



May 2023

Revenue Cycle Management

A UPA Billing Office Newsletter

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The Public Health Emergency (PHE) for COVID-19, declared under the Public Health Services Act, expired on May 11, 2023.

The Department of Health and Human Services (HHS) has released guidance for healthcare providers to transition out of the PHE. Under the Consolidated Appropriations Act 2023, which was signed into law in late December 2022, some flexibilities from the PHE will continue through the end of the year 2023, as well as others that will extend through the end of year 2024. Please be aware of the changes that may impact your practice.

Post PHE for COVID-19 Coverage Facts:

- CR & DR modifiers should no longer be reported for COVID-19 related services after 5/11/23. These catastrophe/disaster related modifiers are not unique to COVID-19 related treatments and should only be reported during a public health emergency when a formal waiver is in place.
- Traditional Medicare will continue to cover COVID-19 vaccines at no cost share to the patients through 12/31/2023.
- Free over the counter COVID-19 tests will end with PHE; however, Medicare patients can still receive a PCR or antigen test for COVID-19 at no cost sharing when ordered by a physician or NPP and performed by a laboratory.
- Treatments associated with COVID-19, such as Paxlovid, will continue to be covered and cost sharing will apply.
- Virtual supervisor flexibilities to allow supervising providers to be available via virtual presence during the PHE will expire on 12/31/2023.
- Any cost share waivers in place under the PHE will end on 5/11/23.

Telehealth and Virtual Care after the Public Health Emergency:

- Virtual Check-ins G2010 & G2013 will no longer be covered by traditional Medicare for new patients.
- Online E-Visits 99421-99423 will no longer be covered by traditional Medicare.
- Telehealth originating site as the patient's home, will continue to be acceptable through 12/31/2024 with the Consolidated Appropriations Act 2023.
- Certain "audio-only" telehealth services, such as telephone visits 99441-99443 will still be covered through 2024.
- Temporary waivers to reimburse telehealth services at the same rate as face-to-face services will continue through 2023, however rate reductions are expected in future proposed MPFS updates.
- For 2023, modifier 93 will be used to indicate when telehealth services are provided via audio-only or telehealth communications.

Resources and additional details regarding the end of the PHE, as well as the Consolidated Appropriations Act 2023:

- [CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency | CMS](#)
- [Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap | HHS.gov](#)
- [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID](#)

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Bright Health Plan:

As you may be aware, Bright Health insurance plans are no longer offered in Tennessee. All Bright Health plans outside of California and Texas expired at the end of 2022 and members were notified. Please remind staff members that Bright Health should no longer be included in patient registration systems and updated insurance must be obtained.

- More information can be found here: [Important Notice Regarding Bright HealthCare Plans in 2023](#)

Modifiers for Discarded Drug Waste:

Beginning July 1, 2023, CMS will require the new JZ modifier on all claims for single-dose drugs when there were no discarded or wasted units. You can continue to submit JW modifier for drug waste to receive partial reimbursement on single-use packaged drugs when partial packages are discarded. Reminder, to report drug waste you must split the administered units and the wasted units on two separate charge lines with JW modifier to indicate the wasted units.

- For the full CMS billing and coding guidelines, please review the policy found here: [Article - Billing and Coding: JW and JZ Modifier Billing Guidelines \(A55932\) \(cms.gov\)](#).
- For the CMS FAQ on Discarded Drugs and Biologicals, please follow this link: [jw-modifier-faqs.pdf \(cms.gov\)](#).

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