Centers for Medicare and Medicaid Services
Questions and Answers
Physicians, Nurses and Allied Health Professionals Open Door Forum
Wednesday, July 19, 2023

1. Question: My question is specific to telehealth services. The language in the Consolidated Appropriations Act of 2022 and 2023 temporarily expanded the definition for telehealth-eligible practitioners. And I noticed that in the proposed rule calendar year 2024 proposed rule, there's only mention of the physical therapist, speech-language pathologist, and occupational therapist, as well as audiologists that are mentioned. In the FAQs that were issued by CMS on October 13 of 2022, on January 1 of 2021, CMS specifically states that auxiliary personnel who cannot bill Medicare for their services were able to bill incident to as telehealth. Just seeking clarification on that.
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
2. Question: I'm a plastic surgeon in St. Louis. And I'm the guy behind the assistant physician. Assistant physicians and graduate physicians now are laws in about eight states. There are physicians who graduated from medical school. Sometimes with internships, they do not qualify for a license because they don't have residency under their arms. Now, private insurance and Medicaid are reimbursing for their services. They serve in underserved areas under supervision of a physician. They have a lot more education than nurse practitioners or physician assistants. However, Medicare still will not pay for their services.
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
3. Question: My question is on the new G-code, G2211, for visit complexity. Can that code be billed with the E/M codes that are routinely used for established patients in the home?
    a. Answer: At this time, we are not proposing that G2211 would be payable for established visits in the home. G2211 would be payable, as we finalized in calendar year 2021, for office outpatient E/M codes 99202 through 205, and 99211 through 215.

4. Question: I have a question on the CAA of 2023 provision that allows the two new discipline categories to be covered under the hospice benefit, the NFT, and the other therapists for behavioral health. And my question is specific to if these new services were the CRPs for hospice are being proposed to allow these new entities, these new categories, to be part of the hospice interdisciplinary team, if they're covered under hospice bundled services, or paid separately, under Medicare Part B. I wasn't really understanding the proposal in the rule as related to these two new COPs for these two new discipline services that can now be, you know, part of the hospice IDG team.
    a. Answer: At this point, the mental health counselor and the marriage and family therapist would be paid as part of bundled services or bundled payment that hospice received, and there is no specific item on the claims form at this time. Thanks.
5. Question: Could you clarify for me regarding telehealth services that are not behavioral health services, that are billed between January 1 and December 31 of 2024, with the place of service to, will be paid at the non-facility rate.
    a. Answer: I can confirm that is in our proposal. That it should be, as proposed.
6. Question: Regarding behavioral health, and the providers eligible 1124 under the proposal to bill independently, I just wanted to clarify that included an LSW, an LCSW, an LMFT, and the master's level psychologist. And when can they actually start to apply for their Medicare numbers?
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
7. Question: What about the physical therapists? All of the insurances, they recognize them as independent. CMS does not recognize them as independent practitioners. So, what is the update on that?
    a. Answer: CMS follows statute as defined in the law, and that law does point out or identify the practitioners that may bill Medicare directly. We do abide by those specific requirements and implement those requirements. You asked about physical therapists, specifically, correct?
        i. Answer from participant: Yes
            1. Comment from CMS: Well, physical therapists in private practice are allowed to bill Medicare directly. Are you talking about other types of therapists in different settings?
                a. Comment from participant: No. They do bill directly. But they cannot see the patients directly without a doctor referral.

8. Question: As you think about the G codes for the additional SDOH, have you considered that not falling under the flat visit fee, under the Primary Care First model of payment, they're paid the population-based payment and then flat visit fee? The challenge of some of those things that flow with the AWV is they're all clumped into one flat visit fee. Has that been considered?
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
9. Question: Wondering if that non-facility fee for place of service 10 is also applicable to place of service—or HOPDs, or physician-based hospital practices since we're no longer billing G0463 or Q3014.
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
10. Question: For table 104 of the rule which had the specialty impacts. I want to confirm this does not include the CAA 2023 1.25% reduction as part of the conversion factor. Is that correct? Or just the neutrality impact?
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
11. Question: Could somebody speak to the enrollment of a physician's home address if they're providing telehealth from their homes? And if that's something that we're going to have to do. Whether they work 100% from their home, versus maybe partially from their home and partially from the office.
    a. Answer: CMS is reviewing the question you asked on the July 19th Physician ODF and subsequently submitted to the medicarephysicianfeeschedule@cms.hhs.gov and will respond as soon as we can.
12. Question: For the misvalued codes for therapy providers, how long are you going to be giving the RUC to review this?
    a. Answer: As you point out, we did discuss in the rule, there is some consideration for what that means for payment for '24 and going forward, but we do not control the RUC. I'm sure they're reviewing and thinking about what their opportunities are to react to the information we provided. I guess I'm saying stay tuned.