



HUSCH BLACKWELL

Excerpt from March 31, 2020 CMS National Stakeholder Call

On a March 31, 2020 National Stakeholder Call, the Centers for Medicare and Medicaid Services (“CMS”) confirmed that during the COVID-19 crisis, hospices can bill and receive payment for medically necessary visits performed via telehealth by hospice physicians or nurse practitioners who serve as a patient’s attending physician. CMS explained during the National Stakeholder Call that if telehealth is used to perform such visits, the claim should now include the new telehealth modifier “95” in addition to the appropriate evaluation and management code. An excerpt from the National Stakeholder Call is provided below (with emphasis added):

Questioner: My question is related to hospice billable visits for physicians. In the pre-emergency world, the physicians that were either employed or contracted through a hospice to treat patients for medically necessary visits related to the terminal illness, we’re allowed to bill those on the UB form. There is no place of service to represent telehealth, and **I’m wondering if there is any specific requirement that needs to go on the UB4 when a hospice physician or nurse practitioner provides a billable service** in the form of a code, should they be using revenue codes and documenting somewhere on their documentation that the visit was done via telehealth?

CMS Official: They should use the modifier 95, the CPT modifier for telehealth services.

Questioner: Okay, wonderful. Another question, sorry, that piggybacks on this. You released additional telehealth approved codes like home visits and domiciliary visits. The provider rendering at the distant site would probably be in an office location. Should they be using office or other outpatient codes or home visit codes where the patient resides?

CMS Official: They should use the code that best reflects the kind of care they’re furnishing, which will be the location of the patient and [in] other cases, the location of the practitioner. Obviously, this is a unique set of circumstances, and so, we understand. I think it will take some time to adjust.

Questioner: Okay. So it sound like if it’s a Part B, normal fee-for-service, clinic-based practice, they would use their normal office visit codes regardless of where the patient is. **But if it’s a type of home-based service where they were normally billing home-based codes, whether it’s a hospice or Part B home or palliative practice, they would use the traditional codes they’ve been using, with the 95 modifier?**

CMS Official: Right.

Note hospices must remember:

- This policy update does not change the underlying requirements in 42 C.F.R. 418.304 for when physician and nurse practitioner services can be billed by the hospice.
- Telehealth visits are subject to many other prerequisites which also must be satisfied for the visit to be paid. Hospices should work with their legal counsel or billing professionals to ensure such requirements are met.