



AMERICAN OSTEOPATHIC ASSOCIATION

COVID-19 Practice Implications

— as of May 7, 2020 —

The American Osteopathic Association's Public Policy and Physician Services teams are actively monitoring the evolving international coronavirus outbreak. Following is practice related information to help osteopathic physicians navigate the rapidly changing environment.

FEDERAL POLICIES

The Centers for Medicare & Medicaid Services (CMS) recently released guidance for providers on billing for diagnostic tests and Medicare payment for emergency services. CMS' guidance includes a [Fact Sheet](#) and a [frequently asked questions](#) document. [Medicaid](#) and the Children's Health Insurance Program (CHIP) also released coverage and benefits guidance. However, Medicaid reimbursement remains subject to state-specific requirements. The Centers for Disease Control and Prevention (CDC) released [official ICD-10 diagnosis coding](#) for health visits related to COVID-19.

As part of the ongoing effort to address the COVID-19 public health emergency (PHE), CMS issued several [temporary regulatory waivers and new rules](#) to allow use of more than 80 telehealth visits to fulfill many face-to-face visits, including use of audio-only (telephone) Evaluation and Management (E/M) services.

Important Note: Please keep in mind that insurers are making updates to policies frequently as they respond to COVID-19. We recommend reviewing the health plans payment policies and provider communication on a regular basis to ensure you are following the most current information. We also encourage you to contact the insurers you work with directly with any questions you have regarding their telemedicine policies.

HEALTH PLANS

Many of the commercial carriers have issued emergency guidance and have [agreed to cover telemedicine](#) to allow patients to speak to their doctors remotely about COVID-19.

- [Aetna](#)
- [American Health Insurance Plans](#)
- [Blue Cross Blue Shield Association](#)
- [Cigna](#)
- [Humana](#)
- [UnitedHealthcare](#)

Telemedicine Coverage by Payer and States provided by [EMPclaims](#)

CMS TELEMEDICINE GUIDANCE

On April 30th, CMS released a second interim final rule to align payment rates for telephone E/M services (99441, 99442 and 99443) furnished via telehealth with video-audio telehealth visits for established patient office/outpatient E/M visits (99212, 99213 and 99214), respectively. This will increase payments for telephone services from about \$14-\$41 to about \$46-\$110 retroactive to March 1, 2020. CMS will allow use of telephone E/M services for new or established patients for the duration of the PHE.



CMS is encouraging physicians to use telemedicine. Physicians are encouraged to use telemedicine to cover medical services delivered virtually, particularly for high risk patients, during this coronavirus outbreak. The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 ([HR 6074](#)) has resulted in adjustments to [existing telehealth limitations](#).

During the COVID-19 pandemic, patients do not have to be located in a designated rural area or travel to an authorized “originating site” medical facility to receive telehealth services. Starting March 6, 2020, CMS will pay for telehealth services in a physician’s office, hospital, and other medical facilities, including the patient’s home for services related to COVID-19 or other medical conditions.

Physicians who have not previously utilized telehealth may find the [CMS Telemedicine Guidance](#) booklet helpful. The Department of Health and Human Services (HHS) also recently created new [toolkits](#) to help patients understand how telehealth works during the COVID-19 pandemic and find telehealth options, and to assist providers with getting started with telehealth technology, prepare patients and get information about insurance and reimbursement. HHS created an additional toolkit to further support state and local healthcare providers responding to workforce concerns in their communities. The toolkit includes a full suite of available resources such as information on funding flexibilities, liability protections, and workforce training, to maximize responsiveness based on state and local needs.

Since states have broad flexibility to expand telehealth services during the COVID-19 pandemic, CMS has created a [toolkit](#) to guide Medicaid and CHIP plans in making policy decisions. Coverage and payment policies vary by state within federal parameters, and this toolkit will help states identify policies that may impede the rapid deployment of telehealth when providing care. To find out more about services your state Medicaid program will cover, visit the Center for Connected Health Policy’s recent [report](#).

Our teams will continue to closely monitor federal guidelines and recommendations as this issue evolves. Please reach out to physicianservices@osteopathic.org with any concerns or questions. For more information about the virus, please visit the [Centers for Disease Control](#) (CDC) and [World Health Organization](#) (WHO) websites dedicated to this issue.

HIPAA ENFORCEMENT RELAXED FOR TELEHEALTH PLATFORMS

The HHS Office for Civil Rights (OCR) is exercising its enforcement discretion and, effective immediately, will not impose penalties on physicians using telehealth communication tools that are not Health Insurance Portability and Accountability Act (HIPAA) compliant. Under the [OCR notice](#), physicians may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Physicians should not use Facebook Live, Twitch, TikTok or other public facing communication services.

PRESCRIBE CONTROLLED SUBSTANCES

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. [This chart](#) only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals.



CMS TELEMEDICINE GUIDANCE

Type of Service	What is the Service?	HCPCS/CPT Code	Patient Relationship with Provider
MEDICARE VIDEO-AUDIO TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs). 	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</p>
AUDIO-ONLY TELEHEALTH VISITS	A visit with a physician or other qualified health care provider using a telephone without video.	<p>99441, 99442, 99443</p> <p>For a complete list of Medicare telehealth services: https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes</p>	For new or established patients.
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<p>HCPCS code G2012</p> <p>HCPCS code G2010</p>	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.