

Centers for Medicare & Medicaid Services  
Questions and Answers  
Open Door Forum: Hospital  
Tuesday, July 19, 2022

1. Question: My question is about the Rural Emergency Hospital. Actually, two things. One is the 24-hour limit annually. Does that include the patient who walks into the lab and has a blood draw and leaves, and that would be a 15-minute visit along with the observation patients or is it limited to just patients who end up staying in a bed of some type. And then is the \$268,000 to be divided amongst all hospitals or is that per hospital, no matter how many hospitals like this end up being opened?
  - a. Answer: We are still developing some of the policies and especially for things like the length of stay. We will have flushed out further in the sub-regulatory guidance. The sub-regulatory guidance for the COP rule will be released after the publication of the final rule, so you will be able to find details of what the requirements are and how it's being determined in the regulatory guidance. Let me encourage you if you have comments to comment on the proposal accordingly. To address your question about the monthly facility payment, that monthly facility payment of \$268,000 again proposed to \$268,294 for each REH that comes into existence. So, it's the same payment rate for each REH.
    - i. Question: Got it. Thank you. And since I'm on the line for the OPPS plus 5%, is that the OPPS adjusted for the wage index or is it the base rate that's posted on Addendum B.
      1. Answer: Like anything else it would be adjusted for wage index and other appropriate adjustments.
2. Question: The prior authorization for hospital outpatient services. The speaker got very garbled when she was saying what those services were, I was just wondering if you could repeat that please? I caught just joint and something about 10 CPT codes, but I missed the beginning.
  - a. Answer: Sure. So, the service category is facet joint interventions. Facet F-A-C-E-T. And the 10 CPT codes include six codes for facet joint injection services and four codes for facet joint nerve destruction services.
3. Question: My question was just related to the payment for behavioral health remote services for outpatient behavioral health. My question is whether or not there is going to be any consideration to have licensed mental health counselors and licensed marriage and family therapists have the ability to bill Medicare for outpatient services

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for counseling. I just wanted to ask whether or not that's even something that's on the table or being considered.

a. Answer: Are you talking about separately through the physician's fee schedule or are you talking about the facility payment through CPS?

i. Question: Right. So, for facility payment if we have like for example, right now we have active services that we provide for PHP and then for (IOP). Our program is staffed fully by LMHCs and LMFTs. Many of our patients when they're stepped down from these services, they're seeking to do follow up with us. But as individual providers, as we all know, historically under Medicare, they will only reimburse an LCSW or licensed clinical psychologist. I just didn't know if there was any conversation about expanding this because we're just -- we're bombarded by request, and you know, I'm just looking to find out whether that's even something that is somewhere in some discussion.

1. Answer: "We propose to designate certain services provided for the purposes of diagnosis, evaluation, or treatment of a mental health disorder performed remotely by clinical staff of a hospital using communications technology to beneficiaries in their homes as hospital outpatient services that are among the "covered OPD services" designated by the Secretary as described in section 1833(t)(1)(B)(i) of the Act and for which payment is made under the OPDS. To effectuate payment for these services, we propose to create OPDS-specific coding to describe these services. The proposed code descriptors specify that the beneficiary must be in their home and that there is no associated professional service billed under the PFS. We note that, consistent with the conditions of participation for hospitals at 42 CFR 482.11(c), all hospital staff performing these services must be licensed to furnish these services consistent with all applicable State laws regarding scope of practice. For some of these types of professionals (for example, certain mental health counselors such as marriage and family therapists or licensed professional counselors), the Medicare statute does not have a benefit category that would allow them to bill independently for their services."

4. Question: Just for clarification on the critical access updates and clarification language, it's my understanding that you are looking at redefining a primary road as a road that has two lanes going in both directions to the next nearest hospital. And then also updating and providing some clarification to the updates where the national highway system language was introduced a few years back, where federal highways, again

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indicating that federal highways should also be two lanes going in each direction, and then all of the roads would be considered secondary roads. Is that correct? Is that the proposed language?

- a. Answer: The proposed definition is that a primary road is a number of federal highways that includes interstates and expressways or a number of state highways with two or more lanes each way, and we're also soliciting comments in the rule on the number of federal highways. The definition should include number federal highways with two or more lanes each way.
  - i. Comment from participant: Yes. I would suggest you consider that. Obviously, a lot of federal highways that we have in the rural areas are one lane each direction, and they're not well maintained and probably are more challenging to navigate than some of the secondary roads that we have.
- 5. Question: What do you consider a Rural (full) Community Hospital as far as being exempt from the site neutral payments for the general clinics? Could you just specify a little bit more of how you're defining that because I know you do have the rule (SCH) 7.1% adjustment in the rule? So, do you consider hospitals that are redesignated as rural to be in that category to be exempt for this purpose?
  - a. Answer: I would refer you to your MAC but we would generally find that a rural SCH is assigned to:
    - i. any type of rural CBSA i.e. 2 digit CBSA for any type – actual geographic, wage index location, payment, in the Outpatient Provider Specific File AND
    - ii. also, SCH/EACH of any type – provider types 16, 17 (both SCH) 21, 22 (both EACH)
- 6. Question: You were talking about the critical access hospital being part of the rule, emergency help hospitals. But every now and then someone would only say the word rural and there's you know there's a classification of rural hospitals, and I'm assuming that those facilities will not be eligible for the Rural Emergency Hospital classification.
  - a. Answer: So, the statute states that a facility would be eligible to seek conversion to a Rural Emergency Hospital if it was a critical access hospital or if it was a rural hospital with not more than 50 beds, and it has to have those classifications on it before the date of enactment of the Consolidated Appropriations Act which is December 27, 2020.
    - i. Question: Okay, so rural hospitals would be eligible?
      - 1. Answer: Rural hospitals with not more than 50 beds.
- 7. I was wondering if there's been any word if there will be any additional payments coming out from HRSA on the COVID patients.
  - a. Answer: Please visit HRSA's website for further information.

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- i. <https://www.hrsa.gov/covid19-coverage-assistance>
  - ii. <https://www.hrsa.gov/provider-relief/patient-impact>
  - iii. <https://www.hrsa.gov/about/news/press-releases/hhs-distributing-additional-provider-relief-fund-payments>
8. Question: So, in response to the woman who asked the question previously about marriage and family counselors and licensed professional counselors, I think it's clear that they can their serve -- they cannot bill for their own services under the physician fee schedule, there would need to be a new benefit category for that. But I think a question that she's raising that perhaps you can answer Dave is would they be -- would their services be billable as incident to service under the mental health benefit in the proposed rule for -- by the hospital as hospital outpatient services, if they were employed by the hospital?
- a. Answer: The question is if you know family and marriage counselors who are providing services for the hospital under the proposed codes that we talk about in the proposed rule, then the hospital can receive a payment under the OPPS for those service is assuming all the other requirements are met. Assuming that question before, about a separate physician schedule payment of which we all -- is not discussed in the proposal, but the under the policy proposed in the OPPS rule, there is a facility side payment as described.
    - i. Comment: Yes, I agree. CMS can't expand the benefit under the physician schedule, that would require changes a lot but those kinds of practitioners, I agree, they could be paid under the incident to requirements when their employees of the hospital and the services are billed by the hospital, as long as they meet all of the requirements. So, thank you for the clarification.

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