

December 16, 2022

IN THIS NEWSLETTER

- COVID-19 Updates:**
- > Public Health Emergency Status
 - 2023 E/M Updates**
 - > E/M changes starting Jan 1, 2023
 - > Educational Opportunities
 - > New Provider Tip Sheets
- Conflict of Interest Updates:**
- > Vendor Relationships and Gifts
- Telehealth & State Licensure:**
- > States that still permit telehealth
 - > Indiana and Wisconsin requirements
 - > What happens after the PHE ends?
 - > Action taken by the OCC
- Regulatory Updates:**
- > CY23 PFS Final Rule summary
 - > CY23 OPPS Final Rule summary

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RESOURCES:

- [OCC Website](#)
- [Education Sessions](#)
- [Guidance Materials](#)

UCM Code of Conduct:

- [Standards for Ethical & Compliant Behavior](#)

COVID-19 PUBLIC HEALTH EMERGENCY UPDATES

PUBLIC HEALTH EMERGENCY STATUS: Effective October 15, 2022 HHS extended the COVID-19 PHE for 90 days through January 11, 2023. A 60 day notice when the PHE will end was promised to states by HHS. This has not been received, as such, it's anticipated that the PHE will be renewed another 90 days which would extend the expiration date into mid-April.

COVID-19 RESOURCES

- ◆ State Telehealth Licensure requirements (during PHE) [click here](#)
- ◆ COVID-19 Tip Sheets & FAQ's: [COVID-19 Internal Resources](#)
- ◆ CMS Vaccination webpage & toolkits: [click here](#)

2023 E/M Updates: Inpatient, Observation, Consultation, & ED

E/M changes starting January 1, 2023:

- **For Inpatient, Observation, and Consultation E/M services, use MDM or Total Time to select the E/M code :** To align with Outpatient E/M code selection methodology, when selecting the appropriate code for Inpatient, Observation and Consultation services, use Medical Decision Making (MDM) or Total Time spent on the calendar date of service (both F2F and non F2F time). A medically appropriate history and exam should still be conducted, but are no longer "counted" in code selection. AMA also made changes to the MDM table.
- **For Emergency Department Services, use MDM to select the E/M code:** Clinicians should use Medical Decision Making (MDM) to select the E/M code. A medically appropriate history and exam should still be conducted, but are no longer "counted" in code selection.
- **Deleted Codes (see table below)**
 - ⇒ Observation codes have been deleted and absorbed into Initial and Subsequent Hospital codes
 - ⇒ Level 1 Consultation Codes deleted (99241 and 99251)

Codes deleted for 2023	Codes to report Jan 1, 2023
99218 Initial observation (30min)	99221 Initial hospital/observation (40min)
99219 Initial observation (50min)	99222 Initial hospital/observation (55min)
99220 Initial observation (70min)	99223 Initial hospital/observation (75 min)
99224 Subsequent observation (15min)	99231 Subsequent hospital/observation (25min)
99225 Subsequent observation (25min)	99232 Subsequent hospital/observation (35min)
99226 Subsequent observation (35min)	99233 Subsequent hospital/observation (50min)
99217 Observation care discharge	99238 (30min), 99239 (>30min)
99241 Outpatient Consultation	No replacement. Use 99242-99245
99251 Inpatient Consultation	No replacement. Use 99252-99255

Educational Opportunities

- ⇒ **Training:** Providers were sent training sessions for their department, but may also register for other sessions here: <https://occscheduler.uchicago.edu/>
- ⇒ **Upcoming Sessions**
 - ◆ Monday Dec 19th @ 10 am
 - ◆ Monday Dec 19th @ 1 pm
 - ◆ Wednesday Dec 21st @ 7 am
 - ◆ Wednesday Dec 21st @ 12 pm
 - ◆ Thursday Dec 22nd @ 12 pm
- ⇒ **Separate sessions have been scheduled for sections not already familiar with 2021 outpatient E/M changes, including:**
 - ◆ Hospitalist Peds and Adult
 - ◆ Emergency Department Peds and Adult
 - ◆ APPs on Inpatient services (i.e. SSU)

New Provider Tip Sheets

- ⇒ 2023 Provider E/M Tip Sheet: [click here](#)
- ⇒ Inpatients Observation & Consultation Pocket Card: [click here](#)

CONFLICT OF INTEREST UPDATES

With the holidays approaching, The Office of Corporate Compliance would like to provide some refreshers on two of our institutional conflict of interest policies to re-familiarize you with key concepts and guidelines. The policies in their entirety are linked below for your review.

- 1) [UCMC Officer, Employee and Medical Staff Member Conflict and Vendor Relationship Policy](#) [UCMC Policy A00-12], and the
- 2) [Policy and Guidelines for Interactions with the Pharmaceutical, Biotechnology, Medical Device, and Research Equipment and Supplies & Services Industries](#) ["BSD Policy"]

Vendor Relationships

Gifts or Other Items of Value: No personal gifts or payments (e.g., event tickets, gift cards, office items, special privileges or discounts) are to be accepted from vendors. Any such items must be denied, returned, discarded, or donated. Furthermore, it is never acceptable to solicit or request gifts from vendors.

Business Courtesies: It is permissible to accept a "business courtesy." These are small social courtesies (e.g., a cup of coffee, paper and pens used during a meeting at the vendor's site) that cannot be offered during a vendor selection or negotiation period, and must constitute a total value of \$50 or less in one year from one vendor. Total business courtesies from all vendors cannot exceed \$250 in one year.

Food: It is permissible to accept a modest gift of food that is made available to an entire department or office. These gifts cannot be offered more frequently than once a year, and cannot be related to discussions, marketing, or negotiations with a vendor. Examples of acceptable gifts include a box of cookies or candy, a small fruit basket, or a tin of popcorn. A modest gift of food does NOT include meals.

Concluding Remarks

Key Message: Any action which could reasonably appear to create undue influence affecting an individual's impartial judgment and creating a conflict of interest is referred to as the "appearance of impropriety." Care should be taken in relationships with vendors in order to avoid the appearance of impropriety, and any possible conflicts of interest should be fully disclosed.

Reporting: Should you become aware of non-compliant activity, it should be reported. These potential violations can be reported directly to the Office of Corporate Compliance, or by using the confidential, 24/7 UCMC compliance hotline available at **1-877-440-5480** or **1-773-834-3222**.

Telehealth and State Licensure Requirements

TELEHEALTH & LICENSURE REQUIREMENTS IN STATES OUTSIDE IL

The OCC's Table of State Licensure was updated on 11-18-22. Twelve states continue to provide a pathway which allows an unlicensed out-of-state provider to perform telehealth with patients in the state. Given that licensing requirements change regularly, departments should ensure staff are checking the [OCC's Table of State Licensure Requirements](#) before scheduling telehealth appointments in states other than Illinois.

As a reminder, telehealth is still permitted in Indiana, Wisconsin and Michigan. However, Indiana and Wisconsin require the completion of telehealth forms. Please follow the process below.

Indiana: UCMC clinicians can only provide telehealth to patients in Indiana if one of the following conditions are met:

1. The clinician is fully licensed to practice in Indiana and has completed the "[Initial Telehealth Provider Certification](#)" form. Send the signed form to UCPG by email ProvEnroll@bsd.uchicago.edu. UCPG will forward all signed forms to the Indiana PLA and maintain a copy.
- Or**
2. The clinician is registered or becomes registered in the [COVID-19 Emergency Registry](#). *Note, registration will only allow the clinician to practice telehealth until the end of the PHE which is set to expire on January 11, 2023 (unless renewed by HHS for another 90 days).*

Wisconsin: Within 30 days of providing a telehealth service to a patient in Wisconsin, clinicians should apply for a temporary credential online via [Licenses](#). Select the desired license type in Licenses and choose the "Act 10" application method. (See information sheet [#2021-A101](#) for details.) Email the signed form to dsp@wisconsin.gov and send a copy to UCPG at ProvEnroll@bsd.uchicago.edu.

WHAT HAPPENS AFTER THE PHE ENDS?

Once the COVID-19 PHE has ended, Congress has passed a law which allows telehealth to continue for another 151 days during a so-called "grace period." During this time, clinicians must continue to comply with each state's licensure requirements with respect to telehealth. Once the grace period is over and assuming additional Congressional action hasn't taken place, telehealth will revert to pre-PHE policies. Specifically, telehealth can only be provided to a patient at a designated healthcare facility in a certain geographic location (i.e. rural areas). There are some exceptions to this rule for ESRD patients on home dialysis, substance use disorder treatment, and mental and behavioral health services.

ACTION BY THE OFFICE OF CORPORATE COMPLIANCE

In addition to maintain the Table of State Licensure, the Office of Corporate Compliance has provided Executive and Section Administrators and Schedulers with a master list of clinicians who have telehealth appointments in Indiana and Wisconsin and the clinician's compliance status with the state's licensure requirements. This list will continue to be updated for the duration of the COVID-19 PHE. [Questions regarding state licensure may be directed to Tasha Osafo at \[tosafo@bsd.uchicago.edu\]\(mailto:tosafo@bsd.uchicago.edu\).](#)

Regulatory Updates

CY2023 PHYSICIAN FEE SCHEDULE FINAL RULE

Below are highlights of the [CY2023 Medicare Physician Fee Schedule Final Rule](#) || For remarks from CMS see [MPFS Fact Sheet](#).

Conversion Factor: Lowers the conversion factor from \$34.61 in calendar year (CY) 2022 to \$33.06 for CY 2023.

Split or Shared Services 2023 Implementation Delay: CMS proposes to delay until January 1st, 2024 the definition of the substantive portion as more than half of the total time visit time (except critical care which is already determined by time only).

Prolonged Services (Inpatient, Observation, and Without Direct Patient Contact): CMS deleted prolonged service add-on CPTs 99354-99357 for Inpatient, and Observation, and Psychotherapy services and created new prolonged service code 99418 for add-on to Inpatient & Observation services when billing by time. CMS has created an equivalent HCPCS "G0316" for Inpatient & Observation services (except consults). Beginning Jan 1, 2023 CMS stated it will not reimburse CPTs 99358 & 99359 for prolonged services without direct patient contact on another date of service. Only same day add-ons will be active for Medicare patients.

Medicare Telehealth Services:

Modifier 93 requested for audio-only beginning January 1, 2023: On January 1, 2023, Medicare telehealth claims should append CPT modifier "93" for services allowed on the telehealth list as audio-only services.

Telehealth Originating Site Facility Fee Update: For CY 2023, the payment amount for HCPCS code Q3014 is \$28.61. When the PHE ends, CMS will no longer pay Q3014 for telehealth in the patient's home.

Category 3 services will remain on the Telehealth List through the end of 2023 (denoted as "Available up Through December 31, 2023")

Category 2 services will remain on the Telehealth List for 151 days following the PHE (denoted as "Temporary Addition for the PHE for the COVID-19 Pandemic")

Modifier 95 (telehealth) and POS: Claims should continue to include modifier 95 and the POS where patient would have been seen in-person until the end of CY2023, or the end of the calendar year in which the PHE ends. After that, use

- POS 02 only for services qualifying under original telehealth rules
- POS 10 for patients receiving care from home for mental telehealth

New Codes:

Chronic Pain Management: HCPCS code G3002 (30 minutes met or exceeded) – billed once per month for chronic pain management and treatment. Requires initial face-to-face visit at least 30 minutes by Physician or qualified health professional. HCPCS code G3003 can be used for each additional 15 minutes per calendar month.

Behavioral Health Integration: HCPCS code G0323 for at least 20 minutes/month of behavioral health services provided by clinical psychologist or clinical social worker, including initial assessment or follow-up monitoring, use of validated rating scales, behavioral health care planning, and coordinating treatment with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services.

Audiology without Physician Order: CMS published a table of audiology services which may be furnished personally by an audiologist with a physician/NPP order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids or examinations for the purpose of prescribing, fitting, or changing hearing aids; (service may be performed once every 12 months). The previously proposed "GAUDX" catchall code was not finalized in lieu of the above process.

Dental Services Payment Under Part A & B: CMS has created new G-codes to pay for dental rehabilitation services with/without anesthesia.

Expansion of Coverage for Colorectal Cancer Screening: Expand CRC screening coverage by reducing the minimum age for CRC screening tests from 50 to 45 years of age for certain Medicare covered CRC screening tests that currently include a minimum age of 50 as a limitation of payment or coverage.

CY2023 OUTPATIENT PROSPECTIVE PAYMENT SYSTEM FINAL RULE

Below are highlights of the Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System [Final Rule](#) || For remarks from CMS see [OPPS Fact Sheet](#).

Payment Update: Increased payment rates by 3.8%.

OPPS Payment for Drugs Acquired Through the 340B Program: In light of the Supreme Court's decision, CMS is finalizing a general payment rate of ASP plus 6% for drugs and biologics acquired through the 340B program. CMS is still evaluating how to apply the Supreme Court's recent decision to CYs 2018-2022.

Inpatient Only (IPO) List– 11 procedures removed:

- * Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace
- * CPT 21141: Reconstruction midface, left i; single piece, segment movement in any direction (eg, for long face syndrome), without bone graft;
- * CPT 21142: Reconstruction midface, left i; 2 pieces, segment movement in any direction, without bone graft;
- * CPT 21143: Reconstruction midface, left i; 3 or more pieces, segment movement in any direction, without bone graft;
- * CPT 21194: Reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; with bone graft (includes obtaining graft);
- * CPT 21196: Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation;
- * CPT 21255: Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
- * CPT 21347: Open treatment of nasomaxillary complex fracture (left ii type); requiring multiple open approaches;
- * CPT 21366: Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft); and
- * CPT 21422: Open treatment of palatal or maxillary fracture (left i type);
- * CPT 47550: Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)

Inpatient Only (IPO) List- Addition of Services: 8 new services that were newly created by the AMA CPT Editorial Panel for CY2023. Effective on January 1, 2023: CPT 15778, 22860, 49596, 49616, 49617, 49618, 49621, 49622,

Organ Acquisition: Proposal to exclude research organs from the calculation of Medicare's share of organ acquisition costs and require a cost offset. Proposal to cover as organ acquisition certain hospital costs typically incurred when donors die from cardiac death in order to promote organ procurement and enhance equity.

Prior Authorization: Facet joint interventions has been added as a category of services that will require prior authorization when performed in an HOPD, beginning for dates of service on or after March 1, 2023.

Payment for dental services: Increased payment rates by 3.8%.

Remotely furnished Behavior Health Services: Behavior health services furnished remotely by clinical staff of hospital outpatient departments (HOPDs)) using telecommunications technology to beneficiaries in their homes will be considered covered outpatient services and paid under the OPPS with HCPCS codes C7900, C7901 and C7902. Requires beneficiaries to have an in-person service within 6 months prior to the first telehealth visit and an in-person visit within 12 months thereafter (the 6 month visit does not apply if the beneficiary began receiving mental health telehealth services during the PHE or the 151 day period after the PHE ends). Some exceptions for the 12 month visit will be permitted if clinical staff and the beneficiary agree that the risks and burdens of an in-person visit outweighs the benefits. General supervision is sufficient.

That's the End! Click the Link below to access the most recent past issues:

[OCC Newsletters](#)

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Contact us to discuss at compliance@bsd.uchicago.edu