Added today to the HTH COVID-19 page

- Palmetto GBA FAQs for the Accelerated Advance Payments
- Multiple Georgia CMO updates related to COVID-19
- GA Medicaid DCH telehealth webinar dates and times
- Additional GA DCH telehealth guidelines
- GA DCH Pharmacy Updates

The Centers for Medicare & Medicaid Services (CMS) has authorized nationwide waivers under §1812(f) of the Social Security Act retroactive to March 1, 2020, for those impacted by COVID-19. Medicare Fee-For-Service (FFS) operations will implement the following policies and procedures for all claims, not just for the COVID-19 diagnoses.

**Additional Documentation Requests (ADRs)**
- For ADRs that have already been issued, Medicare contractors will release the claims for payment and not issue claim denials
- Any claims auto-denied for non-response of an ADR from March 1, 2020, until March 26, 2020, will have the denial reversed and allow payment if an appeal has not been filed. If an appeal has been filed, normal appeals processes will be followed.
- As of March 26, 2020, future ADRs will not be sent until further notice from CMS
• **Targeted Probe and Education (TPE)**

• All current TPE reviews and associated edits are suspended and selected claims released for payment

• MACs will allow TPE medical review education sessions to be rescheduled upon provider request
Florida’s COVID-19 Data and Surveillance Dashboard
Florida Department of Health, Division of Disease Control and Health Protection

Florida Numbers:

Positive Residents 6,694

Total Cases 6,955

Hospital 890 Admissions

Deaths 87

New Cases by Day

0 500 1k
Agenda

• Testing and billing for COVID-19
  ▫ Update from Quest Laboratories
• Blanket Waivers
  ▫ Hospital Capacity
  ▫ EMTALA and 1135 waivers
  ▫ Nursing, Respiratory, Pharmacy and verbal orders
  ▫ Appeals
  ▫ Discharge Planning and Patient Rights
  ▫ Medical staff and CAH Personnel
  ▫ SNFs
• Interim Final rule
  ▫ Telemedicine

Billing for COVID-19

• For Medicare use CPT codes:
  ▫ U0001 for CDC developed tests
  ▫ U0002 for all other commercially available tests

• For non-Medicare use CPT code 87635

• CMS rates are: U0001 - $35.91 and U0002 - $51.31
• Most Medicaid will use that payment rate
• Commercial insurance rates will be by contract negotiation. Most cost-sharing will be waived

• Self-pay patients – no guidance yet on billing these patients
Medicare Specimen Collection

- G2023 – Specimen collection any source for COVID-19 testing
  - $23.46 (not covered by GA Medicaid)

- G2024 - Specimen collection any source for COVID-19 testing in a SNF
  - $25.46 (not covered by GA Medicaid)

- P9603 – per mile travel allowance

- P9604 – flat rate travel allowance

Quest Laboratory Update 4/1/20

- COVID-19 turnaround time is currently 4-5 days
- Efforts are being made to prioritize healthcare workers and inpatients to make the turnaround time 2-3 days.
- A high-throughput, FDA Emergency use Roche diagnostic test for COVID-19 is being added and is now available from Quest.
  - Order the Roche test when submitting upper respiratory specimens!
    (test code 39444)
  - For lower respiratory specimens must still order the LDT (test code 39433)
The COVID-19 diagnosis code will be implemented April 1, 2020 instead of October 1st. The ICD-10 code will be U07.1.

- The LDT and the Roche tests have not been approved by the FDA but have been cleared by the FDA under an emergency use authorization for temporary usage.
- These tests have been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens.
- These tests are only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use.

New Blanket Waivers – Retro Effective to March 1st

- Monday 3/30/20 President Trump authorized CMS to issue blanket waivers to allow the healthcare system to have maximum flexibility during the National Health Emergency.

- Changes apply immediately nationwide to:
  - Increase hospital capacity
  - Expand the workforce
  - Put patients over paperwork
  - Further promote telehealth
Exceptions to the Waivers by CMS

“These flexibilities should be implemented so long as they are not inconsistent with a state’s emergency preparedness or pandemic plan.”

Increasing Hospital Capacity

• “Hospitals can provide hospital services in other healthcare facilities and sites not currently considered to be part of a healthcare facility or set up temporary expansion sites”
• Hospitals can provide room, board nursing and other services at hotels, community sites or any other site. Hospitals will have to oversee care.
• Patients can be screened off site, provided inpatient and outpatient care at temporary expansion sites.
CAH Status and Location

- CMS is waiving the requirement that the CAH be located in a rural area or an area being treated as being rural, allowing the CAH flexibility in the establishment of surge site locations.
- Waiving the requirement regarding the CAH’s off-campus and co-location requirements, allowing the CAH flexibility in establishing temporary off-site locations.
- In an effort to facilitate the establishment of CAHs without walls, these waivers will suspend restrictions on CAHs regarding their rural location and their location relative to other hospitals and CAHs.

CAH Waivers

- CMS is waiving the requirement that CAHs limit the number of beds to 25.
- CMS is waiving the length of stay requirement of a limit of 96 hours under the Medicare conditions of participation.
Inpatient Rehab or Psych Patients

Patients can be relocated into different units that, as a result of the emergency need to be moved to create room for other patients, specifically patients with COVID-19.

This waiver can be used if the beds the patients are being moved to are appropriate for their care.

2 EMTALA Enforcement Waivers

- Requirements regarding transfers of patients who have not been stabilized are waived if it is an emergency.
- Redirection to another location is allowed for a patient to receive a medical screening exam under a state emergency or pandemic plan.

- “A waiver of EMTALA is effective ONLY if actions do not discriminate as to source of payment or ability to pay.”
For Surge Facilities Only

- Written policies and procedures are not required for evaluating emergencies.
- Removes burden for development of policies related to assessment, initial treatment and referral of patients.

1135 Waivers for Medicaid

- Since all states did not apply for the 1135 waivers, CMS has approved them for all states and territories without needing applications.
- Allows waivers for:
  - Permits to provide care for out of state Medicaid patients
  - Prior authorizations in FFS programs
  - Suspend provider enrollment and revalidations
  - Waive out of state licensing restrictions
  - Temporarily suspend SNF assessments and screening

These are for federal requirements not state
Nursing Services

- Waiving the requirement for nursing staff to develop and keep current nursing care plans for each patient.
- Waiving the need for policies and procedures for OP departments that determine if a nurse is present.
- These waivers are to allow nurses more time for direct patient care.

Verbal Orders

- CMS has waived the requirements related to verbal orders.
  - 482.23 (c)(3)i – Will allow verbal orders for drugs and biologicals as needed
  - 482.24(c)(2) – Does not require verbal orders to be timed and dated and authenticated promptly (it can wait for now if too busy)
  - 482.24 (c)(3) – Hospitals may use pre-printed and electronic standing orders, order sets and protocols.
  - 485.635(d)(3) – CAHs can use verbal orders for medication administration
Respiratory Care Services

- CMS is waiving the requirements at that require hospitals to designate in writing the personnel qualified to perform specific respiratory care procedures and the amount of supervision required for personnel to carry out specific procedures.

- This will allow qualified professionals to focus on providing patient care.

Pharmacy Sterile Compounding

- “CMS is waiving requirements at 42 CFR §482.25(b)(1) and §485.635(a)(3) in order to allow used face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift in the compounding area only. This will conserve scarce face mask supplies. CMS will not review the use and storage of face masks under these requirements.”
Medicare Appeals FFS and MA plans

- Appeals can be processed without the Appointment of Representation
- Appeals can be processed even if they do not meet all of the requirements
- CMS is telling MACs and MA plans to utilize all flexibilities available if good cause elements are satisfied.

Discharge Planning

- Waiving requirements for:
  - Providing quality measure data for post acute care settings
  - Assisting in selecting a post acute care provider by using and sharing data
  - Providing a list of HHAs, SNFs, IRFs, or LYCHs that are available
  - Informing the patient of freedom to choose providers and suppliers of post-discharge services
  - Identifying financial interest in HHA or SNF the hospital may have

- **CMS is maintaining the d/c planning requirement that ensures a patient is discharged to an appropriate setting with needed medical information and goals of care!**
Reporting Requirements/Patient Rights

- Waiving requirements for reporting ICU deaths due to their disease but had soft restraints to keep from pulling tubes. Only deaths where the restraint contributed to death must be reported by end of business next day.

- Waiving time limits on providing copies of medical records.

- Waiving the need for updated visitation, seclusion or isolation policies for COVID-19 changes.

Medical Staff

- Allowing physicians with expiring privileges to practice before full medical staff/board review.

- Waiving licensure requirements for out of state practitioners if the following 4 conditions are met:
  - Must be enrolled in the Medicare program
  - Must possess a valid license in the state of Medicare enrollment
  - Is furnishing services in a state with an emergency to contribute to relief efforts
  - Is not excluded from practice in any state
Medical Staff

- CMS is waiving requirements that says that Medicare patients must be under the care of a physician.
- This will allow hospitals, to use other practitioners, to the fullest extent possible.
- CRNA supervision will be up to the hospital or state law. Applies to hospitals, CAHs and ASCs.

CAH Personnel

- CMS is waiving the minimum personnel qualifications for clinical nurse specialists, which is a master's or doctoral level degree in a defined clinical area of nursing from an accredited educational institution.
- Nurse practitioners do not have to be certified as a primary care nurse and are not required to have experience for 12 of the 18 months prior to 6/25/93.
- Physician assistants do not have to be currently certified by the NCCPA, and are not required to have experience for 12 of the 18 months prior to 6/25/93.
- Removing these Federal personnel requirements will allow CAHs to employ individuals in these roles who meet state licensure requirements and provide maximum staffing flexibility.
Telemedicine

- Allow physicians and other 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.
- “CMS is waiving the provisions related to telemedicine at 42 CFR §482.12(a) (8)–(9) for hospitals and §485.616(c) for CAHs, making it easier for telemedicine services to be furnished to the hospital’s patients through an agreement with an off-site hospital.”

SNF Waivers

- The 3-day inpatient stay for SNF requirement has been waived.
- This is to provide temporary emergency coverage of SNF services for people who need a bed due to the COVID-19 emergency.
- CMS is waiving the timeframes for the resident assessments.
- Waiving mandatory submission of staffing information based on payroll data in a uniform format.
- Waiving the preadmission screening and annual resident review (PASARR) by allowing them to be suspended for 30 days.
SNF Waivers

• SNFs can use rooms not usually used for residents to be used in an emergency.
• Includes, conference rooms, dining rooms or other rooms as long as residents are safe and comfortable.

Other SNF Waivers

• More waivers are detailed for SNFs related to:
  ▫ Nurse Aides certifications
  ▫ SNF Location
  ▫ Resident group participation
  ▫ In person MD visits
  ▫ Roommates and grouping
  ▫ Transfer and Discharge
Waiving/Changing Deadlines

• The Wage Index Occupational survey due July 1, 2020 has been deferred until 8/3/2020 for acute care hospitals. If you cannot meet that date, contact CMS via the MAC for additional extensions.

Other Types of Waivers

• Home Health Agencies
• ESRD Facilities
• Hospice Agencies
• Dialysis
• DME Providers
Interim Final Rule for COVID-19 Emergency

Telehealth for clinics not RHCs

- The CDC has urged health care professionals to make every effort to interview persons under investigation for infection by telephone, text messaging system, or video conference instead of in-person.

- Waivers allow telehealth to be delivered to a patient at home. There is NO originating site fee paid for these services.

- These services can be provided to new and established patients.
From CMS:

• “We expect that physician offices will continue to employ nursing staff to engage with patients during telehealth visits or to coordinate pre- or post-visit care, regardless of whether or not the visit takes place in person”
• “We believe that, as more telehealth services are furnished to patients wherever they are located rather than in statutory originating sites, it would be appropriate to assume that the relative resource costs of services furnished through telehealth should be reflected in the payment to the furnishing physician or practitioner as if they furnished the services in person, and to assign the payment rate that ordinarily would have been paid under the PFS were the services furnished in-person”

From CMS:

• “To implement this change on an interim basis, we are instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person.”
• “This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person.”
From CMS:

- “We believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth”

- CMS is implementing a telehealth modifier 95 to allow practitioners to be paid at the face to face rate. If no modifier they will be paid a lesser facility rate using the POS code 02.

Telehealth Services

Adding

- ER services 99281-99285 and 99291, 99292
- Observation services 99217 – 99220, 99224 – 99226, 99234 – 99236
- Hospital Care 99221 – 99223,
- Discharge Management 99238 and 99239
- SNF admissions and visits 99304 - 99306
- And many, many, more physician codes (pages 15- 50 interim final rule)
- Physical, Occupational and Speech Therapy

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index
The document contains sections on Telehealth and Rural Health Clinics (RHC).

Telehealth section:

“Exception. For the duration of the public health emergency as defined in § 400.200 of this chapter, Interactive telecommunications system means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.”

Rural Health Clinics (RHC) section:

- **G0071** - Payment for 5 minutes or more of a virtual communication between an RHC and a patient in lieu of an office visit.
- This has been expanded to include:
  - **99421** – Online evaluation 5-10 min in 7 days
  - **99422** - Online evaluation 11-20 min in 7 days
  - **99423** - Online evaluation > 21 min in 7 days

- RHCs will still bill G0071 but the payment rate will be the average of the fee schedule payment rates for clinic virtual communication.
G0071

- The guidelines are usually that a patient is an established patient for an RHC to use this code.
- During the COVID-19 emergency, all virtual communication services that are billable using HCPCS code G0071 will also be available to new patients that have not been seen in the RHC.
- Consent can be obtained after the service has been provided but must be before the service is billed.
- The consent can be verbal but must be documented in the patient’s record.

RHC Home Visits

- All RHCs are assumed to be in a shortage area for this emergency.
- No request for a shortage determination is needed.
- Determine that a patient is NOT already under an HHA before visiting.
- Just obtaining a nasal swab is not considered a nurse visit.
- During a nursing visit for care, a nasal swab can be obtained.
- The patient must be homebound.
Remote Physiologic Monitoring (RPM)

- CPT codes – 99091, 99453, 99454, 99457, 99458, 99473, and 99474
- These codes include remote monitoring and collection of data for things like, weight, blood pressure, pulse ox, respiratory flow rates, education on use of equipment etc.
- These can now be furnished to new and established patients.
- RPM can be used for patients with acute and chronic conditions
- For COVID-19 acute patients can be monitored at home for respiratory issues to avoid exposure risk and to eliminate ER visits when possible.

Telephone Assessments

- 98966-98968 assessment and management services for LCSW, clinical psychologists, physical, speech and occupational therapists.
- They are “sometimes therapy” codes so the GP, GN and GO modifiers must be applied for therapy billing.
- The patients can be new or established.
- They will NOT conduct reviews to determine patient status.
NCDs and LCDs

- Policies that contain requirements of a face to face encounter would not apply during the Public Health Emergency.

- Statutory requirements for the face to face power mobility devices do apply.

- There is a list on pages 128 and 129 of the interim final rule for NCDs that will not be clinically enforced, they are for home services.

Interim Final Rule

- Comment period and 30-day waiting period is being waived to immediately finalize the rule.

- Effective date is retroactive to March 1, 2020

- President Trump, CMS and the CDC want us to stay safe and avoid exposure whenever possible!
REFERENCES