

# COVID – 19 CRISIS

## WORKING TOGETHER

### Town Hall Meeting:

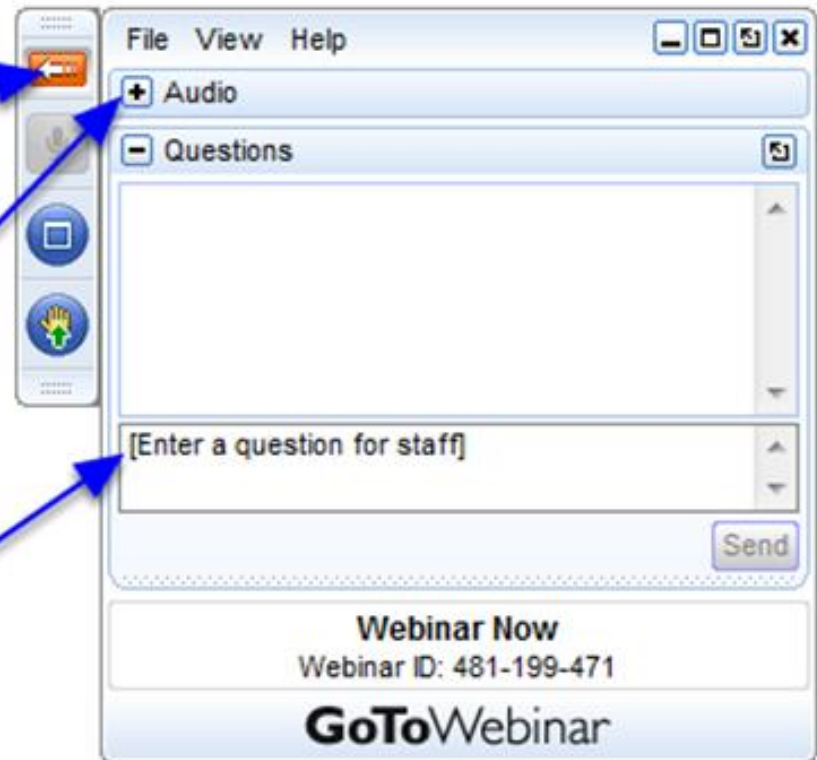
**April 1, 2020 5:00pm PDT | 7 PM CDT | 8 PM EDT**

# Quick Participation Tips

Use the orange arrow to show/hide the control panel

To view the audio information for the webinar click the + to expand the window

Enter questions in the Question box. Questions will be answered during or after the webinar.



## Presenters

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# NCCAOM Panelists



**Molly Giammarco,**  
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# ASA Panelists



**David W. Miller**  
Board Chair, ASA



**Olivia Hsu Friedman**  
Chair-elect, ASA



# Responding to COVID-19

## NCCAOM Updates and Overview of CARES Act



# NCCAOM Mission and Vision

## NCCAOM Mission



To assure the safety and well-being of the public and to advance the professional practice of acupuncture and Oriental medicine by establishing and promoting evidence-based standards of competence and credentialing

## NCCAOM Vision



### Vision

Acupuncture and Oriental medicine provided by NCCAOM credentialed practitioners will be integral to healthcare and accessible to all members of the public

# How NCCAOM Meets its Mission

1.

Certification and Recertification

2.

Development and Administration of Exams

3.

NCCAOM<sup>®</sup> Code of Ethics

4.

Partnership with Regulatory Boards



# NCCAOM Emergency Initiatives

**1.**

**Considerations for Diplomates due to recertify before 12/31/2020**

Diplomates to contact [info@thenccaom.org](mailto:info@thenccaom.org)

**2.**

**Considerations for Students due to graduate before 12/31/2020**

Students to contact their schools

**3.**

**COVID-19 Status Update page**

[Coronavirus \(COVID-19\) Update](#)

# COVID-19: Federal Response

**1.**

## **Coronavirus Preparedness and Response Supplemental Appropriations Act (Phase I)**

- Grants federal, state, and local agencies to combat COVID-19.
- Authorizes Medicare telehealth waivers.
- Provides funding for vaccine research.
- Includes funding for small business disaster loans.

**2.**

## **Families First Coronavirus Response Act (Phase II)**

- Provides emergency paid sick leave; paid leave
- Includes nutrition-assistance funds to seniors and low-income individuals
- Provides emergency unemployment insurance to states
- Covers COVID-19 testing

**3.**

## **CARES Act (Phase III)**

# The CARES Act: Individual Benefits

## Direct Phase-Out Payments:

\$1,200/adult and \$500/child

## Expanded Unemployment Insurance:

Provides \$600/week to furloughed, gig, and freelance workers. Supplements state insurance through July 2020

## Retirement-Fund Withdrawals:

Waives tax penalties for withdrawing up to \$100,000

# The CARES Act: Business Benefits

## **Paycheck Protection Program:**

Provides loans for payroll costs; loan forgiveness options for employers who maintain payrolls.

## **Economic Injury Disaster Loans (EIDL):**

Creates emergency loans for eligible nonprofits and other applicants with 500 or fewer employees.

## **Employee-Retention Payroll Tax Credit:**

Credits employers with suspended or closed business who maintain payrolls.

## **Delayed Payroll Tax Payments:**

Allows employers to delay employer payroll tax portions in 2020; payable in equal halves 2021 and 2022.



# The CARES Act: Healthcare Response



Directs various federal agencies and industries to develop medical resources to address the current and future outbreaks.



Orders studies on medical device supply-chain security  
Mandates that national stockpiles include PPE  
Expedites drug and medical device approvals for epidemics  
Mandates that industries communicate drug and medical-supply interruptions  
Waives FDA approval for COVID-19 tests that states or recognized entities develop

# The CARES Act: Healthcare Entities

1.

Provides community health centers \$1.32 billion to diagnose, prevent, and treat COVID-19

2.

Increases federal grants to telehealth networks and resource centers (\$29 million/year for five years)

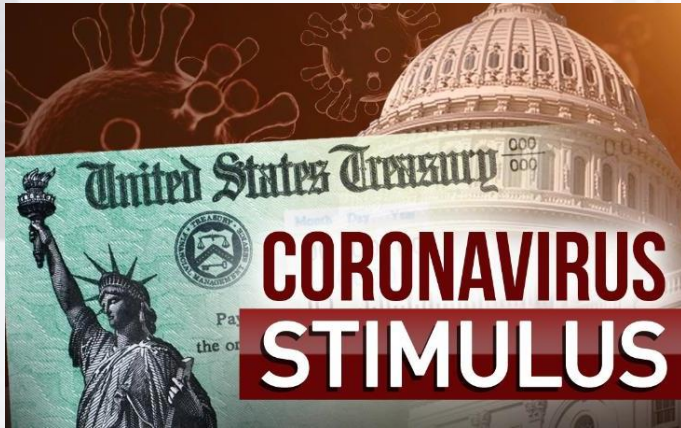
3.

Protects volunteer healthcare workers treating COVID-19 from liability in preemption of state laws.

4.

Streamlines medical-record sharing during the epidemic.

# The CARES Act: Medicare Actions



Modifies various federal healthcare mandates.

Enables Medicare to cover more treatment and services for Covid-19.

Modifies Medicare telehealth services criteria.

Accelerates Medicare payments to providers.

Improves care planning for home health services.

# The CARES Act: Student Loans

1.

Suspends federal student loan repayments until September 30, 2020.

2.

Prevents accrued interest on suspended loan interest deferral.

3.

Suspends collecting defaulted loans.


*\*Loan borrowers should call their lender to verify eligibility\**

*More regarding impact on schools and students at a future Town Hall.*





# The CARES Act: Mortgage and Rent



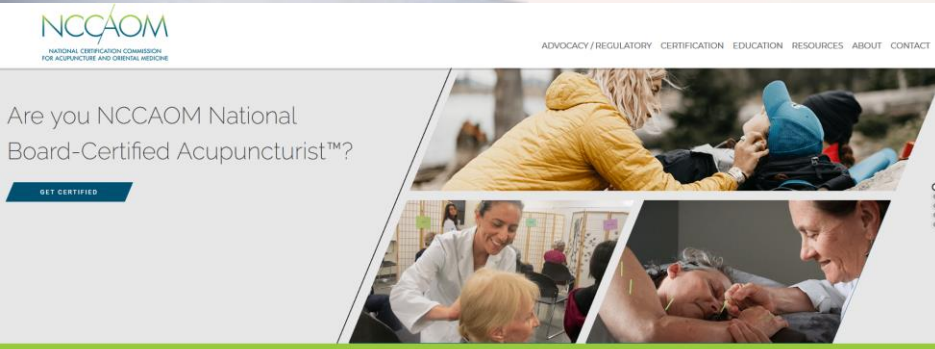
Prohibits foreclosures and evictions for any federally supported mortgage loans (e.g. Fannie and Freddie) for 60 days from March 18.

Prohibits landlords from evicting tenants, charging late fees, or imposing penalties on federally backed loans for 120 days.

Enables homeowners with federally backed loans may request mortgage forbearance without penalty.

*Check your state and lenders for additional relief measures*

# COVID – 19 HELPFUL RESOURCES



## Coronavirus (COVID-19) Updates

Latest News



### ADVOCACY

Discover how we advance our industry by advocating for board-certified acupuncture practices and safer regulations.



### CERTIFICATION

Find everything you need to know about our certification and exam: eligibility, exam prep and renewal.



### EDUCATION

Expand your knowledge of the practice or help a student learn more.



## NCCAOM UPDATES ON CORONAVIRUS (COVID-19)

NCCAOM is closely monitoring the impact and spread of the coronavirus in the U.S. and abroad. NCCAOM's headquarters and operations remain unaffected by the COVID-19 outbreak. We are constantly evaluating the situation with news from the *Center for Disease Control (CDC)*, *World Health Organization (WHO)* and other government sources and will provide updates as the situation evolves.

The NCCAOM has created this webpage to keep NCCAOM Stakeholders informed as the COVID-19 situation evolves. Please see the tabs below for the latest information for each stakeholder group. To contact NCCAOM regarding developments and questions concerning how the organization is affected by the Coronavirus, email [COVIDAlerts@thenccaom.org](mailto:COVIDAlerts@thenccaom.org)

### Coronavirus (COVID – 19) Helpful Resources

#### NCCAOM Stakeholder Updates: Coronavirus



Diplomates



Applicants and Test-Takers



# Contextualizing “Essential Healthcare Providers” and “Essential Healthcare Services”

The ASA Board







# WHAT IS ESSENTIAL?



“Essential healthcare provider” does not determine if doors should stay open



This is not about “worth”, it is about patient safety



Patients should only be seen for “essential health care service”

# Three Points to CONSIDER

- Would patient end up in ER, Hospital or become endangered by not receiving care in the immediate time frame?
- Does provider have appropriate PPE?
- Would provider's PPE be better used at the front line?



# BEST PRACTICES



Patients with ANY concerning signs of illness or fever, Refer to ER



EVERY Practitioner and EVERY Patient should be considered as an infectious silent carrier



IF PPE **AND** Universal Safety Precautions cannot be implemented, do not treat

# PRECAUTIONS

## Check list of precautions

- Postpone non-essential visits. Discontinue group appointments
- PRESCREEN ALL patients by phone
- All patients and providers should be considered “silent carriers”, use universal precautions.
- Acupuncturist ill? Cancel all appointments. Call all patients seen in the last 14 days.
- Use Telehealth as much as possible
- Avoid having patients congregate in the waiting areas.
- Use PPE for every patient
- Dispose treatment table coverings after each patient.
- Stagger appointments so you can wipe down all surfaces between visits including bathroom facilities.
- Remove non-essential items that could be vectors. :  
Practitioners should change clothing upon arrival to the office and remove work clothing prior to leaving the office. Shower upon returning home



# UNIVERSAL SAFETY PRECAUTIONS

Avoid

Avoid close contact and observe physical distancing.

Avoid

Avoid touching your eyes, nose, and mouth with unwashed hands.

Wash

Wash your hands for 20+ seconds with alcohol-based hand sanitizer that contains 60%-90% alcohol if soap and water are not available.

Cover

Cover coughs and sneezes with a tissue, then throw it in the trash can. Cough or sneeze into your elbow and not your hand if you do not have a tissue available.

# RECOMMENDED PRACTICE

Considering the limited availability of PPE and ability to assure a safe treatment environment in almost every case,

The ASA strongly recommends that acupuncturists close doors for in-person treatments during this crisis

# WHAT “SHUTTING DOWN” ACCOMPLISHES

- Blunts the wave of patients becoming ill simultaneously
- Improves hospitals chances to provide safer-to-delivery care
- Leads to less morbidity and mortality



# MORE INFORMATION

safeguards for practice:

<https://www.asacu.org/2020/03/contextualizing-essential-healthcare-providers-and-essential-healthcare-services-during-the-covid-19-deluge/>

<https://www.asacu.org/2020/03/asa-covid-19-resource-page/>

<https://www.asacu.org/2020/03/recommendations-for-licensed-acupuncturists/>

<https://www.osha.gov/Publications/OSHA3990.pdf>



# Prescribing Herbal Medicine During the COVID-19 Crisis

The ASA Herbal Medicine Committee

# THE MEDIA



TCM used on over 90 percent of COVID-19 patients in Hubei

TCM helps fight COVID-19 in Europe

Traditional Chinese Medicine gaining popularity in Africa amid COVID-19 outbreak

# GREAT OPPORTUNITY BUT KEEP IN MIND

**There is no “silver bullet”**

- *Chinese herbal medicine is applied based on sequential diagnoses of symptom/sign complexes that change throughout the course of an illness*

**Selling or providing herbal medicines without a proper TCM pattern differentiation is inappropriate**

- Practitioner may be legally subject to different regulatory standards

**Current Data does not meet standards of evidence-based medicine**

- *The data we have on herbal efficacy is preliminary, exactly which ones and how much and for what presentations/pattern permutations is not well defined*

**We cannot claim to treat the disease COVID-19**

- *This has resulted in cease and desist letters for claims that exceed the known science*

# BEST PRACTICES

## Obey

Please obey all national, state, and local laws

## Document

Patient's name, date, DOB, comorbidities, and TCM pattern

Diagnostic information, Symptoms, Current medications, Known allergies

Documenting herbal medicines must include:

- Ingredients, dosage, lot number, date prescribed
- Treatment strategy

## Differentiate

Choose safe, appropriate and effective herbal medicine that differentiate the pattern in the context of the patient's current constitution





DEMONSTRATE THE EXCEPTIONAL  
USEFULNESS, UNIQUENESS, AND  
SAFETY OF OUR MEDICINE TO BEST  
POSITION THE HERBAL PROFESSION  
FOR NOW AND THE FUTURE



# MORE INFORMATION

<https://www.asacu.org/2020/03/best-practices-for-prescribing-herbal-medicine-during-the-covid-19-crisis/>

# Telehealth/Telemedicine

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FOR ACUPUNCTURE SERVICES

PRESENTED BY MORI WEST CPC

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# Meanings -

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Telemedicine – using technology to deliver care at a distance

Telehealth – broader in scope, refers to electronic and telecommunications technologies to support healthcare services.



# Things to Consider

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**What are your state laws regarding telehealth?**

Will your Malpractice Insurance Cover you for telehealth?

Will the carrier PAY for your services when billing for telehealth?

# CPT codes versus HCPC codes

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CPT Codes – Current Procedural Terminology

-developed and owned by American Medical Association- AMA

HCPCS Codes – Healthcare Common Procedural Coding System

-developed and owned by Center for Medicare & Medicaid Services

Typically used for non-physician services (DME, Ambulance rides, etc) but there are overlap...

If there is overlap – Medicare requires the use of HCPC codes and some carriers also require them.

# 1. Telephone E/M Service

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Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient. NOT originating from a related E/M service in prior 7 days or E/M within next 24 hrs.

## CPT Codes

99441	5-10 min	(\$15.49)
99442	11-20 min	(\$29.96)
99443	21-30 min	(\$43.91)

## HCPC Code

G2012	5-10 min	(\$15.91)
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# 99441 - Example

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Established patient calls office with new complaint.

Provider obtains brief history, inquires about the patients present medication use and makes treatment recommendations – all are recorded in the patient's medical records

Patient is instructed about his condition, and advised to call if the symptoms fail to improve with the recommended treatment.

Total Time spent: 5-10 min

## 2. Online/Digital E/M Service

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Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.

99421 5-10 min (16.76)

99422 11-20 min (33.36)

99423 21-30 min (53.97)

Time is Cumulative for a 7 day period. If you saw and billed an E/M code either before or after, then you cannot bill for these codes.



# 99421-99423- Online E/M services

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Patient online digital communications. Patient initiates the inquiry using an online portal that keeps track of the cumulative time spent.

Example –

Existing patient submits an online query through providers EHR portal about his condition. Provider reviews inquiry, and current medical history as well as additional information sent by patient, and formulates a response, which could include a treatment plan, a prescription, and/or a decision to speak with the patient to get more information.

Provider completes documentation of all communications in patient's record.

Cumulative time spent during 7 day period - 20 min – bill 99422

# In 2017 CPT approved modifier – 95 for use with standard E/M codes

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This modifier signifies the service was provided by telemedicine -

“Synchronous Telemedicine Services Rendered Via a Real Time Interactive Audio & Video Telecommunications system”

Live video-conferencing using special technology.

If the patient has access to real time audio & video then the provider could bill for an E/M code as long as they provide the appropriate services required by the E/M code.

99212-95

This would be considered a virtual face to face encounter.

# ON March 6 – Congress Passed- The Coronavirus Preparedness & Response Supplemental Appropriations Act

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Allows healthcare professionals to bill Medicare for E/M care delivered by telehealth during the current coronavirus.

Allows use of a phone with audio-video interaction such as Skype, Facetime or Zoom.  
WAIVING the restrictions regarding specific technology.

Patient must initiate the service.

Patient must consent to be treated virtually.

Consent must be documented in the medical record BEFORE initiation of the service.

# 3. Existing Patient E/M codes

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99211

99212

99213

Require 2 things – History & Medical Decision Making

New Patient E/M Codes

Require of the 3 things – History, Examination & Medical Decision Making

# 99212 Requirements

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A Problem focused History – 1 Chief Complaint & Brief HPI – (1 -3 elements) NO ROS or PFSH are required.

Straightforward decision making – Lowest Level of MDM, it is impossible NOT to qualify for it.

Presenting Problem(s) are self-limiting or minor



# 99213 - Requirements

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An Expanding problem focused history – Chief Complaint, Brief HPI (Same as 99212)

Plus review of 1 system as it relates to the chief complaint.

Medical decision making of Low Complexity-

2 or more self-limiting problems OR

1 stable chronic illness, or

1 acute uncomplicated injury or illness.

Prescribe OTC drugs or herbs or supplements.

# Point of Service code

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Instead of 11 – services performed in an office setting you use

02- Telehealth

SOME carriers are also requiring a modifier...

# Modifiers for telehealth

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-95

Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.

-GT

This is a CMS/Medicare modifier- no longer used by Medicare when using POS 02.

-GQ

Via an asynchronous telecommunications system

# In all cases...

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Patient MUST have Acupuncture Benefits

Patient's diagnosis must be a covered Diagnosis

Carriers determine which codes will be covered, which POS code to use and what modifiers to use if any.

# Look to the Carriers for instruction...

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Some benefits include Teladoc, a service that allows the patient to access a licensed doctor. In that case, they may not allow for telehealth by other means.

Look for Instructions by the Carrier... DO NOT try to verify patient's benefits, other than do they have acupuncture benefits. The carriers will not have updated each policy with new temporary allowances.

UNDERSTAND that carrier policies may or may not be adopted by self-insured plans administered by those same carriers.



### What code would be used if a physician performs a telehealth visit?

For the next 90 days, until June 4, 2020, Aetna will waive member cost sharing for a covered telemedicine visit regardless of diagnosis. Aetna members are encouraged to use telemedicine to limit potential exposure in physician offices. Cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers. Self-insured plan sponsors will be able to opt-out of this program at their discretion.

For the 90-day period, Aetna has added the following HCPCS codes below. All telemedicine services not noted will be covered according to Aetna's current policy. All other telemedicine coverage is stated in the Aetna Telemedicine policy which is available to providers on the NaviNet and Availity portals.

The following codes require an audiovisual connection:

- G2061, G2062, G2063 - Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes; 11 - 20 minutes; or 21 or more minutes
- H0015 GT or 95 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
- H0035 GT or 95 - Mental health partial hospitalization, treatment, less than 24 hours.
- H2012 GT or 95 - Behavioral health day treatment, per hour.
- H2036 GT or 95 - Alcohol and/or other drug treatment program, per diem
- S9480 GT or 95 - Intensive outpatient psychiatric services, per diem
- 97151 GT or 95 - Behavior identification assessment, administered by a QHP, face to face with patient and/or guardians administering assessments and discussing findings and recommendations. Includes non-face-to-face analyzing of past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
- 97155 GT or 95 - Adaptive behavior treatment with protocol modification, administered by QHP, which may include simultaneous direction of a technician working face to face with a patient.
- 97156 GT or 95 - Family adaptive behavior treatment guidance administered by QHP, with parent/guardian
- 97157 GT or 95 - Multiple-family group adaptive behavior treatment guidance, administered by QHP, with multiple sets of parents/guardians
- 98970, 98971, 98972 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes
- 99421, 99422, 99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10; 11-20; or 21 or more minutes.

The following codes require an audiovisual connection or telephone:

- G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.
- G2012 - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- 98966, 98967, 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 21-30 minutes of medical discussion.
- 99441, 99442, 99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10; 11-20; or 20-30 minutes of medical discussion
- 90791, 90792; GT or 95 - Psychiatric diagnostic interview examination
- 90832, 90833, 90834, 90836, 90837, 90838; GT or 95 - Individual psychotherapy
- 90839, 90840; GT or 95 - Psychotherapy for crisis; first 60 minutes; or each additional 30 minutes
- 90845; GT or 95 - Psychoanalysis
- 90846, 90847, 90853; GT or 95 - Family or group psychotherapy
- 90863; GT or 95 - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services
- 96116; GT or 95 - Neurobehavioral status examination

# This is WHY you need to Check with the Carrier Requirements BEFORE Billing



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[Resources](#) > [Medical Resources](#) > [Doing Business with Cigna](#) > [Cigna's response to COVID-19](#)

## Cigna's response to COVID-19

### Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers

**As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that providers across the**

#### ▼ All other virtual visits

- CPT® code 99241 will be reimbursed for all other synchronous real-time virtual visits when billed with Place of Service 11.
  - If the visit is related to COVID-19, the above-mentioned ICD10 diagnosis codes (Z03.818 or Z20.828) are required to be billed and reimbursement will be without customer copay/cost-share.
  - If the virtual visit is not related to COVID-19, the ICD10 code for the visit should be billed and reimbursement will be made according to applicable benefits and related cost share.
  - No virtual care modifier should be billed
  - This billing requirement and associated reimbursement applies to services submitted on CMS1500 claim forms or its electronic equivalent only.
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Doesn't say what POS or modifier to use for G2012

▼ General billing guidance for non-COVID-19 related services

<b>Service</b>	<b>Code(s) to bill</b>	<b>Comments</b>
Virtual screening telephone consult (5-10 minutes)	G2012	<ul style="list-style-type: none"><li>• Effective through at least May 31, 2020</li><li>• Must be performed by a licensed provider</li><li>• Cost-share will be waived for all services (including non COVID-19 related services)</li></ul>
Non COVID-19 virtual visit (i.e., telehealth)	Usual face-to-face E/M code <ul style="list-style-type: none"><li>• Append with GQ modifier</li><li>• POS service normally billed</li></ul> See important notes below	<ul style="list-style-type: none"><li>• Exception during public health emergency</li><li>• Effective through at least May 31, 2020</li><li>• Cigna will reimburse usual face-to-face rates</li><li>• Services can be performed by phone, video, or both</li><li>• Standard cost-share will apply</li></ul>
Non-COVID-19 laboratory tests	Usual laboratory codes	<ul style="list-style-type: none"><li>• Paid per contract</li><li>• If coded with Z codes, cost-share will be waived</li></ul>
In-office visit not related to COVID-19	Usual face-to-face E/M codes	<ul style="list-style-type: none"><li>• Normal cost-share will apply</li></ul>

## Temporary updates to telehealth

### Telehealth expansion

We are temporarily expanding medical and behavioral health telehealth services. This expansion will remain in effect through each state's emergency declaration.

Telehealth services can be provided if:

- You are an in-network provider and provide telehealth services to our Individual, group (including administrative only services groups who have the telehealth benefit) and Medicare Advantage members. You can verify your patients' telehealth benefits by viewing their benefit booklet on the [Avallity Provider Portal](#).
- You are an out-of-network provider and provide services our Medicare Advantage PPO members.
- You conduct the telehealth visit with your patient using audio or video. We are following the U.S. Department of Health and Human Services' (HHS) lead on discretion with respect to [HIPAA compliant platform requirements](#).
- The services:
  - Are safely and effectively delivered via telehealth
  - Meet the code definition that is billed when provided via telehealth
  - Meet existing coverage criteria, including pre-authorization requirements and medical necessity

### Member benefits and provider reimbursement

- The visits are considered the same as in-person visits and are paid consistently with in-person visits.
- We will cover the telehealth visit related to COVID-19 testing at no member cost share for our Individual, group and Medicare Advantage members. See below for information about coverage for [COVID-19 testing](#).
- The member's ~~cost~~ copay, coinsurance and deductible will apply to telehealth services.
- **For claims to process correctly and for you to receive reimbursement consistent with an in-office visit, the place of service (POS) must be either POS 11 or Intensive outpatient (OP). The GT modifier will indicate that the services were rendered via telehealth.**
- Claims can be submitted on or after Tuesday, March 24, 2020, for dates of service beginning on March 19, 2020.
- **Note:** We will continue to cover the medical and behavioral health codes, as outlined in our [Virtual Care \(Administrative #132\) reimbursement policy](#). Claims submitted following the guidelines in this policy will be paid as they have been.

### BCBS FEP telehealth expansion

In-network providers can provide telehealth services to Blue Shield and Blue Shield Federal Employee Program® (BCBS FEP) members; view the [BCBS FEP telehealth expansion information](#).

Use POS 11 and modifier  
-GT



- **Local telehealth visits with your medical provider:** Many medical providers can provide a telehealth visit. Telehealth visits with your health care provider can be used for both COVID-19 and other health needs, keeping you in your home while still receiving the care you need.

For COVID-19 testing related telehealth visits with a health care provider, cost-sharing is waived during this national emergency.

For other health related telehealth visits, cost sharing and coverage will apply as determined by your health benefits plan, through June 18, 2020.

If you need a medical visit, call your local medical provider and ask about telehealth options.



# COVID-19 Telehealth

Last update: March 27, 2020, 12:45 p.m. CDT

UnitedHealthcare will reimburse appropriate claims for telehealth services for dates of service through June 18, 2020 under the following codes:

## Commercial

For all UnitedHealthcare commercial plans, any originating site or audio-video requirements that may apply under UnitedHealthcare reimbursement policies are waived, so that telehealth services provided via a real-time audio-video or audio only communication system can be billed for members at home or another location. UnitedHealthcare will reimburse telehealth services that are:

1. Recognized by CMS and appended with modifiers GT or GQ and,
2. Recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95.

## COVID-19 Update as of March 20, 2020

In response to the novel coronavirus disease and COVID-19, we've made additional process updates which are now in place for our commercial, Affordable Care Act (ACA), Medicare Advantage and Federal Employee Program® (FEP) lines of business. These remain in effect until further notice. We'll keep you informed as information changes. **Note:** For easy reference, new updates are noted in red throughout the communication.

[Click here](#) for the latest provider coronavirus information on floridablue.com including past provider communications, additional resources and more.

### Medicare Advantage Members

- Effective immediately, during the COVID-19 crisis, all Medicare Advantage members now have access to Teladoc® virtual visits.
  - During this time, members can access Teladoc services at no cost to them through Florida Blue.
  - Members with this coverage will receive information on Teladoc and how they can sign up for this service. [Click here](#) to find Teladoc information the member is receiving.
- We're relaxing referral requirements for all service types during this time. Please attempt to obtain a referral through your existing process. If you are unable to obtain a referral, please proceed with providing treatment. Claims will not be denied for failure to obtain a referral, but will be reviewed for medical necessity and processed according to the member's contract benefits.
- If a medically necessary service is not available from an in-network provider, members may seek care from an out-of-network provider and claims will process at the in-network benefit.
- Primary care providers, behavioral health providers and specialists can bill for virtual visits if they have telemedicine capabilities and want to consult with their patients virtually. The virtual visit will be in effect for the next 90 days and reimbursement will be based on your current fee schedule. Florida Blue will assess any potential extension to this timeframe and update you as needed.
  - The member will be responsible for their normal office visit cost share for this virtual visit.
  - For general medical care, you should submit a claim to Florida Blue using the regular Evaluation and Management (E/M) codes (99201-99215). The place of service should be 02 and the modifier should be 95 or GT.
  - For behavioral health providers, you should submit a claim to Florida Blue using one of the regular codes included in your fee schedule with a place of service 02 and the modifier should be 95 or GT.
- We're waiving all cost shares for the medical test for COVID-19 for members. The codes are U0001, U0002 and 87635.
- If it is determined that COVID-19 testing is needed, we support the work of our providers, the Florida Department of Health and the Centers for Disease Control and Prevention (CDC) to ensure any COVID-19 testing is available to members. The tests are currently provided at no cost by state and federal health authorities. If testing (U0001, U0002 and 87635) is done in independent labs or physician offices, the members' cost shares for these tests only will be waived.

# Telehealth

## Quick Reference Guide

### Important COVID-19 Update:

In the wake of the COVID-19 (Coronavirus) pandemic, TriWest Healthcare Alliance has determined at this time that under the Patient-Centered Community Care (PC3) Program, providers who wish to utilize virtual or phone visits to treat patients and provide continued care while staying in compliance with the Centers for Disease Control and Prevention (CDC) guidelines may do immediately. Similar to Behavioral Health, where virtual visits for the initial appointment are already allowed, VA has provided a waiver for all specialties under PC3 where virtual visits for the initial and ongoing appointments are now allowed in light of the ongoing pandemic.

Please follow the Telehealth guidelines below:

- **Providers must have an authorization on file before proceeding with telehealth care.**
- The Standardized Episode of Care (SEOC) authorization letter for primary care includes CPT codes to cover virtual treatment and it is safe to assume telehealth is covered for all other SEOCs at this time.
- This guidance currently applies to all specialties including Behavioral Health.
- Stay informed on important guidance from the VA regarding COVID-19 at [https://www.triwest.com/globalassets/documents/news/fs\\_20-40\\_covid19\\_provider\\_guidance.pdf](https://www.triwest.com/globalassets/documents/news/fs_20-40_covid19_provider_guidance.pdf)

### Key Points:

- ➔ **All services** require a prior authorization from TriWest Healthcare Alliance (TriWest) to prevent claims denials.
- ➔ Telehealth must be conducted consistent with Medicare guidelines.
- ➔ Providers must be aware of state and federal laws governing their ability to perform telehealth services.
- ➔ Providers must have a crisis protocol in place in case of Veteran emergency.
- ➔ Medical documentation must be submitted to the Veteran's appointing VA Medical Center (VAMC), and claims must be submitted to WPS Military and Veterans Health (WPS MVH), TriWest's claims processor.
- ➔ Claims should be submitted within 30 days after services have been rendered.
- ➔ Providers will collect no copays, cost-shares, or deductibles. Providers will be paid for all authorized care according to their contract.
- ➔ According to 38 C.F.R. 17.55 and 38 C.F.R. 17.56, payments made by VA to a non-VA facility or provider shall be considered payment in full. Providers may not impose additional charges to TriWest or the Veteran for services that have been paid by VA.

## Telehealth Self-Assessment

**Note:** This survey stands as a reference point for providers to gauge their comfort level with telehealth practices. Certifications in telehealth studies are not a requirement to use program.

- (1) Have you performed telehealth services in the past?
- (2) Are you currently performing telehealth services via live video on a HIPAA-verified platform?
- (3) Are you aware of Medicare guidance and your state laws governing your ability to perform telehealth?
- (4) Do you have the ability to complete a technical assessment with your Veteran 48 hours before their initial telehealth session? (A technical assessment is when the Veteran is introduced to your platform using their personal system vs. using an inner-office system at a facility. This ensures that the Veteran has the device, internet speed, and knowledge to utilize the program.)
- (5) Do you have any certifications or trainings that you would like to include in your telehealth provider profile? (Optional; certifications are not a telehealth requirement.)

If all answers to the self-assessment are "yes", and you are currently not in the TriWest Healthcare Alliance Network, fill out the "Join Our Network" credentialing form [here](#). If you are in network and would like to be added to the telehealth database, email [telehealth@trivest.com](mailto:telehealth@trivest.com) with your request.

## How to Bill for Telehealth

**Note:** The service will need to have a Place of Service code of "02" in order to indicate that the delivery method was telehealth in addition to the CPT code of choice. Should your billing program require a modifier, you must use the telehealth modifier of "GT" at the end of your procedure code. The "02" Place of Service Code alone will not allow a facility to bill for telehealth. In order to receive reimbursement for telehealth services offered between facilities, otherwise known as Point-to-Point services, a code of Q3014 must also be submitted. If offering telehealth services into the home, please refrain from using the Q3014 code.

## Examples of Billing for Telehealth:

**Facility (Point-to-Point):**

Service Date	Units	Service Code	Place of Service code	Allowed Amount
1/1/2018	1	Appropriate Procedure Code	02	Regular claim amount for this service
1/1/2018	1	Q3014	02	1 x the rate for this code because there is one unit for the line above. Both lines must match.

# To Recap -

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First CONFIRM your state allows for telehealth services.

There are various ways to code for telehealth services. Use the code that accurately reflects YOUR services.

Determine carrier policies first.

Patients MUST have acupuncture benefits.

Diagnosis must be a covered diagnosis.

Patient should be an existing patient.

Be aware that some plans are limiting telehealth to IN network plans.

# Final Tips-

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ONLY use Place of Service Code 11 – If carriers state to use

Otherwise – Use Place of Service Code 02 for telehealth

DO NOT fill in box 32 Service Facility Location when providing telehealth services





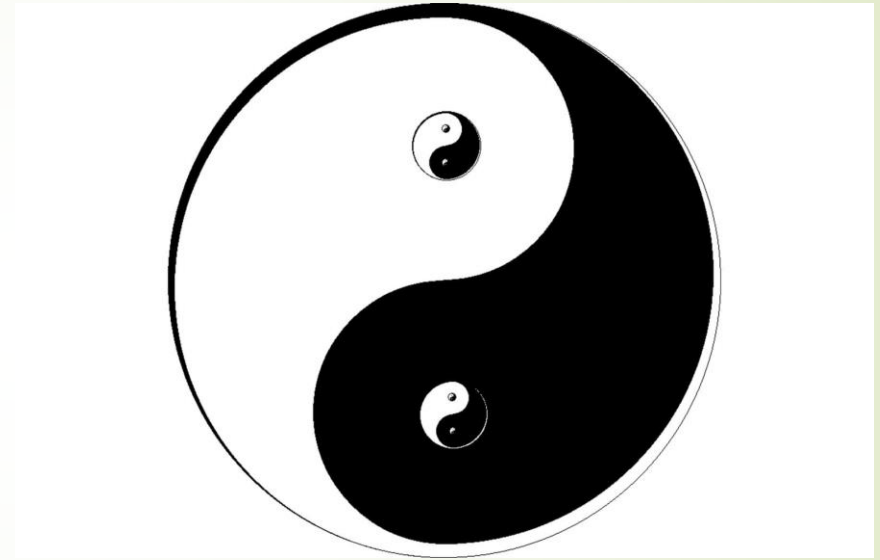
# Tips on How to Survive and Prepare to Thrive During These Uncertain Times

Lorne Brown B.Sc., Dr.TCM, CPA, FABORM, CHt

[www.lornebrown.com](http://www.lornebrown.com)

# Human Being not Human Doing

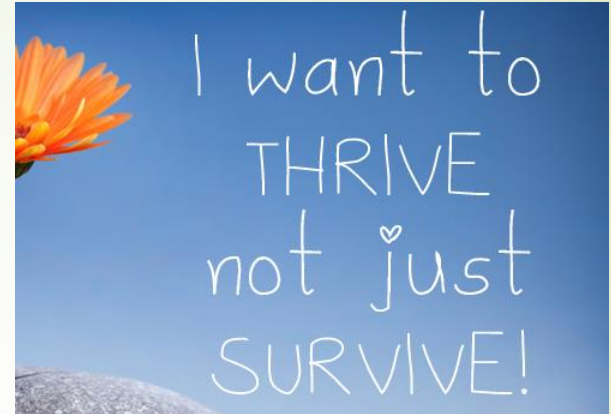
- ▶ Yin within Yang
- ▶ Doing comes out of being
- ▶ Calmness in the presence of uncertainty
- ▶ Stay grounded and create space so you can SEE opportunities.



“When we are no longer able to change a situation - we are challenged to change ourselves.” Viktor Frankl

# Yang Activities

- ▶ How to manage your cashflow
- ▶ Adapting to the changes
- ▶ Telehealth





[www.lornebrown.com](http://www.lornebrown.com) April 1, 2020

# Respond vs React



# How to Contact Me

➤ [Email: hello@healthyseminars.com](mailto:hello@healthyseminars.com)





Thank you!  
Questions and Answers

