

# CMS Releases Extensive Updated FAQs on Medicare COVID-19 Billing and Documentation Issues and Cares Act Provisions

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On August 26, 2020, the Centers for Medicare & Medicaid Services (CMS) released extensive COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service Billing and certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act). The new FAQs are available [here](#).

The new FAQs are intended to supplement previously released FAQs concerning Emergency and Disaster-Related Policies and Procedures that could only be implemented with a Section 1135 Waiver (statutory authority that allows the Secretary of the Department of Health and Human Services to waive or modify certain Medicare, Medicaid, CHIP, or HIPAA requirements). The FAQs previously released in March, 2019 are available [here](#). CMS noted that in many instances the older FAQs have since been superseded by COVID-specific legislation, emergency rules, and waivers granted under Section 1135.

## Topics covered in the new FAQs published August 26, 2020 include:

- Payment for Specimen Collection for Purposes of COVID-19 Testing
- Diagnostic Laboratory Services
- Hospital Services, Hospital PPS Payments under the CARES Act, Hospital Outpatient Locations and Temporary Expansion Locations
- Ambulance Services
- Rural Health Clinics and Federally Qualified Health Centers
- Medicare Telehealth
- Physician Services
- Scope of Practice
- Additional Flexibility under the Teaching Physician Regulations

- Cost Reporting
- Opioid Treatment Programs
- Inpatient Rehabilitation Facilities
- Skilled Nursing Facilities
- Home Health
- National Coverage Determinations
- Oxygen
- Hospice
- Ambulatory Surgical Centers

CMS states that the policies set out in the new FAQs are expected to be effective for the duration of the current Public Health Emergency, unless superseded by future legislation.

If you have any questions or would like more information, please contact Alice Harris or your Nexsen Pruet attorney.

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This is an article from a series on Effectively Responding to Payor Audits & Program Integrity Investigations. Topics in this series include practical advice and legal developments for providers defending payor audits and investigations, plus articles concerning current audit and investigation targets and the various types of auditors reviewing claims and conducting investigations. The Series covers topics of interest to all providers of health care services, including hospitals, hospices, home health agencies, skilled nursing facilities, DME suppliers, clinical laboratories, pharmacies, FQHCs, RHCs, ASCs, community mental health centers, physicians, therapists, and other health care facilities, entities, practitioners, and clinicians.