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December 14, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Provider billing address for telehealth services

Dear Administrator Brooks-LaSure:

On behalf of the American Telemedicine Association and its advocacy arm, ATA Action, thank you for all that the Centers for Medicare & Medicaid Services (CMS) has done to ensure access to telehealth services in the Medicare program. ATA and ATA Action are committed to ensuring everyone has access to safe, affordable and appropriate care when and where they need it, enabling the system to do more good for more people. CMS has taken decisive action during the COVID-19 pandemic to ensure full access to services via telehealth, and we appreciate the Administration's commitment to continuing appropriate access as we emerge from the pandemic. We write today to raise attention to an issue that will hinder providers' ability to continue to offer telehealth services post-pandemic if not addressed.

The provision of remote health care services offers great benefit not only to the patient receiving the services, but to the provider as well. Allowing appropriately licensed and credentialed providers to practice telehealth from their home cuts down on administrative burden for the provider and their practice. This was necessary during the height of the COVID-19 pandemic and remains just as important today amidst provider workforce shortages and burnout. The ability of a provider to practice from home, when clinically appropriate, reduces their commute time and offers more flexibility and work-life balance to reduce burden and burnout. This should be a continued option when the COVID-19 public health emergency ends. **However, it is not practical, workable, or safe to require a provider to publicly report their home address as their practice location. Instead, they should be required to report the practice location that they are associated with.**

Prior to the pandemic, CMS policy on this was not clear. When discussing the distant site, the Medicare Claims Processing Manual, Chapter 12, section 190.6.1 Submission of Telehealth Claims for Distant Site Practitioners¹ and the MLN Booklet on Telehealth Services² simply say that claims for telehealth services are submitted to the contractors that process claims for the performing practitioner's service area. However, "service area" is never defined. In letters requesting clarification on the topic, CMS has answered that practitioners should enter on line 32 of the 1500 claim form the address "where they typically practice" and that should be the home if that is the location of typical practice. However, we have not found this information in statute, regulation, or sub-regulatory guidance.

¹ <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>

² https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/mln%20telehealth%20services%20booklet_1.pdf

ATA ACTION

901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org



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During the pandemic, CMS noted in FAQs (Question 17) that practitioners are not required to update their Medicare enrollment to list their home location when practicing telehealth from home.³ Thus, CMS recently issued updated guidance regarding the pandemic waivers stating that CMS allowed “practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location. When the PHE ends, practitioners will be required to resume reporting their home address on the Medicare enrollment” (page 37).⁴

We write to strongly urge CMS to reconsider this sub-regulatory policy decision. The intention of the statute, regulation, and CMS policy indicates that providers should bill from their “normal service area” or “where they typically practice”. We contend that for providers who are part of a practice group or are associated with a physical office location, that the administrative location of the practice group or practice office location should qualify as the place where the practitioner typically practices, rather than their home, even if they are physically in their home during the service. This holds the practice accountable to a physical location without violating the individual practitioner’s privacy.

As providers are looking to update their practice and systems for a post-pandemic world, we should arm them with the tools to continue to offer telehealth services as they see clinically appropriate. The ATA and ATA Action are working with Congress to waive outdated restrictions and with CMS to ensure that regulatory policy encourages appropriate practice. We appreciate all the work that CMS has done to date with that goal in mind, and hope that this issue could be seriously considered in order to ensure that practitioners are not discouraged from practicing telehealth due to fear for their safety and privacy based on sharing their home address location.

We look forward to working with you on this important issue. If you have any questions or would like to discuss further, please contact kzebley@ataaction.org, Executive Director of ATA Action.

Kind regards,

Kyle Zebley
Executive Director
ATA Action

³ <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

⁴ <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf> (updated 10/13/22)