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In COVID-19 Update, CMS Clarifies Originating Site Fee, But Coding Confusion Persists

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CMS has parted some of the clouds around hospital outpatient charges in new guidance on billing during the COVID-19 pandemic and recent stakeholder engagement calls. But there's still uncertainty about when hospitals should bill the originating site fee (Q3014), which pays \$33, versus the outpatient clinic visit fee (G0463), which yields \$115, for services performed at provider-based departments (PBDs) that include patients' homes and other temporary expansion locations until the public health emergency (PHE) is over.

The appropriate use of the originating site fee was spelled out in a June 19 update to answers to FAQs^[1] on Medicare fee-for-service billing. "When a registered outpatient of the hospital is receiving a telehealth service, the hospital may bill the originating site facility fee to support such telehealth services furnished by a physician or practitioner who ordinarily practices there and bills for the telehealth service that is or would otherwise be furnished in the hospital outpatient department. This includes patients who are at home, when the home is made provider-based to the hospital (which means that all applicable conditions of participation, to the extent not waived, are met)," CMS stated in FAQ H3.

CMS also clarified in FAQ H1 that hospital outpatient therapy, education and training services furnished via telehealth to registered hospital outpatients by hospital staff should be billed with Q3014. However, when hospitals perform clinical staff services in the patient's home as a PBD under the physician's overall direction and control, they should be billed as outpatient department services. "Hospitals should bill for these services as they ordinarily bill for services along with any specific billing requirements for relocating PBDs specific to billing during a COVID-19 PHE. That is, hospitals should bill as if the services were furnished in the hospital, including appending the PO modifier for excepted items and services and the PN modifier for non-excepted services and the DR condition code," according to FAQ H2.

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