Centers for Medicare & Medicaid Services
COVID-19 Office Hours
January 12, 2021
5:00 p.m. ET

Operator: Ladies and gentlemen, thank you for standing by and welcome to the COVID – CMS COVID-19 Office Hours conference call.

At this time, all participants' lines 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 keypad.

I would now like to hand the conference over to your first speaker for today, Ms. Stefanie Costello, you may now begin.

Stefanie Costello: Great. Thank you, (Donna), and good afternoon. Thank you all for joining our January 12, 2021 CMS COVID-19 Office Hours call. We appreciate you taking the time out of your busy schedule to join us today.

This is Stefanie Costello, the 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's temporary actions that empower local hospitals and healthcare systems to increase hospital capacity, CMS hospitals without walls, rapidly expand the healthcare workforce, put patients over paperwork, and further promote telehealth and Medicare.

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-inquiries. Any non-media COVID-19 related questions for CMS should go to covid-19@cms.hhs.gov.

As a reminder, our next scheduled Office Hours will take place on the following Tuesday at 5 p.m., February 2nd, February 23rd, March 16th, and

April 6th. And these will be posted on our Partnership toolkit page on cms.gov.

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

Operator: Again, just a reminder, to ask a question, please press "star" "1" on your telephone keypad. Your first question comes from the line of Rick Gawenda from Gawenda Seminars. Your line is now open.

Rick Gawenda: Hi. Thank you. Happy New Year everybody. In the last call, on December 22nd, we were talking about the communication technology base services CPT codes. And the CMS officials clarified that those services, once the public health emergency has declared over, would only be able to be (billed) and paid by therapists in a private practice setting.

However, on December 31st, CMS released the transmittal 10542, which is the annual update to the therapy code list. And in that transmittal on page 2, it states that these would be able to be paid, billed, also not only in private practice but also in the non-facilities – I'm sorry – in the facility settings as well.

So, I guess there was just some confusion there that we had one response back on December 22nd that kind of clarified the final rule. And then, this transmittal that came out saying it could also be paid in a facility-based setting.

CMS - (Emily): Hi. This is (Emily). I can start and then I invite my colleagues who work on hospital sites to step in. But for professionals – for professional services, these CPT codes can be billed on professional claims by (non-positioned) practitioners including therapists. However, I can't speak to how that works for therapists that are employed by a hospital. So, I will hand it off to someone else.

Rick Gawenda: Do we have anybody from the hospital side?

CMS - Male: I think you should just repeat the question for the hospital side.

Rick Gawenda: Sure. So, in the final rule for services paid under the fee schedule that was based on December 2nd. CMS did go and add in those community technology base service codes; G2250, G2251, and then the G2061 through G2063 that then became 9897071 and 72 in 2021.

And under the December 22nd call, I'd asked the question just to clarify that absent of the public health emergency, once that is declared over, that these community technology base codes can only be paid by a therapist in private practice. And your response was yes.

Then in the transmittal that was released on December 31st, that's the annual update of the therapy code list, it says that these can be billed by PTs, OTs, SLPs whether in private practice or those that are facility based, which kind of contradicts the final rule in the clarification back on December 22nd because facility base then would be like hospital outpatient setting that bills on a UB-04 or we at the agency.

Are we still connected?

CMS - Male: I think you need to – I think we need to find the transmittal that you're talking about and work on an answer. So, just ...

Rick Gawenda: Sure. Yes. It was transmittal – it was transmittal 10542, change request 12126 released on December 31st, and it's in the – on page 2 is where you'll find it under Section B, Policy, the second paragraph.

CMS - Male: OK. Thank you and thanks for the detailed – the precise location. That's helpful.

Rick Gawenda: OK. And then, we'll follow up I guess on a future call most likely that we will get the answer?

CMS - Male: I think so. Yes.

Rick Gawenda: OK. Thank you very much.

Operator: Your next question comes from the line of (Linda Clark) from (Inova Healthcare Services). Your line is now open.

(Linda Clark): Thank you. My question has to do with the vaccine administration charge. And I know that the directions that I've read says that we can bill an individual claim if we don't do roster billing. By individual claim, does that mean that the vaccination administration charge itself can go on a separate claim even if other services are provided on the – at the same encounter?

CMS - Diane Kovach: Hi. This is Diane Kovach and you can bill as you typically would for any other vaccines. So, for how (inaudible) individual bill for a flu vaccine for instance or for a pneumococcal vaccine, exact same for the COVID billing. No matter where that there is any requirement that if you bill by itself, not with any other services. And that is if it's a single claim of course. Now, are they roster bill?

(Linda Clark): Yes. So, it can be billed with other services but would it really matter if we separated it to a separate claim by itself?

CMS - Diane Kovach: No. You can also do that if you'd like.

(Linda Clark): OK.

CMS - Diane Kovach: You may bill it with other services or by itself.

(Linda Clark): OK. That's what I would like to know then. Thank you very much.

CMS - Diane Kovach: You're welcome.

Operator: Your next question comes from the line of (Nancy Miesner) from Bronson Healthcare. Your line is now open.

(Nancy Miesner): Hello. My question also has to do with the COVID-19 vaccine. For the vaccine administration, do patients need to sign a consent to treat?

CMS - Male: I don't think we have – others can weigh in here if you've got more to add – but we don't have any new – we don't anything specific to the COVID vaccine. The rules and approach we've been taking with regards to the COVID

vaccine is the same that it is with regards to the two other – to the flu vaccine or other vaccines. And so, it is not a specific requirement that relates to the COVID vaccine.

Now, what I don't know is if we actually require anything for non-COVID vaccines in terms of the consent to treat. Clearly, state law might, but I don't know if any of my colleagues on the phone who know whether we – in the absence of such a requirement to confirm that.

It's unfamiliar to me. I think that the – if we look at – if we look for what our rules are on the – if you don't find – if you don't use one for the flu vaccine and that's consistent with our rules then we wouldn't have a separate one for COVID.

(Nancy Miesner): OK. Thanks. And just kind of a follow-up question to go along with that, with the Medicare Advantage patient, I know with these we're billing Medicare. Do you know, and maybe it's the same, does the Medicare secondary tier questionnaire need to be filled out? Or is that just specific to traditional Medicare patients?

CMS - Diane Kovach: I'm not sure if we got the right MSP folks on the phone. I do know for fee-for-service for institutional providers, they do have to do the MSP questionnaire, but we can check on that for the MA beneficiaries as well. That is (inaudible) only requirement.

(Nancy Miesner): OK. (Inaudible)?

CMS - Diane Kovach: Sure. That is the only requirement for institutional providers.

(Nancy Miesner): OK. Thank you.

Operator: Again, to ask a question, please press "star" "1" on your telephone keypad. Your next question comes from the line of Kent Moore from AAFP. Your line is now open.

Kent Moore: Thank you. My question is if a physician administers a COVID-19 vaccine to a Medicare beneficiary who only has Medicare Part A coverage, will

Medicare still cover the vaccine or does the physician need to bill the Provider Relief Fund as if the patient had no health insurance at all?

CMS - Male: So, the vaccine is a Part B – as in boy – benefit. And in that instance, the Provider Relief Fund would be the appropriate place.

Kent Moore: Thank you.

Operator: Your next question comes from the line of (Sharon Jackson) from (Obagi Medical Center). Your line is now open.

Sharon Jackson: Hi. My question is around the HCPCS add on code U005 that can be used in conjunction with U0003 or 4 for an additional payment of $25. My question is in the rule CMS-2020-1-R2, there's verbiage that states ready for release additional information when tests are completed within two calendar days of specimen being collected. Meaning results of the tests are finalized and ready for release.

I would like clarification – ready for release – does that mean the ordering provider has been sent result or we have the results and they are ready to be sent in order for us to bill the U0005?

CMS - Male: Do we have Sara on?

CMS - Sarah Shirey-Losso: Hi there. Yes. This is Sarah Shirey. Hi.

(Sharon Jackson): Hi.

CMS - Sarah Shirey-Losso: I think I will have to take that back and take a look at it. I think, offhand, I think that when you, as the lab, are finished with your portion of the testing and has – it's ready to go back to the provider, not (inaudible) ...

(Sharon Jackson): OK. But ...

CMS - Sarah Shirey-Losso: ... the provider has received the results.

(Sharon Jackson): OK.

CMS - Sarah Shirey-Losso: But I will – we'll confirm that and perhaps update our FAQs. Thank you.

(Sharon Jackson): Great. Thank you.

Operator: Thank you. And your next question comes from the line of Bethany Herrera from University of Medical Center Southern Nevada. Your line is now open.

Bethany Herrera: Hi. Thank you for taking my call. My question – I was curious about the hospitals without walls and whether that will apply for the administration of the COVID vaccine as well. Are we allowed to use what would typically not be an on-site location for our hospital in order to do the administration of this vaccine?

CMS - Male: So, yes. The answer would be if you are designating another location as an off-campus, provider-based department of the hospital then that location can provide the COVID vaccine as well.

Bethany Herrera: OK. Perfect. Thank you.

Operator: Thank you. And your next question comes from the line of Joy Bieker from Bayhealth Medical. Your line is now open.

Joy Bieker: Hello. Thanks for taking my call. I just have a question regarding the vaccine administration. One of the questions that was being asked of us is whether or not the claims will be rejected or something because we don't have the vaccine itself on the claim and just administration code. Could you please clarify that for me please?

CMS - Diane Kovach: Absolutely. This is Diane Kovach and those claims will not be rejected. We have verified (inaudible) testing with our contractors that you can submit just the administration on a claim and it will be processed correctly.

Joy Biecker: Thank you so much.

CMS - Diane Kovach: You're welcome.

Operator: And your next question comes from the line of (Brandesh Silk) from UW Medicine. Your line is now open.

(Brandesh Silk): Hi there. Thank you so very much for taking my call. I just would like to go back to the comment two questions ago about the hospital without walls and doing the COVID-19 vaccine administrations. And as we all are aware across the United States, we're trying to do mass immunization sites to get up and running.

And here is my question – we don't want to do roster billing because that's a nightmare. The second I would have is – if we established a clinic off site that is in a very large area that we are able to get patients in to do mass immunizations, how would you suggest that we go about registering that off-site department to just that one entity, one place?

Does that make sense? As opposed to re-doing all of the patients' home addresses, it would be relocating the hospital address to – I don't know – a football field or whatever. So, that would be the same application and same process as we would for any other registration or registering of people home addresses because we'd want to bill out on the (UB) that's our – that would be our question, right?

I'm not talking professional because I don't want to talk about incident to or any of those, the supervision requirements. I'm talking about facility only.

CMS - Male: Yes. I believe the details on how to do that registration were included in IFC2.

(Brandesh Silk): IFC2? OK.

CMS - Male: I believe that's (inaudible). Yes.

(Brandesh Silk): IFC2 or 4, because the four – I thought IFC4 was the immunization one. Maybe I'm mistaken.

CMS - Male: Yes. Four has the vaccine, the information on the vaccine billing. But two has the information on registering a ...

(Brandesh Silk): Relocating.

CMS - Male: ... separate location – yes – of the provider ...

(Brandesh Silk): OK.

CMS - Male: ... or the department.

(Brandesh Silk): OK. So, we'll go ahead and – OK. Fantastic. OK. That works for me. Thank you so very much.

Operator: Your next question comes from the line of Liz Clark from UC Davis Health. Your line is now open.

Liz Clark: Thank you very much for taking my call. My question is in regard to temporary location. And I understand that under the waivers and flexibility of the hospital was going to be providing services at a temporary location but going to be billing under the main provider. The hospital is not required to report that temporary location to CMS via by the Medicare hotline – provider enrollment hotline or the CMS 855.

But my question pertains to physicians who are going to be providing services at a temporary location. If a physician group wants to open a temporary practice location for the sole purposes of administering the COVID vaccine and then will not seem to provide services at that location after the public health emergency. Is the physician group required to report that new practice location on their – to Medicare under 855B or (inaudible)? Or they can just bill under their current address of their current clinic?

CMS - (Alicia): Hi. This is (Alicia) and yes, they should be reporting that address and they can go to that expedited enrollment process through the hotline to add that location.

Liz Clark: Well, we attempted that with Noridian and they told us that practice locations could not be added or changed through the hotline that you had to submit the 855. So, I just wanted to make sure that MACs are clear that if we do have to do it we can do it for the hotline.

CMS - (Alicia): Yes. And we can follow up with Noridian on that. But they are – or should be accepting that through the hotline as well.

Liz Clark: Great. OK. Thank you so much for taking my question. Appreciate it.

CMS - (Alicia): You're welcome.

Operator: Again, if you want to ask a question, please press "star" "1" on your telephone keypad. Your next question comes from the line of (Shay Vaughn) from (Inaudible). Your line is now open.

(Shay Vaughn): Hi. Thank you for taking my call. Again, I wanted to ask about the vaccine billing also. On the United Healthcare website, as you know, they're a Medicare Advantage Plan. They specifically state that for participating providers that they may bill United Healthcare, the medical benefit through the standard claims process.

And I wanted to know one, were you aware of that? And two, is that a standard amongst the Medicare Advantage Plans that if you're participating you can bill directly to those Medicare Advantage Plans? Because the reason I'm asking is because providers normally don't have, say for example the MAC. They're normally not enrolled with the MAC or they don't have the Medicare beneficiary identifiers set up. They normally have the Medicare Advantage Plans identifiers set up in their system.

So, I'm trying to figure out – can – is this a standard amongst Medicare or is this is just something that United Healthcare is doing?

CMS - Male: Well, each Medicare Advantage Plan and other plans will have their own billing practices and claim submission procedures. They're often set forth in either an appendix or some kind of corollary document to the provider agreement for those who are in network or they might have some other protocol for out of network. So, I would say that there is not a standard in this regard and that the practice may vary by plan.

(Shay Vaughn): OK. So, CMS hasn't given United Health here some waiver that allows them to process the claims for that administration fee for the vaccine.

CMS - Male: No. And in fact, I wonder whether it's really a Medicare Advantage Plan if we're – if you're talking about the vaccine because the fee-for-service program is paying for those this year and perhaps, it's a different – perhaps it's a – perhaps it's a different product of some kind.

(Shay Vaughn): Yes. No. It's not. I'm looking at it. It's specifically says claims for Medicare Advantage members should be billed to the applicable CMS MAC, but participating providers may bill United Healthcare medical benefits through a standard claims process. But, I'll talk to them about it.

CMS - Male: Yes.

(Shay Vaughn): OK. Thank you.

Operator: Your next question comes from the line of (Inaudible) from Cedar Sinai. Your line is now open.

Female: Hi. Thank you very much. Just a follow up to Ms. Kovach's answer earlier with regard to billing the claims without a drug charge. There's been a lot of different guidance, I would say, that we've been given on this previously. And I just want to make sure that it's OK that we still do bill with a (one cent) charge for a no-cost vaccine and a no cost monoclonal antibody as well.

Because even though it may pass the MAC billing system, it's a lot of billing, editing systems in patient accounting and clearinghouses that have to be overridden, which is very complicated. So, I just wanted to make sure that that was still acceptable.

The gentleman we spoke with on the last call approved that, but we've not seen any updates in any of the guidance that's published.

CMS - Diane Kovach: That is absolutely (folks). After all, you can do it either way. And in fact, that's why we set it up that way to allow for the nominal charge for those providers where it would have been a burden to update their systems to do it in a different way.

Female: That's awesome. Thank you for that. And then a secondary question related. We also found out on the last call we had the ability to bill for the vaccines and the antibodies on an inpatient claim separately on a one-to-one. And we understood the date of service was to be the date of discharge of the inpatient claim and that we carve that out. We know how to do that.

My question is this – Medicare Advantage inpatient stay, vaccination during the stay. I'm going to bill the Medicare Advantage Plan for that inpatient admission and I'm going to bill Medicare fee-for-service for the vaccine or the antibody infusion. Is that correct?

CMS - Diane Kovach: Have we got press?

CMS - Male: Yes.

Female: OK. I don't know if that scenario had been thought too but that's how I would interpret it. You're still covering vaccines and antibodies but that inpatient primary claim, which is an advantage claim, would go to the advantage payer.

CMS - Diane Kovach: Yes. Fee-for-service is paying for the vaccines, so that's (inaudible) administration at this point. So, that's the only part we would want to see for our fee-for-service claims for any beneficiaries.

Female: Got it. Thank you very much.

Operator: Your next question comes from the line of (Joana Bene) from (Voler Scott Inaudible) Health. Your line is now open.

(Joana Bene): Hi, everyone. Thanks for taking my call. I have a – I guess – a couple of questions related to the COVID vaccine administration.

First one actually relates to that Provider Relief Fund. So, on a CMS' page, it states that providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration to that Provider Relief Fund.

However, when you go to the HRSA page, it states it's only for the uninsured. So, is there a way to find out how to submit claims to a HRSA or to Provider

Relief Fund when a patient does have insurance because I know that's one of the obstacles that we're seeing to get the reimbursement for the administration when they say it's only for the uninsured, HRSA does.

CMS - Male: CMS does not administer the Provider Relief Fund but we can check with our colleagues and pass that question on our colleagues at HRSA.

(Joana Bene): That will be great. Do you want me to e-mail that? Do you want me to e-mail that COVID-19 mailbox?

CMS - Male: Yes, please.

(Joana Bene): OK. And the second question it's – as everybody is mentioning we obviously want to do mass immunization, it's an (offer) like extended hours to our patient to provide them the COVID-19 vaccine. In order – and it physically relates to our place of service, (11) clinics, in order to bill for that COVID-19 vaccine administration by medical assistant or a nurse, is direct supervision required for that particular place of service (11) or are there any flexibilities other than direct supervision by a video that would allow us to bill for that administration with just general supervision?

CMS - Male: I think that's one we'll have to take back.

(Joana Bene): OK. I will e-mail both questions, so you have them.

Operator: Your next question comes from the line of (Isla Nadasher) from Kettering Health Network. Your line is now open.

(Isla Nadasher): Hi, good evening. Is CMS requiring that we have individual physician order for each patients for the COVID vaccine or are they (treatment) sites of flu and pneumococcal where we don't have to have individual physician order?

CMS - Female: We are treating it just flu and pneumococcal. A physician order is not required. We are working on some additional frequently asked questions and we hope to get that out in writing but just for now know that's the response.

(Isla Nadasher): OK, so flu with a claim get billed under then which what type of provider should we bill in our – we don't have – there's no physician order?

CMS - Female: It would be billed just like flu and pneumococcal. The provider that provides the service would be the billing provider and there's no need to fill out an order in the referring.

(Isla Nadasher): OK, thank you.

CMS - Female: You're welcome.

Operator: Again if you want to ask a question, please press "star" "1" on your telephone keypad. We have a follow-up question from the line of (Shay Vaughn) from Allscripts. Your line is now open.

(Shay Vaughn): Hi, I'm sorry. I just wanted to clarify what you said about a nominal fee for billing for the drug itself. So since the federal government is providing this drug for free and CMS does not require that the actual drug be listed on the claim with the admin fee, are you stating that if you want to list the drug with the NDC on the claim with the nominal charge of 1 cent, you can and if you do, it will be denied of course?

CMS - Female: You may do that if you – if your systems are set up for such (tag). You need to submit that but if you don't, if your systems aren't set up that way, then you should just submit the vaccine administration not the vaccine itself but certainly you can submit it that way. And the reason is the nominal fee honestly is just the way our systems are set up. We cannot accept a zero charge.

(Shay Vaughn): OK. That's awesome. Thank you so much.

CMS - Female: You're welcome.

Operator: Again to ask a question, please press "star" "1" on your telephone keypad. Your next question from the – from the line of (Janel Galeeson) from (DeBrine Associates). Your line is now open.

(Janel Galeeson): Hi. I'm wondering if there is any guidance on the use of discharge status codes when a COVID recovery unit is involved or field site? We're hearing conflicting guidance from coding experts. I'm wondering if there's some

distinguishing factor that I'm missing. For instance, we're told if a patient is being discharged to a recovery center and is able to self-care, we can use 01 for self-care or 70 for unspecial – unspecified setting.

And if the patient is not able to self-care but need skilled care at that site, we should discharge using 03 for skilled care but attach the R code. And another option was to use code 69 for a disaster alternative care site and is that only maybe for a FEMA established hospital. So, I'm just wondering if there's some parameters or decision making tools out there that help decide which discharge code to use.

CMS - Michele Hudson: Hi, this is Michele Hudson. Can you explain a little bit more about the relationship between the place you're discharging the patient to in your own hospital? At least for inpatient space, discharge status codes would make a difference in terms for payment if the transfer policy were triggered.

(Janel Galeeson): I can submit some scenarios in which the person – the patient is being discharged to a site that is affiliated with our hospital or is not, if that would be helpful.

CMS - Michele Hudson: It would. Thank you very much.

(Janel Galeeson): OK, I'll do that. Thank you.

Operator: Your next question comes from the line of Bethany Herrera from University.

Bethany Herrera: Hi, I have a – I have an additional question that someone else kind of sparked for me. For the managed care products, so we'll be billing the fee-for-service like in an inpatient setting, is that only going to be for the vaccine that a lot of us has started rolling out right now or will that also include the antibody infusion?

CMS - Male: It applies to both, the COVID-19 vaccines and the COVID-19 antibody – monoclonal antibodies.

Bethany Herrera: Perfect. Thank you so much.

Operator: Again to ask a question, please press "star" "1" on your telephone keypad. Your next question comes from the line of Pamela Sharkey from Valley Health System. Your line is now open.

Pamela Sharkey: Hi, thank you for taking these calls. I have a question about the COVID testing using the (Cepheid) machine which allows for COVID, flu A/B and RSV. There are currently two codes, 87637 and the PLA code 0241U. Neither of these codes are in Novitas fee schedule but they are in (Florida) fee schedule. And I'm wondering whether one is preferable over the other and then the follow up would be, do we use a CS modifier with that? Thank you.

CMS - Sarah Shirey-Losso: Sure. Hi there, this is Sarah Shirey-Losso. First, I think typically I know that if it has a PLA code and you said the other code was 87632?

Pamela Sharkey: Three, seven.

CMS - Sarah Shirey-Losso: Three, seven. So, I think based on the code descriptor, you should just select the code that's most appropriate for the testing which I don't have the descriptors in front of me directly but that's typically the advice that we provide is to use the CPT code that best fits the test that you're performing.

And as far as the payment amount for those codes, we are in the process of updating our MAC price test on our website and hopefully that will be something that will be out very soon with the – with the codes that had been released more recently. But in addition, the MACs had been instructed to share their pricing and so if you have a question, they should – you can call them and they should be able – it's not posted on their website, be able to relay the pricing that they set up in their area to you.

As far as the CS modifier, it's not required as lab test billed to Medicare do not – already do not have coinsurance or copayment (defined).

Pamela Sharkey: Thank you. The two codes actually now seem to have the same definition which is why I think we have some confusion.

CMS - Sarah Shirey-Losso: Interesting. OK.

Pamela Sharkey: On (inaudible) website, they've actually updated to say, COVID-2 and COVID-19.

CMS - Sarah Shirey-Losso: I see. Yes, it looks like we have both of those on our fee schedule as well as contract to price. But so, we'll take a look and see if there's any more guidance we can provide to that.

Pamela Sharkey: Thank you. I appreciate it.

CMS - Sarah Shirey-Losso: No problem.

Operator: Again to ask a question, please press "star" "1" on your telephone keypad. Your next question comes from the line of (Vanessa Baron) from Peterson Medical Center. Your line is now open.

(Vanessa Baron): Hi, thank you for taking my call. My question is related to the filing of patient addresses as billable location for our hospital location. Originally, I submitted all of our addresses and was told to resubmit them with dates of service as the services are being rendered.

So, I continued to send in e-mails with our monthly list of patients that we're seeing and – via telehealth to file their addresses but I never receive a response in acceptance to my e-mail. Are we supposed to be receiving confirmation that the addresses are received and everything is fine? Because, I'm – I haven't received any confirmation.

CMS - Male: So in IFC2, it laid out that you can bill off-campus provider-based accepted departments as (for) any circumstance relocated departments as long as you submitted that information, you can bill it with the PO modifier.

(Vanessa Baron): Right.

CMS - Male: It doesn't say that you have to have – it only says if you're not accepted, then it's not – you can't bill with the PO modifier. So you're – as long as the information has been submitted, then it's OK to bill the PO modifier which you currently (was).

(Vanessa Baron): OK, so the – should I continue to send monthly list of the new patients seen?

CMS - Male: In IFC2, it notes that each location needs to be provided for a beneficiary. It does not require that it – that it be provided each time a service is provided thereafter.

(Vanessa Baron): OK, that's what I thought but the original response I received from (Lisa Leon) I think is the pronunciation of her name, was to submit it with the department and date of service. So, I did do that subsequently but initially, I sent in all of the addresses to cover all bases. So – because I've done that, we're covered now?

CMS - Male: If a location has already been provided then ...

(Vanessa Baron): Yes.

CMS - Male: That's what spelled out in IFC2.

(Vanessa Baron): Perfect. Thank you very much for that.

Operator: Again to ask a question, please press "star" "1" on your telephone keypad. Your next question comes from the line of Rosemary Holliday from Holliday & Associates. Your line is now open.

Rosemary Holliday: Hi and thanks for taking my question. I want to mention to the lady who had asked the question about the PLA codes, AMA does have an appendix. That appendix has the name of the manufacturers and that helps you differentiate between the code descriptors. So, you might want to look and see if who manufacturer is.

So for my question, we noticed on the OCE edits, they came from CMS, that was just the most recently first quarter, some codes that appear to be the vaccine codes for COVID for the future and administration codes for the future. If – are they coming from AMA or CMS and do we, of course, wait until the EUA for each? And it's large number, probably about (30) codes.

CMS - Male: We have gone through some internal process to be prepared for forthcoming vaccines but all of these particular codes will be announced by the AMA or CMS when there are code descriptors and vaccines associated with those

codes. And we will also then recognize the effective date for any of those codes to be consistent with the EUA when FDA issues an emergency authorization. So, you should see those for planning purposes but not for operational purposes for claims processing at this time.

Rosemary Holliday: OK, thanks so much.

Operator: Again to ask a question, please press "star" "1" on your telephone keypad. Your next question comes from the line of (Yna Vandor) from (Mount Sinai). Your line is now open.

(Yna Vandor): Yes, hi. Thank you for taking my call. I just wanted to clarify one, the C9803 code was created – was original for just the standalone COVID test, U002, 3 and 4. Are we allowed to use that code for the multivirus test that include COVID now? That's one of my questions. Like COVID plus flu, you're taking the specimen the same way you do it for COVID, you're just running against multivirus results but is that code allowed for collection of specimen for all these other multivirus test that include COVID?

CMS - Sarah Shirey-Losso: Hi, this is Sarah Shirey. I believe that C9803 was created for outpatient hospital claim for specimen collection.

(Yna Vandor): Yes.

CMS - Sarah Shirey-Losso: So, I think my understanding is that those are for tests that have COVID-19 within them, if there's any at my outpatient colleagues that can confirm that.

(Yna Vandor): So, basically if I'm doing the COVID plus flu, I'm obtaining the same specimen as I would normally do for COVID but I'm also running it for flu. We can use that code.

CMS - Sarah Shirey-Losso: Yes, it's for specimen collection for COVID-19 test, so I would think that if the test includes COVID-19.

(Yna Vandor): And just – OK, thank you. And just to clarify, so this is the first I heard, so just to make sure for the managed care claims on the inpatient side, the

COVID vaccine demonstration – I mean the COVID vaccine (inaudible) were going at the administration for that, an antibody. Those tests should be billed to fee-for-service Medicare on the 121 bill type and the rest of the claim gets billed on – to the regular managed care payer, is that correct? Just to confirm what I heard today.

CMS - Male: Could you clarify did you say tests or did you say the administration of ...

(Yna Vandor): The administration, so right now we don't have charges for the vaccines or the products themselves but for the administrations we can bill those as well to fee-for-service, even though the patient has managed care plan or managed Advantage, correct?

CMS - Male: Yes for – yes for Medicare, all COVID-19 vaccinations and their administrations and all COVID-19 monoclonal antibodies and their administrations are billed directly to fee-for-service and are not paid by Medicare Advantage.

(Yna Vandor): OK. And then just to – another quick question, I'm sorry for taking up the time. But, who manages HRSA or instructs HRSA? What's covered or what's included or should be included? We're running a two (issue) with HRSA. Are we submitting claims for COVID test itself, the U code 002 or 004?

They seemed to be under some incorrect assumptions suddenly, that those tests or codes can only be used by independent labs, and it kind of mentioned it in that way on their website. So, with some claims, the (P) claims, they came back and so taking money back because they're saying those codes are only can be used by independent labs which is absolutely incorrect. But who can reinstruct or provide correct instructions to HRSA group to have correct understanding of the rules because it makes no sense?

CMS - Male: We can pass on the feedback we get here, on these calls to our colleagues at HRSA and if you send it to the COVID mailbox, we'll do what we can to make sure that they have the feedback you have for them.

(Yna Vandor): That would be greatly appreciated. Thank you.

CMS - Male: Thank you.

Operator: Your next question comes from the line of (Rosie Fossel) from Avant Healthcare Orlando. Your line is now open.

(Rosie Fossel): Hello. First, I just want to thank you and your whole team for these calls that you held throughout the pandemic and I'm sure some of you are civil servants and some of you are political appointees, and this might be the last call with us. And I just want to say, thank you for doing everything that you've done for hospitals and for our patients. It's really greatly appreciated.

I do have a question and it's about U0005. This is not – we can't use this for inpatients, is that correct? We don't get any extra payment when we do a COVID PCR high-throughput on an inpatient, correct?

CMS - Female: That's correct. It's for laboratory services under Part A.

(Rosie Fossel): OK, so outpatients.

CMS - Female: Correct.

(Rosie Fossel): And what about the Medicare Advantage plans? Do you know if they're going to accept that code?

CMS - Male: That will depend on their particular requirements for in-network. And so if you're on an in-network arrangement with them, they'll have their own billing protocols but if you're out of network ...

(Rosie Fossel): OK.

CMS - Male: ... then they're required to pay at least the amount that Medicare fee-for-service would pay.

(Rosie Fossel): OK. Thank you very much.

CMS - Male: Thank you. And thank you for the kind words too.

(Rosie Fossel): You're welcome.

Operator: Thank you and your next question comes from the line of (Linda Clark) from (Inova Healthcare Services). Your line is now open.

(Linda Clark): Thank you. So, I want to go back to COVID vaccine. If we want to use one of our clinics, physician clinic, if we want to use their PTAN for billing at mass immunization sites, do we need to have each site that we open added to that 855B enrollment form or can we expand and just use the address on file?

CMS - (Alicia): I'm sorry, this is (Alicia). Can you state that question again?

(Linda Clark): Yes, so if we want to expand into some locations where we can do mass immunizations and we want to bill those claims to the Part B MAC on the 1500 form. So, we would want to use one of our clinic PTAN numbers to do that. Can we expand to those sites and if so, do we have to have those addresses added to our 855B or can we just expand and use the clinic address on file for that PTAN number?

CMS - (Alicia): You should add the additional locations to your clinic enrollment on your 855B and you can do that through the enrollment hotline.

(Linda Clark): OK, we can do it through the hotline. And do we need that – do we need physician supervision on site constantly at each of those expansion locations? If we have – if we have staff working under the physician and providing the immunizations.

CMS - (Alicia): There maybe someone else on the phone that can speak to the supervision requirement.

CMS - Male: That may be the second supervision question we have to take back today.

(Linda Clark): OK.

CMS - Male: Unless we have – unless someone would take a gander at it.

OK, let's take it back.

(Linda Clark): All right. Do I need to submit it to the COVID line?

CMS - Male: That would help, yes.

(Linda Clark): OK. I'll do that now.

CMS - Female: Thank you. And operator, we have time for one more question.

Operator: Thank you. And your next question comes from the line of Sue Thomas from the University of Kansas. Your line is now open.

Sue Thomas: Yes, thank you. And I wanted to follow up on the previous question about HRSA not paying for U003. I'm from a large teaching hospital and we have thousands of claims denied for U003, so I appreciate any help you can give us with that. And similarly, so we bill the – specimen collection is billed on 1500 form out of our clinic.

They're denying those as well saying that the best response we've gotten is that it's being denied because it's not on the same claim form as the lab test itself. So, we're being denied both the specimen collection and the lab test. And we had e-mailed this to COVID, the CMS e-mail a few weeks ago and just got a response that HRSA was out of the CMS purview.

But, we really can't get any response from HRSA at all on their website I said – the person said that U003 can only be billed by an independent lab which doesn't fit our scenario. And their website also says that they will pay for the specimen collection but they're not paying for it, so anything you can do to help us would be great.

CMS - Female: Yes great and thanks again. As (inaudible) has mentioned, I think that we'll be able to – now that we have some more specifics take that back to HRSA and get some clarification.

Sue Thomas: Thank you.

Stefanie Costello: Great. Well, thank you again for joining us for Office Hours today. Additional questions may be submitted by e-mail at covid-19@cms.hhs.gov and a recording and transcript of this call will be posted very shortly on the 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. Thank you all and have a good night.

Operator: This concludes today's conference call. You may now disconnect.

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