COPING WITH COVID-19: APRIL 27TH, 2020 WEBINAR

HOSTED BY CINDY PEZZA, PMAC

PINNACLE PRACTICE ACHIEVEMENT

WWW.PINNACLEPA.COM

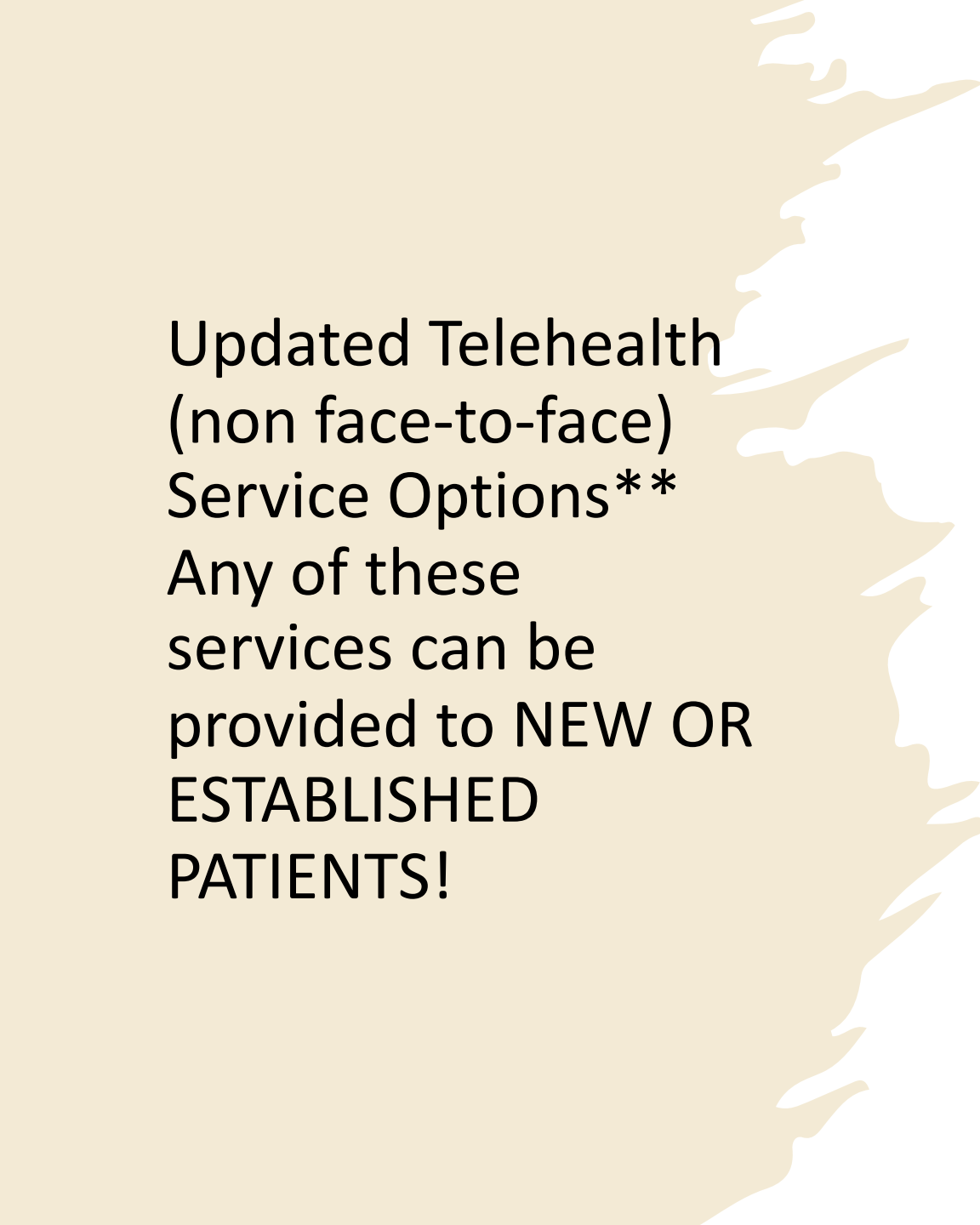Welcome to week 7 of our Coping with COVID-19 Discussions

Disclaimer ⚠️

*Information is changing rapidly so we all must stay informed
(i.e. Don't shoot the messenger!)*

One more time. . .
Let's review the current
Non Face-to-Face Services,
descriptions and coding

Updated Telehealth (non face-to-face) Service Options**

Any of these services can be provided to NEW OR ESTABLISHED PATIENTS!

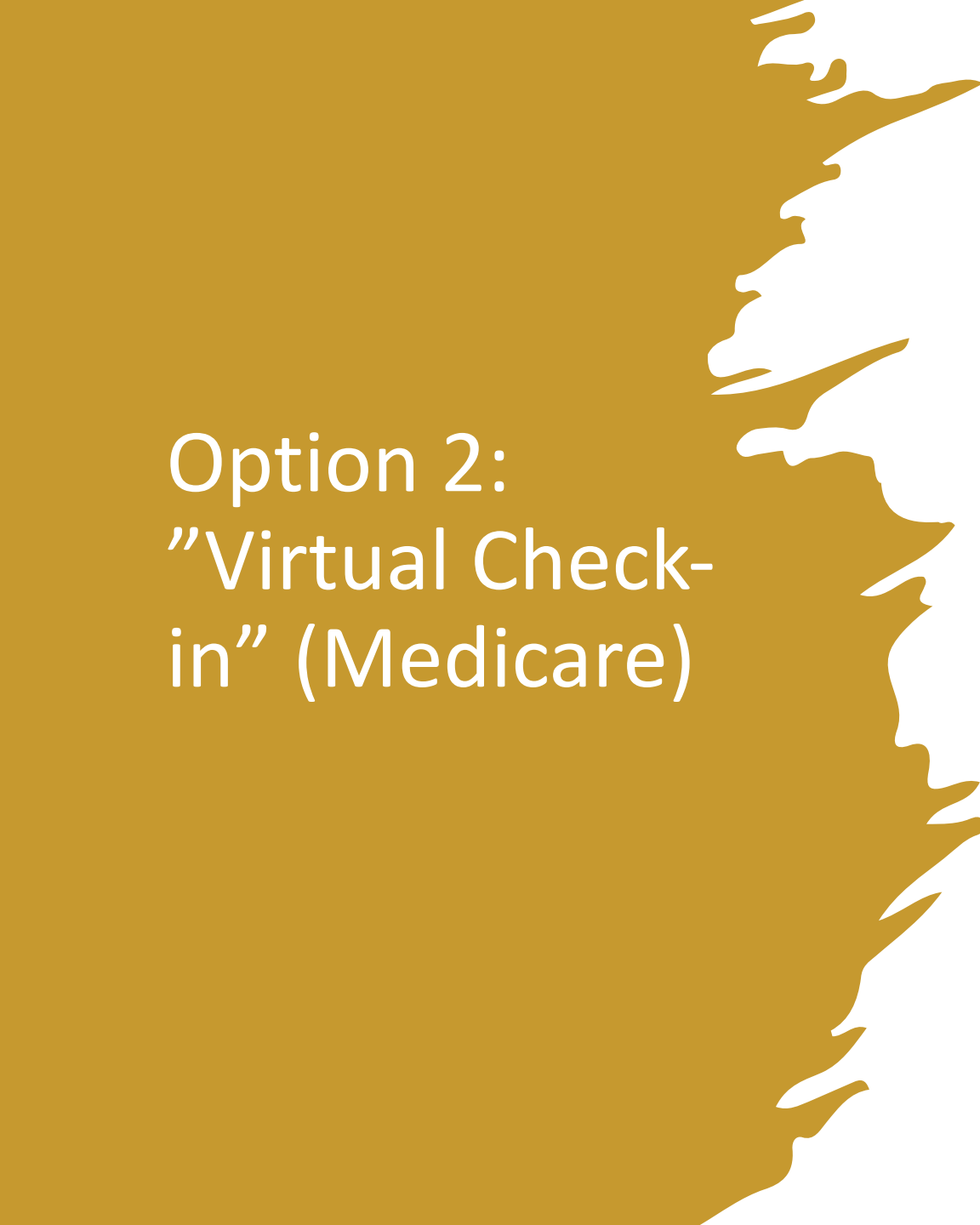Option 1:Utilize office E/M coding (99201-99215)

- Must use a communication tool that has interactive audio and video; real-time communication such as (FaceTime, Skype, Doxy.me)

- Use modifier 95**

- Use the Place of Service that would have been used had the service been rendered in person (e.g., POS 11 for CPT 99213)

- These services will be paid at the regular (non-facility)rate

- This waiver is in place as long as the public health emergency lasts

- Postoperative global periods still apply

- Document a progress note just like one would do when this service is provided face-to-face. This interaction is an E/M service and the same documentation requirements apply. When using CPT 99202–99215 for telehealth, the level may be selected based on "Medical Decision Making alone or total time alone."

Private Payers have been most likely to pay Option One (and it's the easiest)

Some are waiving copays/patient responsibility and are paying 100% of allowed amounts.

Some are even allowing providers to "treat" via real time or telephone communication using E/M coding

You should check with the individual payer about the preferred coding and modifiers for the other Telehealth options.

Option 2: "Virtual Check-in" (Medicare)

- 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 a new or established patient, not originating from a related E/M service provided within the previous seven 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

- Can be any type of telecommunication tool, including telephone

Use POS 02   No modifiers needed

Option 3: Telephone E/M Services

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type. Must have history, as much of an evaluation as possible, and some form of medical management.

- ***Must be initiated by patient or the patient's guardian. Provider may educate patients about this option***

- Not reimbursed by some payers*

- **CANNOT report if call results in decision to see patient within 24 hours or next available urgent appointment**

- **CANNOT report if call refers to E/M service performed by same provider within previous seven days**

- **CANNOT report if call refers to a problem for which a patient is in a global period**

- CPT **99441** - 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 seven 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

- CPT **99442**– ; 11–20 minutes of medical discussion

- CPT **99443**– ; 21–30 minutes of medical discussion

Use POS 02   No Modifier (for Medicare, Private Payers may require something different)

Option 4: E-Visits (check with private payers about coverage and specifications of coding)

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type. Must have history, as much of an evaluation as possible, and some form of medical management.

- Examples of digital platforms:
    - Electronic health record (through the patient portal)
    - Email
    - Text message
    - Other two-way digital communication

Must be initiated by patient via a digital platform   Provider may educate patients about this option

- CPT 99421: Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5–10 minutes

- CPT 99422 ; 11–20 minutes

- CPT 99423 ; 21 or more minutes

- Time includes:
    - Review of inquiry
    - Review of patient records
    - Interaction with other staff
    - Development of management plan
    - Rx
    - Ordering tests
    - Communication with patient   Use POS 02   No Modifier**

FAQs about current Telehealth Services

Q: How do I choose the level of E/M service provided via Telehealth if I am not providing an actual Physical Exam?

A: Think about all of the information you can obtain from through observation and communication rather than physical exam (example: ask the patient to walk, dorsi-flex, apply pressure to check for capillary fill time, etc.). Under these circumstances it is advised to choose a level of visit based on MDM (Medical Decision Making) and time spent prior to, during and following the virtual visit.

FAQs about current Telehealth Services

Q: What is the difference between Virtual Check-ins and Telephone Services?

A: Not a whole lot. Prior to the pandemic Virtual Check-ins were covered by Medicare while Telephone Services were not. The G2012 and G2010 codes (Virtual Check-ins) are Medicare only codes. Telehealth services (99441, 99442, 99443) are now covered by Medicare and many private payers and reimburse at higher rates than the G codes. Always check for coverage by private carriers as well as POS and modifier requirements prior to billing.

FAQs about current Telehealth Services

Q: When billing for Telehealth services, are we required to copy and paste emails or texts received and sent to patients and to record telephone, Facetime calls or Zoom meetings for incorporation into the patient's chart?

A: No (as per the updated CMS Non-Face-to-Face Services Guidelines). Document just as you would for any E/M service provided under normal circumstances. Don't overthink it. Coverage and guidelines for these services have been expanded due to the pandemic and will continue to be for quite some time. The point is to provide non-face-to-face services whenever possible in order to avoid unnecessary exposure to COVID-19 in the office.

Opening up America Again

President Trump has unveiled Guidelines for Opening up America Again, a 3 phased approach based on the advice of public health experts.

The phased approach will be based on up to date data and readiness with the intent to:

mitigate the risk of resurgence

Protect the most vulnerable

This will be implemented on a statewide or county-by-county basis at the governor's discretion

Different regional and state needs

State and local officials may need to tailor the application of these criteria to local circumstances (areas that have suffered sever outbreaks and others with no outbreaks have occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the 3 phases of the program.

Insight will be provided from GA following their decision to slowly re-open last week and other states like OH and CA as they begin to allow elective procedures and non-urgent medical/dental visits

As the transition begins to "re-open" plans will need to be made and then adapted frequently. . .

Pre-screening of patients must still be done

PPE must still be worn by patients and staff

Spacing appointment times, seating in reception areas and limiting contact/contact time will continue

Week by week schedule adjustments will have to be made

Telehealth Services will continue (and should become part of regular practice)

Plans/Preparation for possible resurgence of hot spots must be made

It's better to be decisive then right

COVID-19 PRACTICE UPDATE AND PROTOCOL

As of (Date)

We are keeping a close eye on Covid-19 developments in the _____ area and encourage you to do the same. Please consider making your own personal/family emergency plan in the event the threat level is raised. Refer to the guidelines set by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) for the most current information. The CDC reminds us to follow best practices, including washing hands often with soap and water, not touching our eyes, nose, or mouth with unwashed hands, avoiding contact with people who are sick, and limiting personal contact, including shaking hands.

In response to the current threat, we have the following plan in place:
1. If you are sick or have come in contact with anyone who is sick, please do not come in to work. Notify _____ as soon as you know that you will not be in, so appropriate adjustments can be made.
2. If you have a fever, cough, respiratory condition, compromised immune system or any other group at heightened risk, you should avoid contact with others until you have been cleared by your health care provider.
3. Should you come into close contact with anyone who has traveled to an area considered high risk by the CDC, you should avoid contact with them until you have been cleared by your health care provider.
4. During this period of heightened awareness, staff will be able to utilize PTO for absences. If PTO is not available, staff will be able to borrow up to 10 (ten) days/80 (eighty) hours of PTO to accommodate unexpected absences due to the Covid-19 virus threat.
5. Should a mandatory quarantine of _____ or the local area be put in place, a plan will be developed at that time. **Staff should plan for the possibility of working from home as a means of earning income during time off.**
6. See below screening questions to be utilized during all patient bookings. Remind patients that we are happy to reschedule patients who suspect that they might be ill.
7. We will continue to utilize universal precautions in the office, routinely disinfect all hard surfaces throughout the day, dispose of all biohazard/soiled waste (including Kleenex and napkins) properly, cough or sneeze into our elbow, wash our hands frequently but especially before and after patient interaction, before and after meals, and after using the restroom and don PPE (face masks and gloves).
8. All staff are asked to cross train as much as possible so that they may fill in for others who may unexpectedly need to miss work.

These questions are to be asked of all patients calling the clinic to book an appointment:
1. Has the patient visited, or been in close contact with anyone who has visited or traveled out of the state or country in the past 14 days?
2. Does the patient have any of the following symptoms: fever, cough, or shortness of breath?
3. Has the patient been in contact with someone with known or suspected coronavirus (COVID-19)?

PLEASE ACKNOWLEDGE RECEIPT OF THE ABOVE POLICY

_____   _____
NAME   DATE

Adapt your policy weekly (to allow for flexibility/changes to face-to-face patient care as well as to prepare for future surges of positive cases in your area)

-

What will your practice look like POST COVID-19?

- Plexiglass in reception or in treatment rooms
- Continued staggering of patient visits
- Incorporating of more Telehealth services
- Increased virtual versus in-office staff
- How can each aspect of patient care become more efficient?
-

Something to consider (or some version of it)

Establishing the role of New Patient Coordinator (NPC)
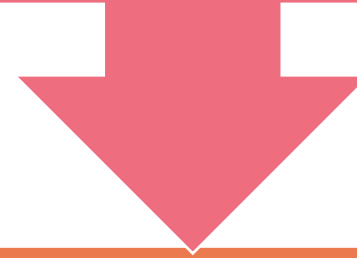
This person (or individuals trained to perform the same function) serves as the primary liaison to the practice for new patients and referring physicians, working in conjunction with scheduling and clinical staff to improve efficiency and work-flow.

How it works

- During initial appointment scheduling (with administrative staff or call center), basic information is obtained and entered into the E H R (to include):
  - Patient given name (exactly as displayed on insurance card)
  - Date of birth
  - Insurance(s) and ID number(s)
  - Primary Care Physician/Referring provider or source
  - Reason for visit

- Prior to ending the initial call, the scheduling team member politely requests that all intake paperwork be completed and submitted prior to visit (or brought in completed at time of visit).

Scripts are important (for every staff role)

"Mrs. Soprano we ask that you either complete and submit your intake paperwork ahead of time or bring it with you completed at the time of your appointment. This allows us to keep wait times down and to make your visit as efficient as possible."
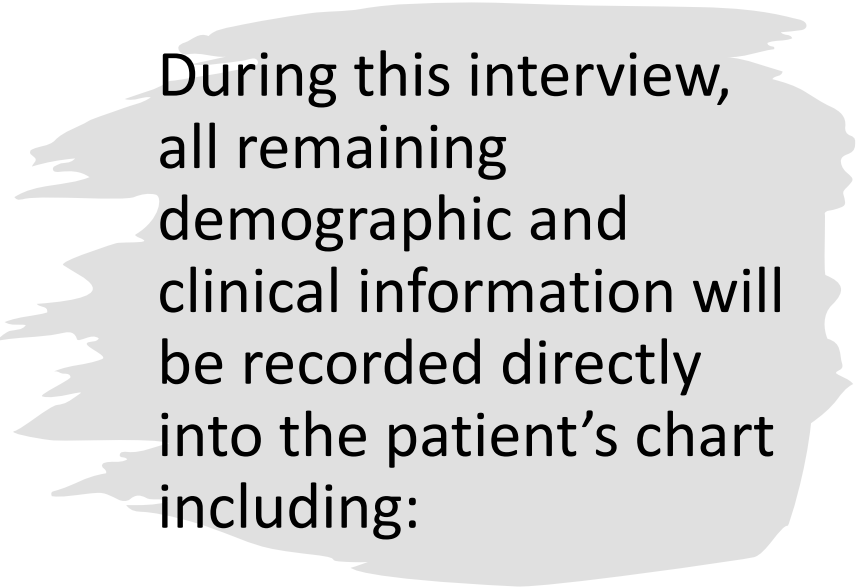
The patient is then instructed to visit www.yourpracticenamehere.com and at the top of the home page click new patient registration forms.

A very small % of practices have patients who log in to the portal and COMPLETE all required info

For patients who are unable to access forms online, two other options are provided:

- A 15 minute pre-visit phone interview (with the NPC)

- An in-person interview scheduled at least 30 minutes prior to the actual appointment time (similar to interviews performed prior to surgical procedures in a hospital or surgery center)

During this interview, all remaining demographic and clinical information will be recorded directly into the patient's chart including:

Confirmation of reason for visit/chief complaint

Personal and family medical history

Medications and allergies

Vital Signs

Most MIPS measures (Height, Weight, Smoking Status, Immunizations, etc.)

Financial policy, HIPAA and consent to treat will need to be signed at the time of visit (if forms are not completed via the portal)

For Commercial Payer patients

- The NPC will perform insurance eligibility and benefit checks (to determine active coverage, copay, deductible and other out of pocket expenses that may be incurred). Information obtained will be discussed during the phone interview or in addition to the reminder communication (in order to inform and prepare patient for any monies that may be owed during visit).

Additional NPC Tasks

The NPC is responsible for following up/rescheduling missed new patient appointments and after 2 no-show incidences communicating with referring providers via professional communication (documenting the practice's efforts in coordinating care).

The NPC ensures that patient updates and consult visit notes are e-faxed to PCP/Referring providers within one week of new patient visits or procedures.

What else could an NPC or PC; patient coordinator do for you to increase efficiency?

Short on CMEs due to meeting cancelations?

THERE ARE MANY ONLINE OPTIONS
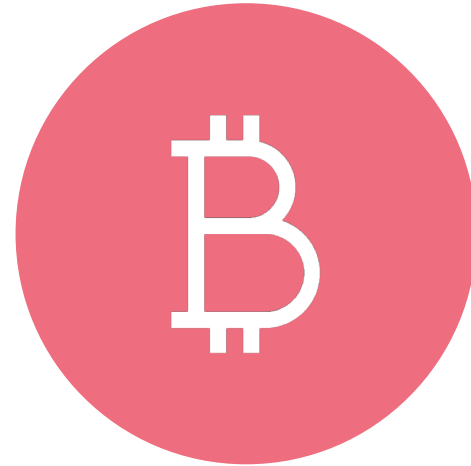
FIND OUT HOW MANY YOU CAN EARN ONLINE IN YOUR STATE

States that allow CME's 100% online

Source: PRESENT e-Learning

https://podiatry.com/State-Online-Podiatry-CME-Laws

Be sure to check with your individual state licensing board for confirmation.

States that limit CME earned online

Source: PRESENT e-Learning

https://podiatry.com/State-Online-Podiatry-CME-Laws

Be sure to check with your individual state licensing board for confirmation.

Ohio Foot & Ankle Medical Association (OHFAMA)

Cindy was scheduled to lecture at this well-known state meeting. Rather than cancel the meeting, OHFAMA decided to make it available virtually!

You can earn up to **23 credits online** during this 3-day event!

May 14-16, 2020

Cindy was able to secure a **discount** for her audience (nationwide) to register and attend all online sessions (in addition to APMA and early bird discounts).

Physicians **receive $30 off** the registration cost and
Assistants **receive $10 off** the registration cost.

You must use the PPA Promo codes…

Physicians use code PPA2020

Assistants use code Assistants2020

Follow these steps to register and take advantage:

1)Navigate to the OHFAMA conference page by visiting the ohfama.org home page, then click on the Annual Seminar more information link

Or follow this link:
http://www.ohfama.org/aws/OHFAMA/pt/sp/annual_seminar

2)Then, click on the text "Please follow this link to register for the Physicians or Assistants Program online"

3)Create a new user

4)After you create your account, select registrant type "APMA Member, Non-Ohio State"

Take a picture of this slide for your reference!
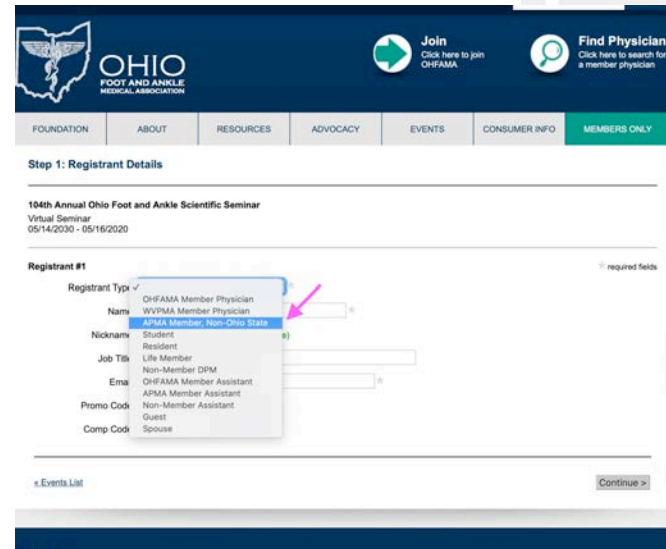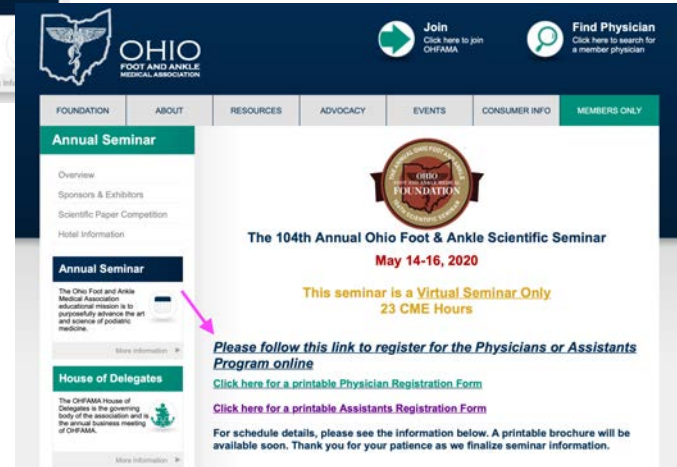
OHFAMA Discount Registration Continued…

5) Fill in your information and use PROMO Code: PPA2020 to receive an additional $30 along with APMA and early bird discounts

6) Click Continue

7) Confirm your APMA out of state registration in the drop-down box, check to agree to the terms and then select each session you would like to attend online

8) On the next screen, check to make sure that your $30 PPA and early bird discounts have been applied

Take a picture of this slide for your reference!

OHFAMA Discount Registration Continued…

Note: You can also register staff members with your account by selecting APMA Member Assistant and filling in the information along with PROMO Code: ASSISTANTS2020
For your staff registration, check to agree to terms and then select which day(s) you would like them to attend online.

9) Complete checkout

And now "loan" talk

Another one bites the dust:
Suspension of CMS Advanced Payment Program

- The Centers for Medicare & Medicaid Services announced over the weekend (4/25-4/26) that it is immediately suspending its Advance Payment Program to Medicare Part B suppliers (doctors, non-physician practitioners and DME suppliers).

- CMS approved more than 24,000 applications and advanced more than $40 billion to Part B suppliers in the last several weeks.

- It approved 21,000 applications for accelerated payments, totaling nearly $60 billion in payments to hospitals.

   *Prior to COVID-19, the agency had only approved just over 100 of such requests.

- The advanced and accelerated payments are not grants. They are payments that are required to be paid back within one year.

HHS Deposits (Round Two)

Round two of HHS deposits (from Optum Bank with the description HHSPAYMENT) began on Friday April 17th.

Most have received their deposit (but few have been able to figure out the math).

Contact information is available hhs.gov/providerrelief.com

REMEMBER, YOU DID NOT APPLY FOR THIS MONEY, IT IS A "GRANT"

The Attestation Portal has been open for more than a week now:
You have to attest if you keep the money or want to return it

- hhs.gov/providerrelief

- Then scroll down to CARES Act Provider Relief Fund Payment Attestation Portal

- https://covid19.linkhealth.com/#/step/1

Cindy Pezza
April 24 at 2:43 PM

Did anyone else receive an email about additional money potentially coming from HHS starting today? A doctor forwarded me his so I clicked through to hhs.gov/providerrelief. I'm confused, is this just for hospitals?

- HHS will begin distribution of the remaining $20 billion of the general distribution to these providers on April 24 to augment their allocation so that the whole $50 billion general distribution is allocated proportional to providers' share of 2018 net patient revenue.
- On April 24, a portion of providers will automatically be sent an advance payment based off the revenue data they submit in CMS cost reports. Providers without adequate cost report data on file will need to submit their revenue information to a portal opening this week linked on this page for additional general distribution funds.Providers who receive their money automatically will still need to submit their revenue information so that it can be verified.
- Payments will go out weekly, on a rolling basis, as information is validated, with the first wave being delivered at the end of this week (April 24, 2020).

10 Comments   Seen by 139

🖒 Like   💬 Comment

View 1 more comment
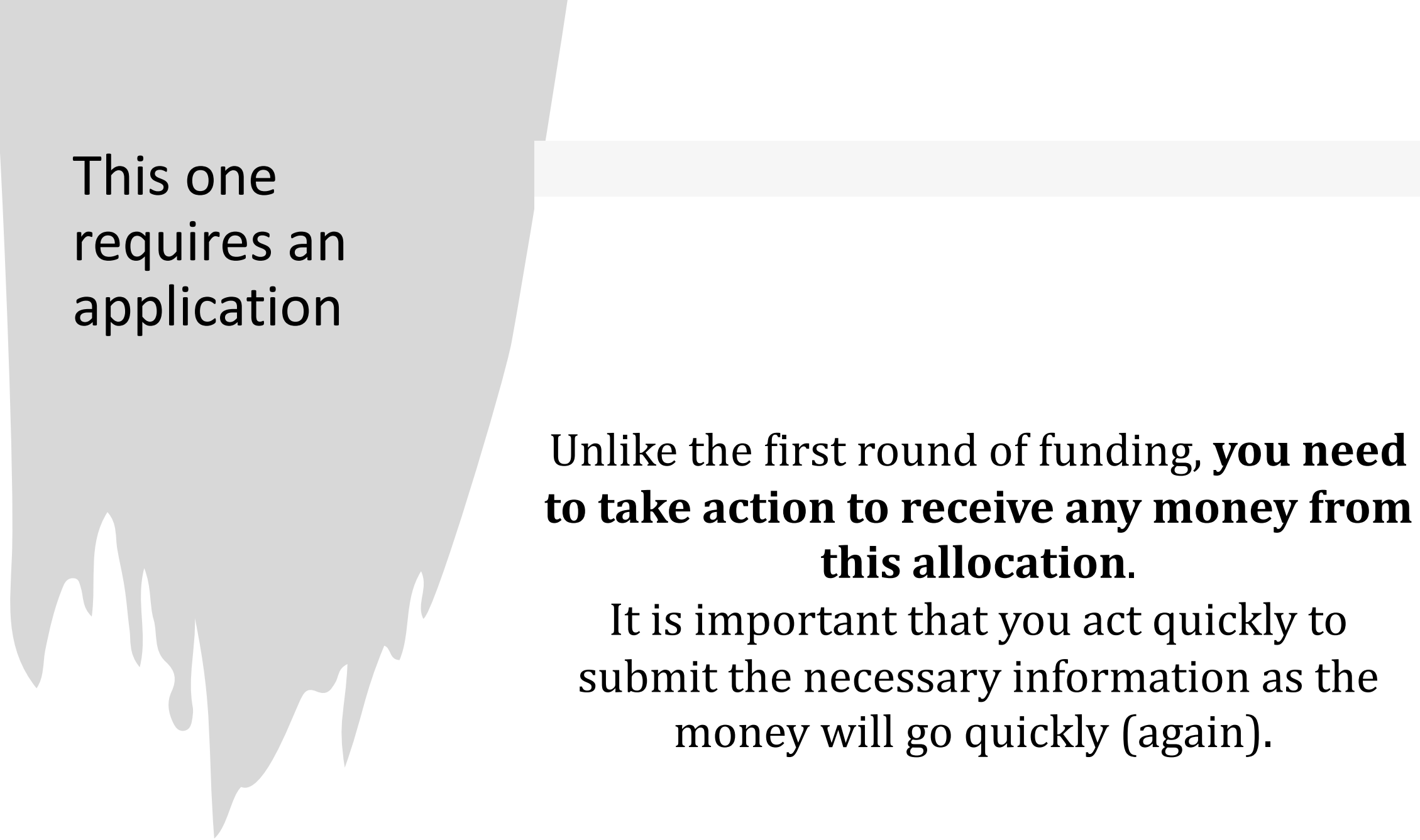
Scott M. Aronson Anyone receive the money (2nd dispersement)?
Like · Reply · 2d

Timothy Shea This is personal experience.
The first disbursements of money came from HHS and was
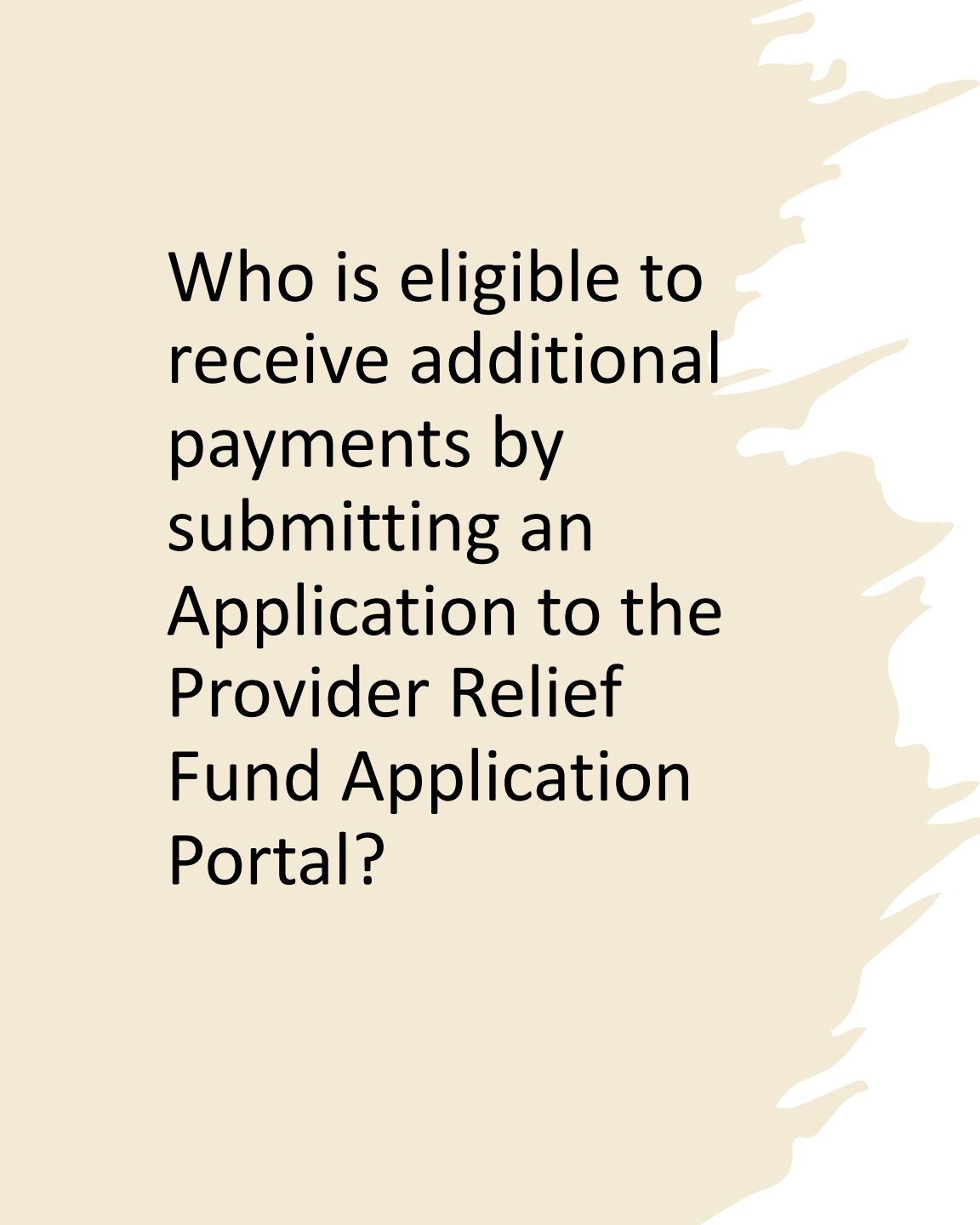
Some of you may have seen my FB post on 4/24

This one requires an application

Unlike the first round of funding, **you need to take action to receive any money from this allocation.**
It is important that you act quickly to submit the necessary information as the money will go quickly (again).

Who is eligible to receive additional payments by submitting an Application to the Provider Relief Fund Application Portal?

- Any provider who has already received a payment from the Provider Relief Fund as of 5:00 pm EST Friday, April 24th can and should apply for additional funding via the Provider Relief Fund Application Portal.

- Providers who have not received funding as of 5:00 pm EST Friday April 24th are NOT eligible to use the Provider Relief Fund Application Portal, HOWEVER these providers may still be eligible for payments from the Provider Relief Fund through other mechanisms, including the Targeted Distributions being made from the Fund.

Documents and data required

- The Taxpayer Identification Number for the organization applying for relief funds. (TIN)
- The Taxpayer Identification Number(s) of any subsidiary organizations if and only if those organizations do not file separate tax returns, but rather consolidate into the returns of the "Application TIN". If your organization has subsidiaries that file separate tax returns, a separate application must be made for each subsidiary that files a separate return.
- An estimate the organization's lost revenue for March 2020 and April 2020. Lost revenue can be estimated by comparing year-over-year revenue, or by comparing budgeted revenue to actual revenue. For April 2020, an estimate of the total monthly loss based on data from the first few weeks in April or by extrapolation from March data is acceptable.
- A copy of the most recent tax form filed by the organization associated with the Application TIN.

Lots of information is available to help you through the application process.
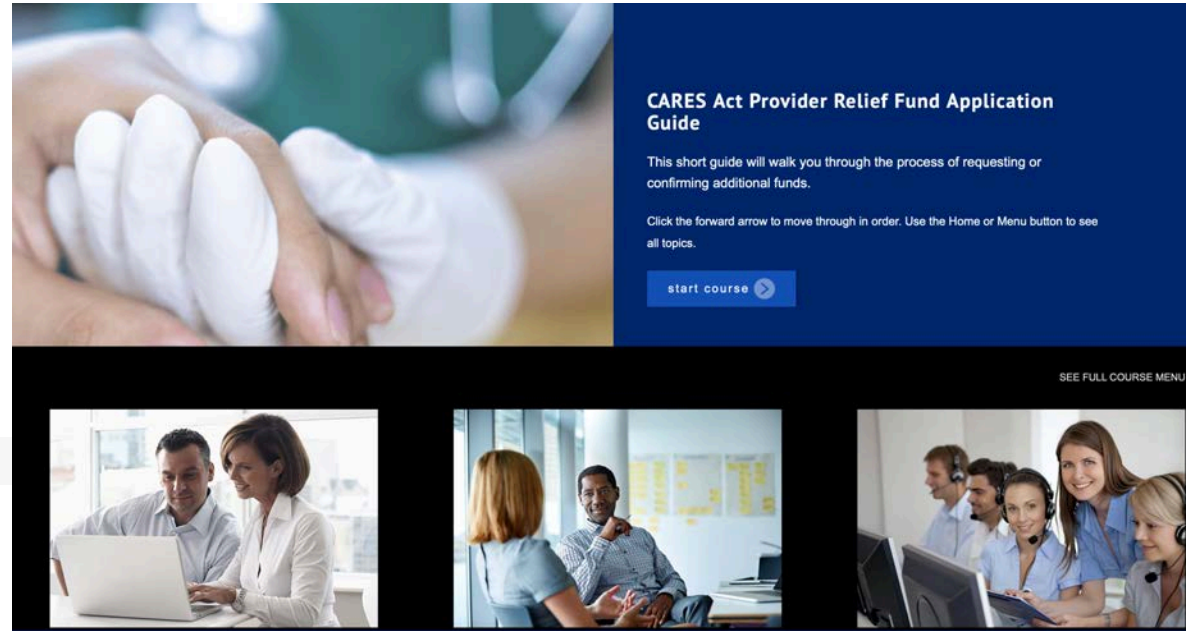
- Visit the <u>CARES Act Provider Relief Fund Application Guide</u> for instructions

- To apply, visit the <u>CARES Provider Relief Fund Payment Portal</u>.

- If you have questions, <u>visit the General Distribution Portal FAQs</u> or call the CARES Provider Relief line at 866-569-3522.

PPP and EIDL are closed
Now what?

The SBA announced on April 16 that they will no longer be accepting new applications for the [Paycheck Protection Program](#) and the [Economic Injury Disaster Loan](#). After two weeks of fulfilling requests from hundreds of thousands of business owners across the country, the relief funds have run dry. The PPP is expected to re-open at some point, and it's possible the EIDL may be replenished as well.

Details on loan forgiveness still need to be defined by the SBA for lenders

Round 2 is now underway

President Trump signed the bill Friday (4/24) that authorizes an additional $310 billion in funds for the PPP. That's on top of the $350 billion that was loaned out in the first round of the program in a mere two weeks.

The SBA believes it has improved on the application process from round one. . . *"The pacing mechanism prevents any one lender from submitting thousands of loans an hour into the ETran system," the SBA spokesperson said. "If a lender goes above the pacing limit they will get timed out."*

Will it really be any different this time around?

Experts are saying the rush to get funds will likely cause the second round of funding to go fast.

Bank of America CEO Brian Moynihan said on CBS' Face the Nation last night (4/26) that his bank had $50 billion in applications ready for the second round of PPP funds.

JPMorgan Chase, the nation's biggest bank, also said it has 150,000 applications ready to go, with thousands more in the works.

Wait a minute. . .

Did Shake Shack give back their $10 million yet?

You have to be quick!

This one was gone in a few hours!

The Save Small Business fund is a grant made available by the U.S. Chamber of Commerce and supporting partner companies. It provides $5,000 to small businesses with 3–20 employees.
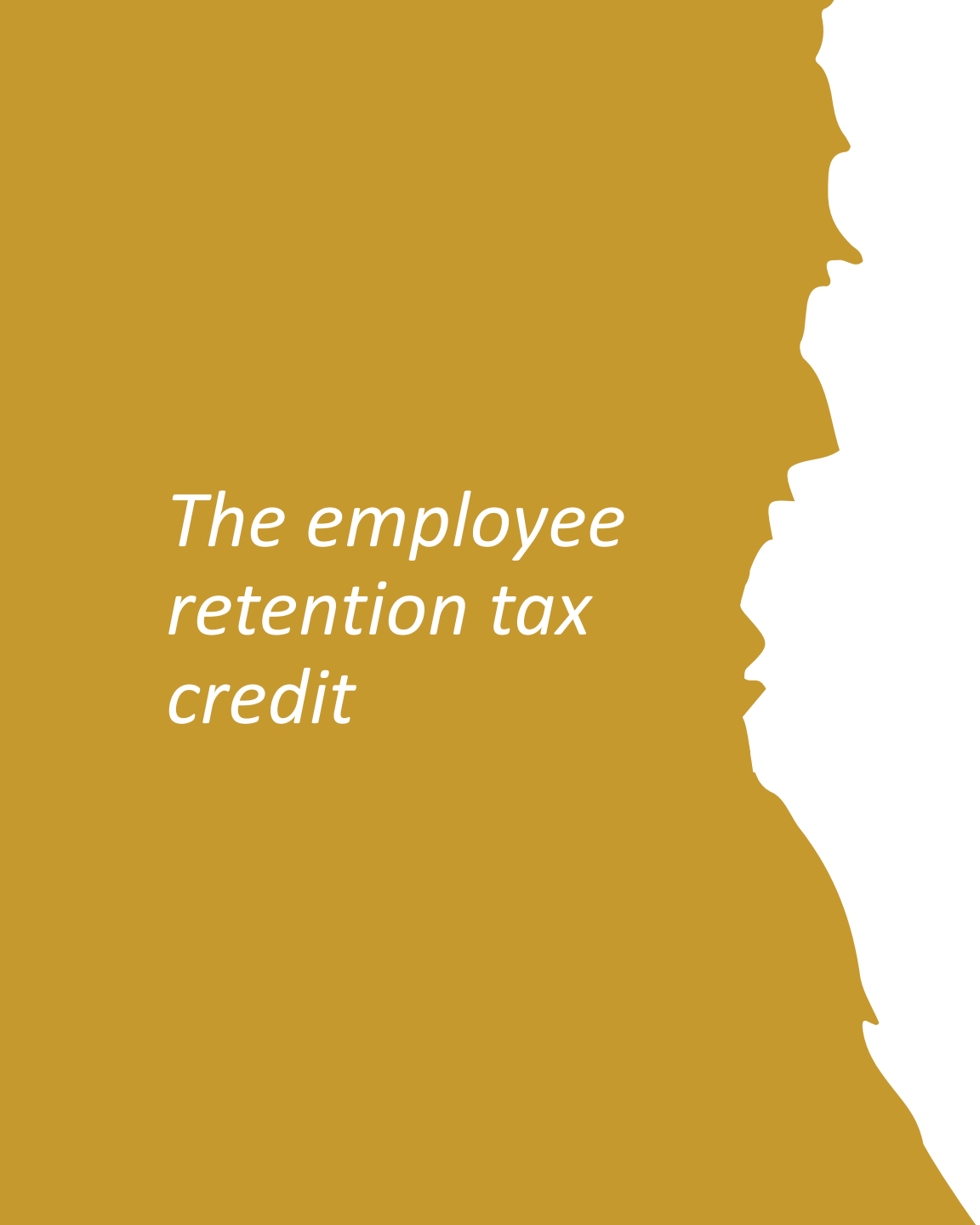
$5,000 grant

Applications opened today April 20, 2020 at 12PM PDT

Requires W-9 form

Your business must be located in an economically vulnerable community. *You can enter your business's zip code on the site to see if you qualify.   https://savesmallbusiness.com

The employee retention tax credit

You can be eligible for payroll tax credits if you keep your employees on payroll, if you paid COVID-19-related sick leave for employees, or if you had to suspend operations.

More information: Employee Retention Credits: A Simple Guide (COVID-19)

These tax credits can significantly lower your tax bill.

However, you cannot qualify for these tax credits if you're also applying for the Paycheck Protection Program.

Relief is available for qualified wages paid after March 12, 2020, and before January 1, 2021.

Other options:

The Express Bridge Loan

- You can borrow up to $25,000 for disaster-related purposes from a lender you have an existing banking relationship with. More information: The Express Bridge Loan Pilot Program (A Simple Guide)

Support from large businesses

- Many large companies have stepped up with resources and funding for small businesses affected by COVID-19.

Facebook is providing cash grants and ad credit to small businesses with 2–50 employees.

- Applications will be open to cities on a rolling basis. Visit the site to see if it's open for your city
- Must be a for-profit company that has been in business for over a year
- https://www.facebook.com/business/boost/grants

Open Discussion

Thank you for joining and keep watching for emails and posts.
If you have a colleague who needs support, please contact info@pinnaclepa.com so we can add them to the list.

"Extra Extras" will be sent as frequently as possible with helpful tips and information. These are also archived in the Extra Extra tab of www.pinnaclepa.com

Visit www.pinnaclepa.com for more information on how to become a PEP member and stay up to date on everything PODIATRY!

Stay tuned and stay safe☺

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