



# Temporary Relocation Process Under COVID-19 Public Health Emergency

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“We all have the capacity to be a superhero. In order to become one, you just have to find your unique power or ability and exploit it for the greater good. The cape and mask are optional accessories, but a kind heart is essential”

-Robert Clancy

# Hospital

# Telehealth versus Off-Campus “Remote” Services

## Telehealth

- CMS has a very specific definition and specifically identifies each service that can be considered “telehealth”
- Telehealth is provided by a physician or other practitioner not by hospital staff

## Off-campus remote services in a provider-based dept

- CMS will cover services provided by hospital staff to patients in their homes when provided by audio/visual technology
- Not technically “telehealth” but rather off-campus services

# Facility Component of Telehealth Services and Remote Services During PHE

CMS Interim Final Rule #2 (CMS-5531) published 4/30/20

- Finally provided guidance on how the hospital can bill for the facility component of a telehealth service that would normally have been provided in a provider-based clinic and other remote services
- Hospitals without Walls/Temporary Expansion Locations including patient's homes
- CMS Regional Office requests for the temporary expansion locations

# Furnishing OP Services in Temporary Expansion Locations of Hospital (includes PBC services)

- Services can be provided in temporary expanded locations including the patient's home as long as conditions of participation (that have not been waived) are met
- Hospitals without Walls initiative allows for patient's home to be considered a PBD for hospital outpatients
- CMS has grouped into three categories:
  - Hospital services associated with a professional telehealth service
  - Hospital outpatient therapy, education and training services that do not need to be in-person
  - In-person services provided by hospital clinical staff
- Need to be registered as hospital outpatient
- Medical record documentation is required for reason and necessity of the visit/service

## CMS Regional Office Request for Temporary Expanded PBD Under the PHE

CMS Regional Office (RO) request applies to on-campus or excepted off-campus provider-based departments (using PO modifier) that relocate due to the PHE

- CMS expanded the extraordinary circumstances relocation policy so these locations can retain OPPS payment rates

Need to submit exception request, by e-mail, to the CMS Regional Office (RO) for on-campus and excepted off-campus expanded to temporary locations

- Can begin providing services at the new temporary locations before submitting request

# CMS Regional Office Request

- **On-campus or excepted off-campus provider-based departments that relocate due to the PHE must submit exception request to RO by e-mail with 120 days of starting services.**  
Request must include:
  - Hospital CCN
  - Address of current PBD location
  - Address(es) of relocated PBD(s)
  - Date began providing services at relocated PBD
  - Brief justification for relocation and its impact on hospital's response to COVID-19 including why new location is appropriate for furnishing covered services
  - Attestation that relocation is not inconsistent with State's emergency preparedness or pandemic plan
- For patient's homes, only need to submit one request, not a separate one for each patient's home. Can be in Excel list of addresses. Only need to submit a patient's address one time.
- Use PO modifier for the relocated PBD if the expanded exception request process is completed and approved
- If request is not submitted or is denied the visits need to be billing with modifier PN, any previously paid must be rebilled



# When No CMS RO Request is Needed

- Non-excepted locations (using PN modifier) can relocate and they remain non-excepted so do not need to request relocation approval from RO
- When any relocated PBDs will be billed as the main hospital, no provider enrollment 855 actions required
  - The CMS RO request is the process that notifies CMS of these temporary relocations

# Examples of When CMS RO Request is Needed

- On-campus department (paid under OPPS) temporarily relocates to an off-campus physical location
- New off-campus locations for COVID vaccine clinics
- Facility component of telehealth provided to patients at home that is normally on-campus or for normally off-campus where G0463PO modifier is billed (physician was in clinic or at hospital during the telehealth visit)
- Hospital services paid under OPPS (e.g., Behavioral Health) provided remotely to patients at home
- Hospital managed inpatient beds temporary locations (e.g., convention center, etc)

# CMS Regional Office Request

- Each Health Ministry needs to coordinate who will submit the CMS Regional Office request.
- Recommended to work through the HM's COVID Response Team
- Submit exceptions request by e-mail to CMS Regional Office for any temporary off-site provider-based locations including remote services provided to patients at home within 120 days of providing service
  - [CMS Regional Offices | CMS](#)
- For patient addresses, need to complete request at least quarterly to include new addresses (not a one and done)
- System Office Legal developed a template wording that can be used for the request to CMS RO



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# CMS RO Request Tips from SPHP

- Assure that the addresses and service department names align with PECOS.
- For reporting patient's homes:
  - Patient names are not required
  - No PO Box addresses, need actual physical address
  - Report each address once, even if multiple visits have occurred
  - Include Medicare FFS patients only, exclude MA plans
- Refer to embedded document for additional tips



Microsoft Word  
Document

# Ask of ICOs

## Verify

Verify what types of services have been relocated

- What departments might have relocated to a physical location
- What services are being provided remotely to patients at home

## Confirm

Confirm whether CMS RO requests have been submitted

## Reach out

If you have any questions on this or find that the CMS RO request was not completed within 120 days of providing the service, reach out to Amy Gendron or Karen Miska for assistance

# Physician

# Currently Payor Enrolled Physicians & Advanced Practice Providers

- May provide services from their home and “other relocated” facilities/departments
  - Do not need to change 855
  - Do not need to contact CMS Regional Office
  - Report services based upon current billing rules and append modifiers as necessary (CR or 95)

# New Providers (currently not enrolled with Medicare) Setting Up Temporary Locations

- CMS has toll-free hotlines at each of the Medicare Administrative Contractors (MACs) to allow physicians and advanced practice providers to initiate temporary Medicare billing privileges
- Temporary locations associated with a currently enrolled and certified Medicare provider or supplier who intends to bill Medicare for the services provided under the main provider are not required to be reported to CMS via the Medicare Provider Enrollment Hotline or via the CMS-855 enrollment application
- Physicians and non-physician practitioners may also contact the Medicare Provider Enrollment Hotline to report a change in practice location. The hotlines should also be used if providers and have questions regarding the other provider enrollment flexibilities afforded by the 1135 waiver.



# References

# CMS Interim Final Rule CMS-5531, published 4/30/20

- The interim final rule can be viewed here:
  - [Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency \(CMS-5531 IFC\) \(PDF\)](#)
  - [List of Hospital Outpatient Services and List of Partial Hospitalization Program Services Accompanying the 4/30/2020 IFC \(ZIP\)](#)
  - [List of lab test codes for COVID-19, Influenza, RSV \(PDF\)](#)
- Information in the interim final rule and this summary are applicable for the duration of the PHE unless otherwise noted.
- Information retroactive to March 1, 2020 unless otherwise noted

# COVID Pulse Page Resources

- COVID Revenue Excellence Pulse page:  
<https://www.trinity-health.org/covid-19-resources/>
- COVID Interim Final Rule-2 Released 043020
- Facility Guidance for Remote Services Based on CMS Interim Final Rule published April 30