COVID-19 Practice Implications

— **as of March 24, 2020** —

The American Osteopathic Association's Health 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 CDC released **official ICD-10 diagnosis coding** for health visits related to COVID-19.

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**

CMS TELEMEDICINE GUIDANCE

The CMS **Fact Sheet** includes new guidance on the use of 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.

Since Medicaid programs are state-run, they follow state-specific telemedicine regulations, which can vary widely. Some states relax telehealth restrictions when an emergency occurs; others will follow CMS adjustments during this time. 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.

CMS TELEMEDICINE GUIDANCE

Type of Service	What is the Service?	HCPCS/CPT Code	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 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). For a complete list: **https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes**	For new* or established patients. *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.
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.	HCPCS code G2012 HCPCS code G2010	For established patients
E-VISITS	A communication between a patient and their provider through an online patient portal	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients

TELEMEDICINE: PRIVATE PAYER CODING INFORMATION

Virtual Check-In telemedicine visits are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available).

Code	Virtual Check-Ins
99421*	5-10 minutes
99422*	11-20 minutes
99423*	21 or more minutes
02	Place of Service
95	Modifier used when synchronous telemedicine service is rendered via a real-time interactive audio and video telecommunications system
GQ	Modifier used when asynchronous services have been rendered by both the originating site and the distant provider.

*Facetime and Skype allowed for audio-video at this time

PHONE CALL: PRIVATE PAYER CODING INFORMATION

Code	Time of medical discussion
99441	5-10 minutes
99442	11-20 minutes
99443	21-30 minutes

Code	Place of Service
02	Telemedicine
12	Home
95	Modifier used when synchronous telemedicine service is rendered via a real-time interactive audio and video telecommunications system.
GQ	Modifier used when asynchronous services have been rendered by both the originating site and the distant provider.