's available in the follow-up information.

Sonja Quicksell: Great, thank you so much.

CMS - Male: Sure.

Operator: Next one on the queue is (Veronica Zayek) from (inaudible). You are now live.

(Veronica Zayek): Hi, thank you. I have a two-part question. The first one is whether or not we have certain individuals administering the vaccine on behalf of a hospital such as volunteers or first responders like EMTs, can a hospital still submit a claim for the administration of that COVID vaccine?

CMS - Male: Sure. So, the administration service for the COVID vaccine includes a broad range of services, including the – including the provision of the vaccine, the actual injection, any associated counseling regarding side effects, and observation time necessary, as well as the facility to house the patient during the service. And so, merely using the vaccine or utilizing volunteers or – as

vaccinators who are doing the injection itself would not – would not preclude billing for the administration fee.

(Veronica Zayek): OK. So, I think you're saying it is OK to submit the claim in that case.

CMS - Male: Right.

(Veronica Zayek): OK. And then I think you may have answered my follow-up question, but I just wanted to be sure I clarify that. So, you mentioned that a number of things are included in the administration fee, such as counseling the patient, looking after side effects and all of that. So that's all included in that one code, right? There are no additional codes that we should be charging in that case.

CMS - Male: That is correct.

(Veronica Zayek): OK, thank you very much.

Operator: Next one on the queue is (Irene Hachiko) from HonorHealth. You are now live.

(Irene Hachiko): Hi, thank you so much. I appreciate you taking the time to do this for us. My question is on the monoclonal antibody infusion. The administration board is billed with the 771 revenue code. Is the Z23 diagnosis code needed to be added with that or to use your 7.1 monoclonal antibodies only diagnosis code correct? But it's not actually an immunization, but it's billed with a 771, which is an immunization revenue code.

CMS - (Jason): Hi, we recognize that there are some questions about what are the right types of codes like that to use. We are looking more specifically at the appropriate use of the Z23. But at this time, you should follow the direction of the MAC and the jurisdiction, which you would be submitting those claims for the monoclonal antibody to be sure that the claims process cleanly.

For – just for your background, we set-up the monoclonal antibody payment to be consistent with the approach for vaccines so that there would not be cost-sharing involved for the patient. And so that's why some of these types of things like the Z23 were attached to these types of claims so that we could just

facilitate doing that as quickly as possible as these monoclonal antibodies became available.

CMS - Female: And for institutional ...

(Irene Hachiko): OK.

CMS - Female: ... claims, currently, it is required to be put on the claim just to put a fine point on what (Jason) was saying to ensure the claim processes correctly. You will need to include that on your institutional claims.

(Irene Hachiko): OK. So, the Z23 together with the use of your 7.1. I just wanted to make sure it's not wrong because it's not really an immunization site. They want to put it on as an account for immunization if that's not what it is, but I appreciate the clarification. Thank you so much.

Operator: Next question comes from (Sandy Sees) from (Home Telehealth). You are now live.

(Sandy Sees): Hi. We've had a little bit of trouble filling the monoclonal antibody outside of the SNF consolidated billing. Is there any specific billing guidance as far as condition codes that we should be using when we're billing for a SNF patient outside of the SNF payment as a hospital?

CMS - (Diane): So, sorry I'm having somebody sharing the answer with me right now. So, no, there should be – that should be bypassing the SNF consolidated billing edits. So, if you're having an issue with those not bypassing, you should contact your MAC.

(Sandy Sees): OK, all right. We are having some trouble with WPS, so we will contact them. Thank you. Great.

CMS - (Diane): Thank you.

Operator: Next one on the queue is Shannon Kennedy from Oregon Health. You are now live.

Shannon Kennedy: Hi there. Thanks so much for taking my question. We are working with several other hospitals in the Portland-Oregon metro area on mass vaccination sites where we're actively immunizing the community. The question has been raised about whether or not CMS will be enforcing the MSPQ requirements at these mass vaccination sites during those registration processes. As you know, we're on a very tight time line when we're trying to get patients through. And so, we're hoping that MSPQ will not be enforced.

CMS - (Diane): So, I believe that there was a recent update or is kind of an update for our provider toolkits (inaudible) that the MSP question should still be asked, but it doesn't necessarily have to be the MSP questionnaire. But we will take that back and make sure that our information in the provider toolkit is up-to-date as possible on that question.

Shannon Kennedy: Thank you. And I would – I would ask if you could just consider the administrative burden for the providers that are trying desperately to get these patients through.

CMS - (Diane): Understood. Thank you.

Operator: Next one on the line is (Linda Clark) from (Innova). You are now live.

(Linda Clark): Hi, thank you. Actually, my question was very similar to the last one that at the mass vaccination centers we have read previously that it was required to get – to verify that Medicare is primary, and we know that one way to do that is with an MSPQ. Another way is to validate on the CSW. So, my question is, if we validate Medicare as being primary coverage on the common working file, do we also then have to have the patient validate that?

CMS - (Diane): I don't know. Do we have anybody on that can specifically answer that question? But we will take that one back as well.

(Linda Clark): OK. And then as far as taking it back, how will we get notification of an answer?

CMS - (Diane): So, I will check with the folks who are responsible for the provider toolkit and ask that specifically in the vaccine section that these issues are very clear.

(Linda Clark): OK, thank you.

CMS - (Diane): So, you could just monitor that.

(Linda Clark): Will do.

CMS - (Diane): Yes, you're welcome.

(Linda Clark): Thank you.

Operator: Next question comes from (Courtney Bradway) from American Diagnostics. You are now live.

(Courtney Bradway): Hi there. Good afternoon. Just a quick question about if you guys could maybe speak to how the portable diagnostic industry could qualify and be eligible for telehealth waiver so that we can service all patients in their home, not just those that are, quote-unquote, "home bound" status.

CMS - (Emily): Hi, this is (Emily). I think that we will need to take that one back as well. Thank you.

(Courtney Bradway): OK, thanks.

Operator: Next one on the queue is Maureen Davis from North Shore University. You are now live.

Maureen Davis: Yes, thank you. We are a hospital system with the Home Health Services Department, and our home health nurses want to begin administering the COVID vaccine to homebound patients. I'm looking for guidance on how we should bill for this. I'm not sure if it's a facility charge or a professional bill. And also, if it matters, for example, whether or not that homebound patient still hasn't opened up for home health, and according to the CDC, if we can also provide vaccines to that patient's family and their caregivers that are residing with them.

CMS - Female: So, (Ing-Jye), I don't know if you want to take this question for homebound.

CMS - (Ing-Jye): I'm sorry, I couldn't – yes – no, I couldn't hear the first part of the question. I heard the tail end of the question, which was about whether or not people with the beneficiary could be vaccinated. But I actually had some trouble hearing the first part. Would you mind repeating it? I'm sorry.

Maureen Davis: Absolutely. So, we're a hospital system, and our Home Health Department – our nurses are planning to administer the COVID vaccine to homebound patients. So first, I'm looking for guidance. I can't find – I don't know if we're supposed to bill this as a facility charge or a 1500. I don't know what type of bill it should be.

And then also in regards to the home health status to be well, whether or not the patient – the homebound patient hasn't open up (inaudible) home health. Does that even matter? The point is the patient's homebound, and so we're trying to get the vaccine to them. But I can't find anything as to specifically how it's billed or again logistics of how the patient might have to be registered. And then the tail end was whether or not the – because I read on the CDC website that they said they were recommending that the patients' caregivers also be allowed to get the vaccine at the same time.

CMS - (Ing-Jye): So, I can answer part of that question, I may need to defer to (Diane) for some of the issues regarding which particular bill to use. But as far as the payment rates for vaccinating – providing – administrating the COVID-19 vaccine to a Medicare beneficiary who is homebound, that would be paid at the $40 rate. It would be paid in addition to – if the – for example, if the patient was actively had a – had a plan of care and was in the middle of the home health episode, that vaccination – the vaccination (administration) would be separately billed. Typically, that would not be considered part of the episode. Did that help?

Maureen Davis: Yes, but I guess that does also go to the question of how it should – since it is separate from the home health episode, which may or may not be current, again, we don't know how we should be billing it. Is it – does it go on a hospital bill? I know – 131? I really – any guidance whatsoever?

CMS - (Diane): So, there is information in the provider toolkit on medicare.gov about billing for COVID vaccine shots depending on the site of service. And so, there are a

variety of ways with individual bills or roster bills that are available. So, my understanding...

Maureen Davis: (Inaudible), believe me, I've read all that, but I don't see the situation that I just described. It's – there's nothing, there's no direction on it.

CMS - (Diane): So it's separate – for a homebound beneficiary, particularly, it's separately payable on the 34X type of bill.

Maureen Davis: No, and is that only if they have an active – if they have an active episode? Like what is – if they become active and they need their second dose?

CMS - (Diane): So, while they're in an active home health facility, they would be on the 34X type of bill. If they're inactive, I might have to defer back to Ing-Jye in terms of homebound coverage and – for that one.

CMS - (Ing-Jye.): Sure, if they're inactive in the case of the COVID-19 vaccine, you can still bill for that. You can bill for the administration separately. And I'm looking up. I believe it's just like the flu vaccine and the pneumococcal vaccine that a homebound patient does not need to be an episode for them to receive the COVID-19 vaccine and be paid by Medicare.

Maureen Davis: OK. And I guess I'm not familiar how they bill for that, but you're saying it would be – however it is that they would bill for that, OK. And then just any clarification on whether or not at the same time we can give the vaccine to the caregiver?

CMS - (Ing-Jye): It would – I mean, as far as Medicare payment, if the caregiver were a Medicare beneficiary, Medicare would pay for the COVID-19 vaccine administration if it were administered.

Maureen Davis: OK, great. Thank you very much.

CMS - (Ing-Jye): Sure.

Operator: Next one on the queue is (Jackie) (inaudible) from Prestige Health Care. You are now live.

(Jackie): Hi, good afternoon. I was inquiring about the most recent CDC guidance that came out relative to long-term care. And there were some guidance that was given with respect to a COVID outbreak and the fact that this question about the healthcare professionals wearing full PPE. And I was wondering if you guys could give some clarity from a CMS standpoint whether it is to be in the specific outbreak unit or throughout the facility. And, obviously, the definition of HCP is beyond just a direct caregiver. So, does everyone within the facility when there's an outbreak of just one resident have to wear N95, eye protection, face shield, gowns, gloves, et cetera. Thank you.

CMS - Carol Blackford: Thank you for that. This is Carol Blackford. And I'm going to pause to see if we have any of our colleagues from our Center for Clinical Standards and Quality that may be able to answer that question.

CMS - (Christie Teague): Hi, this is (Christie Teague) from the Division of Nursing Homes. So yes, when there is an outbreak in the facility, the staff do need to be wearing full PPE while taking care of the residents.

(Jackie): OK. So, is it just for the specific COVID residents or is it all residents throughout the entire facility?

CMS - (Christie Teague): It needs to be all residents in the facility.

(Jackie): OK. And is – does this include like non-direct care people, like office, dietary, anyone who is not going to be providing direct patient care as well?

CMS - (Christie Teague): So yes, because they will also have interactions with staff, so the CDC definition for healthcare personnel actually includes everybody that's working inside the building.

(Jackie): OK, thank you so much for that clarification.

CMS - (Christie Teague): Sure thing.

Operator: Next question comes from the line of (Chris Ward) from Impact Health. You are now live.

(Chris Ward): Yes, (inaudible) good afternoon. So, I represent a facility that works with states providing the vaccinations to the – only we were doing the testing, now, we were (inaudible) by the states to move towards the vaccination as well.

Now, our concern is towards more of commercial insurance side. We were wondering if CMS would give any kind of guidelines to the commercial line of businesses as well to provide the coverage for the vaccinations.

CMS - Carol Blackford: Yes, this is Carol Blackford. And there's, I think, a wealth of information around how Medicare, Medicaid, and commercial insurance are covering and paying for the vaccine on our provider toolkits that are available on the CMS website. So, I would encourage you to take a look at those documents.

(Chris Ward): Our concern – I'm so sorry, our concern is towards we are a mass immunization provider. We essentially not a kind of a facility that provides this kind of services. We were doing the testing earlier for the state. Now states is telling us that we should be opening up the temporary sites for providing the mass immunization.

The commercial insurance sites are telling us they do not – the Medicare does pay for this kind of services, but the commercials are saying that this is not the kind of an enrollment that they are accepting right now.

There is an Aetna insurance that is guiding towards the patients to go to the CVS Pharmacies to get the recognition then. The thing is the patients are coming, which are hiring the commercial insurances, and we cannot provide them services.

CMS - Female: Yes, thank you for that. I'm going to recommend that you email your question and your contact information to us through our COVID mailbox.

And, Stefanie, hopefully, you can provide the specific email address. And we will reach out with our CCIIO colleagues and make sure we can provide some direct guidance to you given your specific circumstances.

(Chris Ward): OK, thank you so much.

CMS - Female: Stefanie, do you have that email address?

CMS - Stefanie Costello: Yes, I think for today because I think they're using the new case management workflow, so if you can actually just email partnership. That's partnership@cms.hhs.gov. We'll send it to the right folks.

(Chris Ward): OK, thank you so much.

Operator: Next question comes from the line of (Bethany Herrera) from University – or Medical Center. You are now live.

(Bethany Herrera): Thank you. I had a question about the vaccines for our MCO patients. Per the guidance from CMS, we're supposed to bill fee for service for those, but our clearinghouse is getting a rejection directly back from CMS even with condition code 78 to tell them that this is not something normally covered under the HMO. And so, we're having to manually go in and work all of those accounts twice to release them from our – force them through our clearinghouse. And I wasn't sure if that was anything that CMS was aware was happening or if there was some bypass you guys are intending on building to let that go through.

CMS – Diane Kovach: So, we certainly aren't intending that you have to go in and manually touch the claim twice. Have you contacted the MAC to talk to them about why this is happening?

(Bethany Herrera): Not the MAC, no.

CMS - Female: (Inaudible).

(Bethany Herrera): I figured that was my next step, but I did talk to the clearinghouse and asked them if they could essentially override it knowing that I've sent them the CMS guidelines that say this is where it has to go, and they said they wouldn't do that for us. So, I guess that's my next step.

CMS - Diane Kovach: Yes, I think that's your best bet. And there's – it could be that there's something with the way that the clearinghouse is submitting it, so it would be

best to have some claims examples that you can talk to the MAC about and they might be able to pinpoint what the exact issue is for you.

(Bethany Herrera): OK, thank you.

CMS - Diane Kovach: You're welcome.

Operator: Next one on the queue is (inaudible) from CCI. You are now live.

Male: Hi, just two quick questions on – from a rural perspective on the Hospital Without Walls. That's currently designed to increase capacity in urban areas and, as you know, increasing capacity in rural areas, there's nothing other than exacerbates the world health crisis. Is there any chance that CMS will look at the appropriate level of acuity for the Hospital Without Walls program, specifically for rural, because of the complexity of our patients?

And my second question is regarding the use of telemedicine and increasing the use of telemedicine in Medicare recipients. And would CMS consider linking to increase that utilization of telemedicine – CMS consider linking in rural America the telemedicine services to the local rural hospital? Thank you.

CMS - (Emily): So, this is (Emily). I guess, I can start and others can chime in. But just to say that those are great questions and great points, and we're certainly hoping to consider sort of how the flexibility that we put in place during the public health emergency, whether or not they should be, and in what form, and for how long they should remain in place after the conclusion of the PHE.

Operator: All right. So next one on the queue is Ronald Hirsch from R1. You are now live.

Ronald Hirsch: Hi there. I just want to say thank you to everybody at CMS. I kind of feel like we've been dating for a year and now you're going to ghost me. But really the way you guys (inaudible) the regulations to help all the providers across the country has really been amazing. And you're just so patient with all these questions that we come up with that nobody possibly could have anticipated. And I think the fact that you guys get on the phone, it's five o'clock on these – to take these calls is really just, just fantastic.

So, I do – my questions I want to turn this back on you guys, and so you've had a year to collect data and look at claims. And I'm wondering is there any areas that you would love to tell us to go back and look at our claims, look at what we're doing to fix it so that things can process easier and we don't make mistakes?

CMS - (Diane): So, this is ...

CMS - Carol Blackford: Hi, Dr. Hirsch, this is Carol. I'm sorry, go ahead, (Diane).

CMS - (Diane): Oh, no, I was – I was just going to say that, first, thank you for your – for your kind words. And that there is a lot, of course, bad analysis that's happening at CMS, and some information has been released publicly already.

Generally, I mean, one of the big questions is around vaccines. And largely, we are not seeing issues with claims not being processed, not being submitted correctly. So, in that regard, things are looking really good on the whole.

Carol, I'll defer back to you for whatever you were going to say.

CMS - Carol Blackford: No, I was just going to also thank you for the kind words and add that not only is it five o'clock, but it's also probably one of the nicest days of the year that we've had here. And really, I would just want to thank you for – and everyone on the call for the very thoughtful challenging questions. I do feel like we have had a wonderful collaboration through this entire pandemic and really appreciate the feedback that helps us make sure that our instructions and kind of our policies are clear and help everyone provide care on the ground in such a challenging circumstance. So, thank you.

Ronald Hirsch: Thanks guys.

Operator: Next one on the queue is (Renali Munoz) from (Ambulance). You are now live.

(Renali Munoz): Hi, thank you everybody. My question stems from – we're an ambulance company and we're an improved provider now to do vaccination. So, one of

the challenges that we have faced and that we're roster billing only type of provider under our new (inaudible).

And my question is who can give the best information on the (PCA) software, which I did download and I've been having some challenges. I'm still waiting for Medicare to respond to my test to make sure that it worked. Who would be the best person? Would be the MAC to give me the best information on that free software that we're utilizing because our current billing software does not support roster billing?

CMS - (Diane): Yes, it is the MAC that can give you the best information on how that software works. They should be responding to your test, so hopefully, that is you haven't been waiting too long.

There is also a (PCA) helpdesk that I do not have the actual contact information for, but I'm sure it's online. We can look to see if we can find that. But if you – if you have questions specifically about the software, they may be able to help. In terms of the actual claim submission, no, the MAC is your best bet.

(Renali Munoz): Thank you, and I have one more question. So, if a patient is enrolled in a managed care plan on Medicare, the vaccines will be fee-for-service?

CMS - Diane Kovach:(Inaudible).

(Renali Munoz): or with Medicare directly?

CMS - (Diane): For Medicare Advantage beneficiaries, yes, we're paying under the fee-for-service program this year.

(Renali Munoz): OK, and a follow-up for that. What about Medicaid managed care? Because I'm getting denials from my Medicaid administrator for managed care. Is Medicaid supposed to do fee-for-services as well or is that going to be on a state by state basis?

CMS - (Diane): I do not know if we have any of our Medicaid colleagues on the call. If not, perhaps that's another good question to submit to the mailbox that Stefanie

provided the address for earlier and perhaps can provide again for us so that can be properly directed.

If you can (inaudible) ...

CMS - Stefanie Costello: (Inaudible) partnership – OK, partnerships@cms.hhs.gov.

(Renali Munoz): Thank you. That's one – I couldn't remember the whole entire (B.M.) there, but I remember partnership. Thank you so much everybody. That's it.

Operator: Right. Again, if you would like to ask a question, please press "star" "1". Next one on the queue is Ronda Buhrmester from VGM Group. You are now live.

Ronda Buhrmester: Perfect, thank you. And again, I want to reiterate what the gentleman had said earlier about how impressive it's been of how CMS has worked with the healthcare community during this pandemic. I deal with a lot of DME suppliers across the country and have been doing this for many more years than I wanted to, but it's been impressive this – all this information that you've done and relayed to us throughout this pandemic. So, we do appreciate that.

And so much that I hope this continues once we do reach a post pandemic because that's a lot of the concern right now for DME suppliers across the country, what's going to happen with some of these policies, some of these IFRs that are in place post PHE. And I know that's still part of your data collecting and decisions that need to be made, but I hope that's opened up for comments to the community and the DME space so that they can assist you with what they have to deal with in the real world as they live in the day-to-day life during this pandemic.

So, I just wanted to have that out there that hopefully you guys will let that comment period be opened up and have some discussion with the DME community or certain stakeholders such as ourselves, and I know there's many others as well. So, thank you.

CMS - (Diane): Thank you for that feedback.

Operator: Right. Next one on the queue is (Lillian Flores) from M.D. Anderson Cancer. You are now live.

(Lillian Flores): Thank you very much. I have a question related to billing the vaccine administration to fee-for-service Medicare. We're finding that many of our Medicare Advantage patients that are showing up for vaccination clinics are not carrying their red, white and blue Medicare card. And it's very difficult to obtain their MBI number. Are there any recommendations on what we can do because in the common working file, we're unable to identify them with only name and date of birth, and we don't ask for Social Security numbers.

CMS - (Diane): Sure, so there are two options that can be used. There is – on mymedicare.gov, the beneficiary – if they have a mymedicare.gov account – can look up their MBI. So, of course, it's best if they carry their card. But if not, they can look it up and they can provide the number to their provider.

That way, also there is a provider lookup tool that can be used. There's definitely one that can be used through the Medicare administrative contractors. You have to register with the MAC to use it, but you can look up a beneficiary's MBI with information, such as name, date and Social Security number.

I believe there may be a lookup tool on the Medicare Advantage side as well. I'm not as clear on that, and I don't know if there's anybody on the call that has that answer. But if not, you can certainly contact the MAC to get access to their lookup tool.

CMS - Female: OK.

(Lillian Flores): We do have access to the lookup tool. However, I do not have the patient's Social Security number and we're not permitted to ask for the Social, so the lookup tool doesn't seem to work with only name and date of birth. And some of the Medicare Advantage plans do have portals that will cross-reference it back. But what we're finding is that not all of them do and some of them will only provide you access to the portal if you are a contracted provider.

CMS - (Diane): Well, unfortunately, you're right that the provider lookup tool does require the Social Security number in order to get an exact match because just name and date of birth, you could get multiple responses back. So, then it would be on the beneficiary to have access to the lookup that they can use on mymedicare.gov, but they do have to have the MBI to bill Medicare.

We don't have a fee-for-service. We don't have any way to process the claim without that MBI present.

(Lillian Flores): OK, thank you very much.

CMS - (Diane): You're welcome.

Operator: Next one on the line is (Cathy Ball) from Saint Luke's Health System. You are now live.

(Cathy Ball): Hey, thanks for taking my call, and thanks for holding this work – these phone conferences. My question is particular to our remdesivir administration for our inpatients. CMS put out a great updated price or tool that is really helpful. And nine times out of 10, it's totally accurate, but I found an inaccuracy yesterday on a – on an encounter with remdesivir.

Where would I email the particulars? It didn't give the right correct calculation, but I was able to match to the EOB. Any idea of an email address of where I could let them know about this particular encounter that was not calculating correctly? And it does accommodate remdesivir, by the way, but it just didn't give the right answer for this encounter.

CMS - Diane Kovach: Sure. There is a web – I'm sorry, email box that you can send it to. It is pcpricers, so P-C and then the word "pricers" at cms dot hhs dot gov.

(Cathy Ball): Great. And it – and is pricers plural?

CMS - Diane Kovach: Correct.

(Cathy Ball): OK, thank you.

CMS - Diane Kovach: Thank you.

Operator: Next one on the queue is (Eric Leopard) from (Test and Go). You are now live.

(Eric Leopard): Hello, how are you guys doing? I wanted to say thank you to everyone at HHS for your patience and your tenacity. My question is testing going to have made a valued tool against COVID? And is testing a good tool to connect the vaccine hesitancy?

CMS - Carol Blackford: So, this is Carol, and testing is a critical part of, I think, the overall strategy and responding to the COVID pandemic. I missed the second part of your question though. I was having a hard time hearing that ...

(Eric Leopard): Yes, the second – the second part of the question is do you guys find that testing as a good tool to connect with the vaccine hesitancy – the people that are hesitant against that (inaudible).

CMS - Carol Blackford: Yes, yes. I would really, I think, defer to our colleagues with CDC who have been doing a lot of work around vaccine hesitancy. I'm not sure if we have any of our colleagues from CCSQ who interact quite a bit with CDC on this call. But I think there is a lot of work going on across the government to look at ways to address vaccine hesitancy whether it's through our education and outreach or other efforts.

So, unfortunately, we don't have anyone from CDC on the call, so I can't be more precise with that. But thank you for your question.

Operator: Right. There are no further questions at this time. I'll now turn the call over back to the presenters.

CMS - Stefanie Costello: Great, thank you very much. Oh, it looks like we got one more that just popped up, so I'll let us answer that one.

Operator: All right. So, for the next one we have (Katrina Robinson) from Harris Health System. You are now live.

(Katrina Robinson): Hi. Is a managed care patient is inpatient – in-house is inpatient status and they received the COVID vaccine, are we allowed to bill for the administration charge to traditional Medicare?

CMS - Male: Yes, the – across the board, the payment for the vaccine administration for COVID-19 who are Medicare Advantage beneficiaries would be billed to fee-for-service Medicare.

(Katrina Robinson): OK. So what type of bill would we bill because the patient is actually an in-house status? Will we bill it as a type of bill 121 or a 131?

CMS - (Diane): It would be on the 12X bill type.

(Katrina Robinson): OK, OK, thank you so much.

Operator: We do have another question from Barbara Cobuzzi from CRN Healthcare Solutions. You are now live.

Barbara Cobuzzi: Hi. I want to – I will echo all of the comments about appreciation for you guys being on these calls, as well as the FAQ document that you started putting out on June 19th and continue to update has been a godsend in terms of a resource.

What I – and I think you answered this, but I just wanted to make sure are you considering at all expanding the availability of telehealth beyond rural health and FQHCs for patients once the PHE has ended. I understand that this has to be legislatively executed through Congress, but is this something that you at all considering of doing?

CMS - (Emily): Yes, hi, this is (Emily). I can take that question. So, as you note, the geographic and site of service restrictions for Medicare Telehealth, those are something that Congress would need to address because those are in the statute. However, we are sort of always eager to work to expand telehealth in whatever ways we have the regulatory authority to address.

Barbara Cobuzzi: OK. I think ...

CMS - Male: So ...

CMS - Male: (Inaudible) ...

Barbara Cobuzzi: Excuse me?

CMS - Male: I just wanted to add that the most recent legislation included provisions that would make for mental health services that would make the list of geographic and setting of care restrictions permanent beyond the – beyond the PHE. So, for mental health services, Congress has made a change.

And as (Emily) noted, I think we're certainly open to hearing about where we have regulatory flexibilities that where telehealth has been useful during the – during the pandemic and where the practice has changed in a way that might warrant consideration of expanding those beyond the – beyond the public health emergency.

Barbara Cobuzzi: Yes, because we have, for example, patients who come in from the suburbs into the city. They're not in FQHCs or rural health areas, but they still many times will be on the road two hours or more depending upon traffic. And it would be a lot better if – when the care can be executed via telehealth that that be provided. And as patients get older, they don't necessarily have access to transportation. So, there's been a very positive feedback that I've gotten from patients and basically, I told them to talk to the congresspeople.

Well, thank you very much, and the person who mentioned the beautiful weather, I am sitting outside during this call.

CMS - Female: Oh, good for you. I was not able to do that as my neighbor was mowing his lawn, but thank you – thank you for the question, and thank you for your participation today.

Barbara Cobuzzi: Thank all of you. You guys have been doing an amazing job.

Operator: Right. Next one on the queue, please state your first and last name and your organization before asking. You are now live.

Rosie Fussell: Hello, my name is Rosie Fussell. I'm from AdventHealth. Can you hear me OK? I'm not sure if I'm the one being opened up.

CMS - Female: We can hear you.

Rosie Fussell: OK, thank you, I wasn't sure. I just want to echo what everybody else have said. I do feel like you said this is the last open Office Hours call, and it makes me very sad because this has been the best partnership ever really in my career in laboratory compliance. So, thank you so much to all of you.

So, I just have one question. It's about the U0005 CPT code. This is for the extra $25 payment for a high throughput COVID-19 PCR test, which is completed within two calendar days. Are the Medicare Advantage plans going to be providing this extra $25 payment when we meet the criteria also or is this just Medicare fee-for-service?

CMS - Carol Blackford: So, this is Carol, and I'll start. And, (Ryan) and (Sarah), you guys could chime as well, but the administrative ruling that was issued provide that additional payment for tests that are done within the designated time frames, that applies specifically to the Medicare fee-for-service program.

CMS - (Ryan): Yes, the only thing I would add to that is that Medicare Advantage plans would – wouldn't, I don't think, be precluded from adopting the policies, but I don't think they would be required to do so.

Rosie Fussell: OK, thank you so much for the answer. And again, I appreciate you all so much. It's been quite a journey.

Operator: There are no further questions at this time. I will now turn the call over back to the presenters.

Stefanie Costello: Right. Well, thank you all so much for joining. Today's call will be our last COVID-specific Office Hours call. Going forward, any COVID-related question may be posed at our provider-specific Open Door Forum. Information on the Open Door Forum may be found at www.cms.gov/outreach-and-education/outreach/opendoorforum. You can also just Google CMS Open Door Forum because that was a lot to write down, and it will take you to the page.

We thank you for joining us today. And the recording of today's call and all the previous calls and their transcripts will be posted to our CMS podcast page, which you can locate by going to cms.gov, clicking on the coronavirus image, and scrolling to the bottom of the page.

So thank you all. This concludes today's call.

Operator: This concludes today's conference call. Thank you for participating. You may now disconnect.

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