



**COPING WITH COVID-19: MAY 4<sup>TH</sup>,  
2020 WEBINAR**

**HOSTED BY CINDY PEZZA, PMAC  
PINNACLE PRACTICE ACHIEVEMENT  
[WWW.PINNACLEPA.COM](http://WWW.PINNACLEPA.COM)**





*Welcome to week 8 of our  
Coping with COVID-19  
Discussions*



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

You may have read an e-blast  
from me this morning:  
**“Happy Monday”**





# Good News!

On April 30<sup>th</sup> CMS Announced Pay Parity for Audio-Only Telephone Visits

CMS will boost the payment rate for telephone visits to match those for similar office and outpatient care, an increase that is retroactive to March 1. The rule change was part of a broad package of waivers and rules shifts that were brought forward Thursday by CMS to facilitate COVID-19 testing and expand access to telehealth.

The new rule increases payments for audio-only telephone consultations from \$14-\$41 to about \$46-\$110, CMS said in a media release.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

A	B	C	D	E
LIST OF MEDICARE TELEHEALTH SERVICES				
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
99441	Phone e/m phys/qhp 5-10 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99442	Phone e/m phys/qhp 11-20 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99443	Phone e/m phys/qhp 21-30 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	



# Initial Questions:

Q: How do codes 99441, 99442 and 99443 translate to E/Ms?

A: 99441 will be reimbursed the same as 99212

99442 same as 99213

99443 same as 99214

Q: Should we use the same POS and no modifier when billing 99441, 2, 3 since the change on 3/30?

A: YES

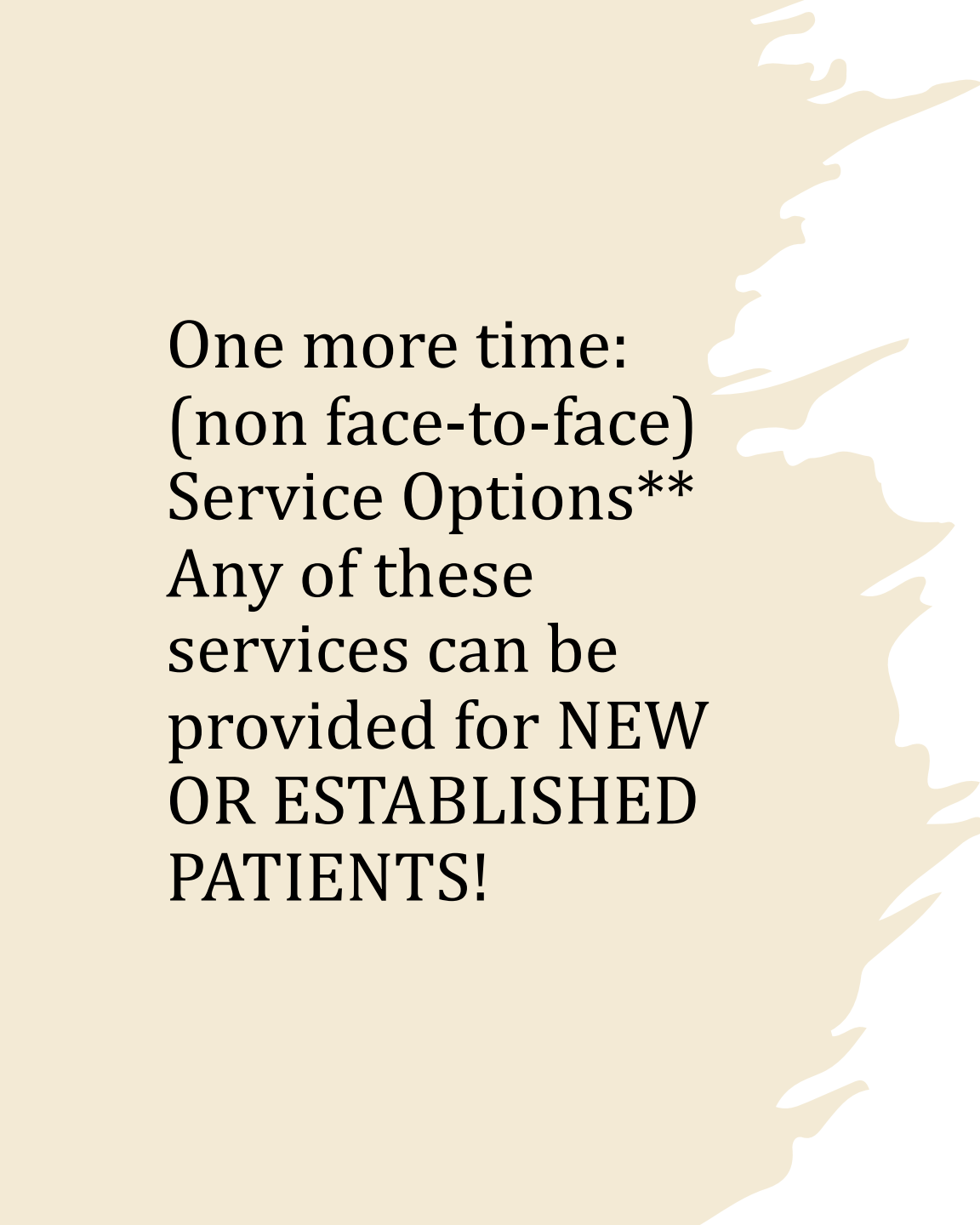


# UNKNOWN AT THIS POINT

Q: Does resubmission need to take place, or will CMS automatically pay the difference for claims billed with the 99441,99442,99443 since March 1st?

A: This has not been addressed yet and may be a Contractor (MAC) decision rather than a CMS decision and none of the MACs have addressed how they are going to handle it  
They were clear about making it retro to March 1, so it is fair to expect the MACs to make up the difference.. I think the options are either for them to just autopay the difference or have people resubmit.

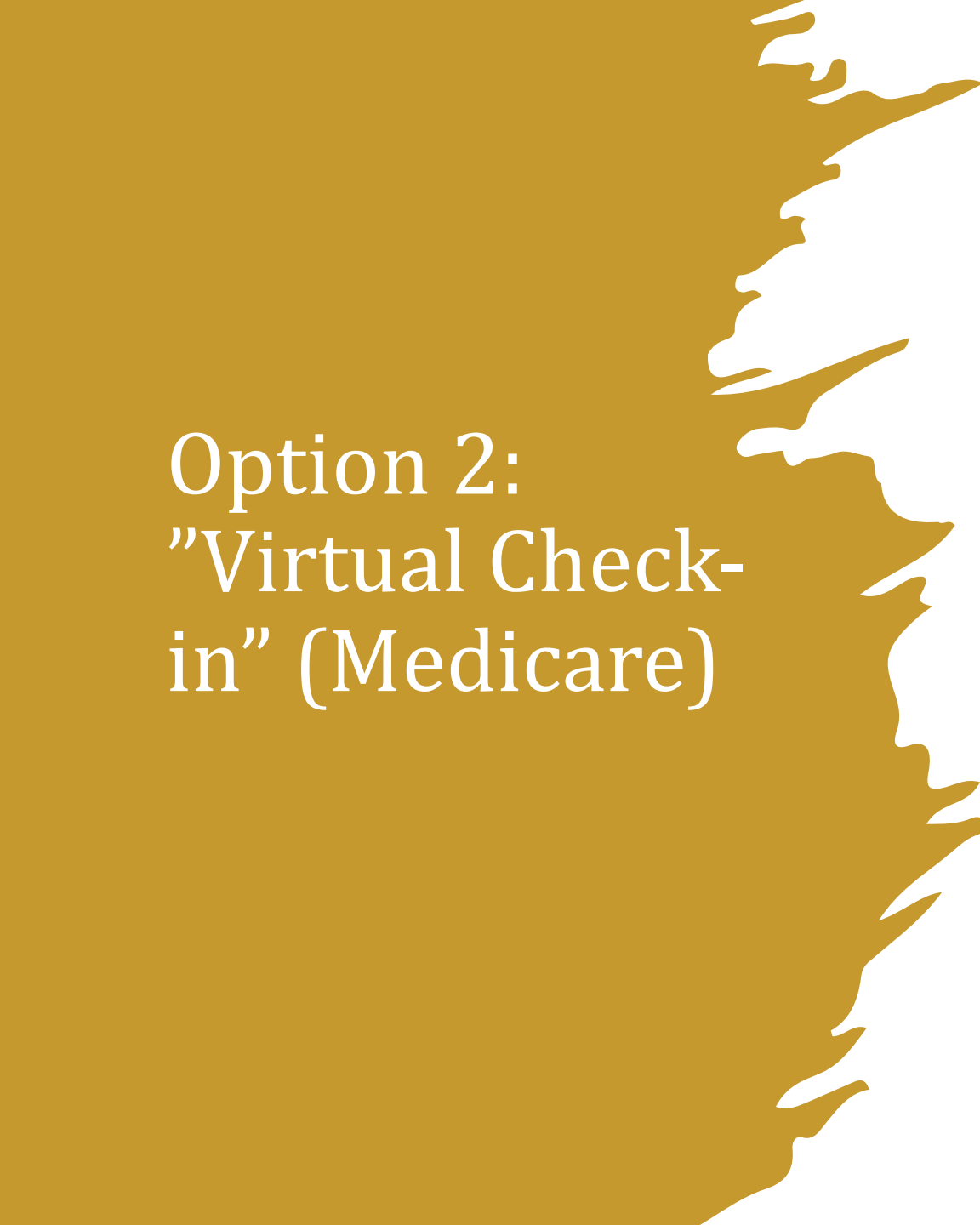
*I will keep you posted as I learn more or hear from docs who are receiving autopayments making up the difference or having to resubmit.*



One more time:  
(non face-to-face)  
Service Options\*\*  
Any of these  
services can be  
provided for 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.”



## 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

Reimbursement for this code is very low

# 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)**

- As of 4/30 these will now be paid at the E/M non-facility rates (same as option one)

# 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 about this option*

*Provider may educate patients*

- 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\*



# FAQ about Telehealth Visits

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.

## Concerned about CME shortages?

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:

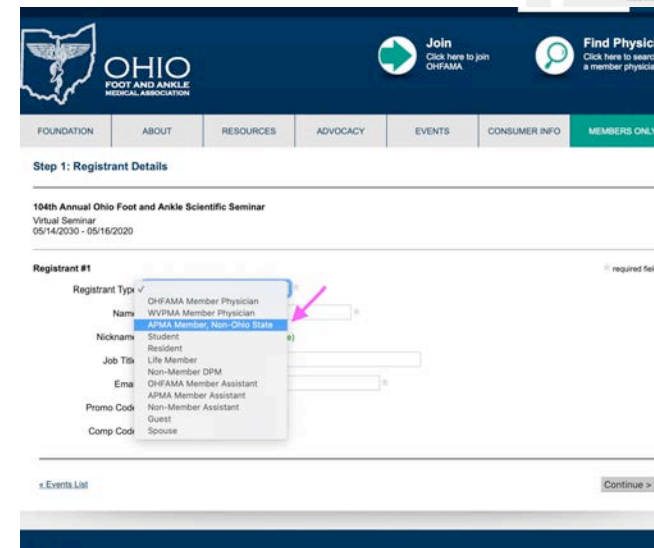
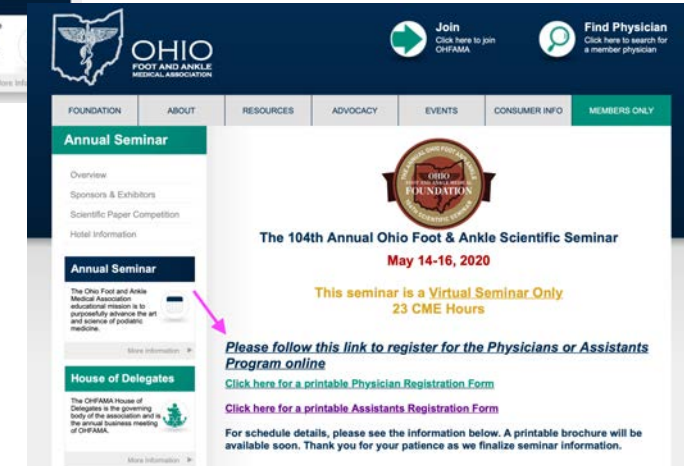
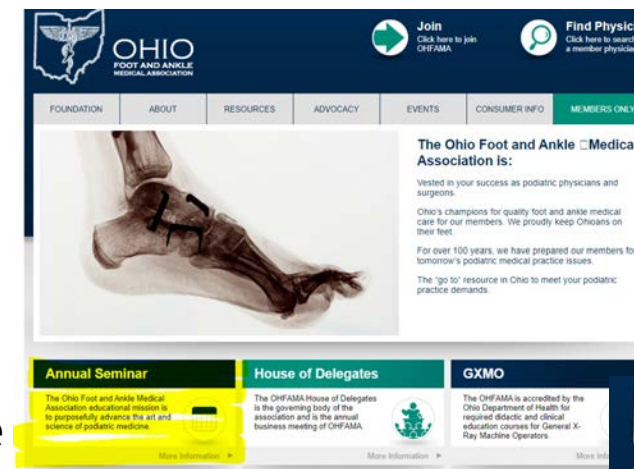
[http://www.ohfama.org/aws/OHFAMA/pt/sp/annual\\_seminar](http://www.ohfama.org/aws/OHFAMA/pt/sp/annual_seminar)

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

FOUNDATIONABOUTRESOURCESADVOCACYEVENTSCONSUMER INFOMEMBERS ONLY

Step 2: Registration Choices

104th Annual Ohio Foot and Ankle Scientific Seminar  
Virtual Seminar  
05/14/2030 - 05/16/2020

Registrant #1: Best Podiatrist    Type: APMA Member, Non-Ohio State

Early Bird rates will be applied at checkout

APMA Member Registration - Out of State  
APMA Member Registration (\$365.00)

This seminar is a Virtual Seminar Only  
Virtual Meeting Details Registrants will attend the seminar virtually, that will give the registrant the ability to watch the seminar from their home or office. Registrants will sign into the session that they prefer at the start time and complete an evaluation at the end. Each session will be streamed so physicians may earn up to 23 CECH for the seminar depending on what is attended. The seminar will not be recorded, and registrants will need to participate during the live presentations in order to receive continuing education credit. Complete virtual seminar details will be sent in early May with instructions on how to login, and other seminar information. There will be a virtual exhibit hall and those details will be sent to registrants the week of the seminar.  
☒ Check here to indicate you have read and agree to the terms outlined above.

SEMINAR REGISTRATION: PLEASE CHECK ALL THAT APPLY

May 14, 2020 - Thursday

☒ 7:30AM - 10:00AM - Opioid Prescribing, Pain management and Alternatives to Narcotics  
☒ 8:00AM - 9:30AM - Breakout Session: Improving Patient Care While Avoiding Physician Burnout; Necessary Changes to Succeed in Private Practice  
☒ 10:00AM - 11:30AM - Breakout Session - APMA Coding and Documentation  
☒ 10:30AM - 11:30AM - Wounds that Kill - APMA Regional Lecture Series  
☒ Thursday Lunch and Learn - 11:30AM - 1:00PM

Please select Thursday PM session 1:00 - 3:00PM

☐ 3:30PM - 5:30PM - PICA Risk Management Lecture

Take a picture of this slide for your reference!

OHIO  
FOOT AND ANKLE  
MEDICAL ASSOCIATION

Join  
Click here to join  
OHFAMA

Find Physician  
Click here to search for  
a member physician

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Step 1: Registrant Details

104th Annual Ohio Foot and Ankle Scientific Seminar  
Virtual Seminar  
05/14/2030 - 05/16/2020

Registrant #1

Registrant Type: APMA Member, Non-Ohio State

Name: Best Podiatrist

Nickname: Best

Job Title: PHYSICIAN/OWNER

Email: bestdoctorever@xyz.com

Promo Code: PPA2020

Comp Code:

Events List

Continue >

Step 3: Registration Summary

104th Annual Ohio Foot and Ankle Scientific Seminar  
Virtual Seminar  
05/14/2030 - 05/16/2020

Registration Summary

Be sure to review all information carefully. Click "Modify" if you need to make changes.

Best Podiatrist / PHYSICIAN/OWNER  
YOUR PRACTICE NAME HERE

APMA Member Registration  
7:30AM - 10:00AM - Opioid Prescribing, Pain management and Alternatives to Narcotics  
8:00AM - 9:30AM - Breakout Session: Improving Patient Care While Avoiding Physician Burnout; Necessary Changes to Succeed in Private Practice  
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10:30AM - 11:30AM - Wounds that Kill - APMA Regional Lecture Series  
Thursday Lunch and Learn - 11:30AM - 1:00PM  
- Email: bestdoctorever@xyz.com  
- Promo Code: PPA2020

\$365.00

Modify

Early-Bird Discount \$-50.00  
\$30 Discount Off Physician Registration \$-30.00  
APMA Member, Non-Ohio State Total \$285.00

TOTAL \$285.00

Date Received: 04/11/2020

Checkout >

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

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MEMBERS ONLY

Step 1: Registrant Details

104th Annual Ohio Foot and Ankle Scientific Seminar

Virtual Seminar

05/14/2020 - 05/16/2020

Registrant #1

The Registrant you are trying to access has been removed from this Registration.

To add a new Registrant, click the 'Register Another Person' button on the bottom of the next screen.

Registrant Type

APMA Member Assistant

Name

Katherin

Assistant

Nickname

Kathy

(for name badge)

Job Title

Podiatric Assistant

Email

ma@bestdoctorever.com

Promo Code


ASSISTANTS2020

What's This?

Comp Code

What's This?

Continue >



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Click here to join OHFAMA

Find Physician

Click here to search for a member physician

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Step 2: Registration Choices

104th Annual Ohio Foot and Ankle Scientific Seminar

Virtual Seminar

05/14/2020 - 05/16/2020

Registrant #1: Katherin Assistant    Type: APMA Member Assistant

This seminar is a Virtual Seminar Only

Virtual Meeting Details Registrants will attend the seminar virtually, that will give the registrant the ability to watch the seminar from their home or office. Registrants will sign into the session that they prefer at the start time and complete an evaluation at the end. Each session will be streamed so assistants may earn up to 14.5 CME Hours for the seminar depending on what is attended. The seminar will not be recorded, and registrants will need to participate during the live presentations in order to receive continuing education credit. Complete virtual seminar details will be sent in early May with instructions on how to login, and other seminar information. There will be a virtual exhibit hall and those details will be sent to registrants the week of the seminar.

☒ Check here to indicate you have read and agree to the terms outlined above.

Early Bird rates will be applied at checkout

☐ Thursday ONLY - Member Assistant Registration: May 14, 2020 (\$110.00) Details >

☐ Friday ONLY - Member Assistant Registration: May 15, 2020 (\$110.00) Details >

☒ Thursday and Friday - Member Assistant Registration - May 14 - 15, 2020 (\$185.00) Details >

Take a picture of this slide for your reference!

# Getting Back into the Swing of Things...



# Keeping Patients Informed and Entertained



**Avoid the ER!**

**We are open and can treat:**

- Infections
- Fractures
- Ingrown Nails
- Wounds
- Sprains
- Acute Leg/Ankle/Foot Pain

**Now offering Telehealth**



**ARONSON FOOTCARE IS OPEN TELEHEALTH REMAINS AVAILABLE AS WELL.** Call for an appointment. 781-344-1440.



It's so great to see the public using masks not only to protect themselves but also to protect others. The idea is to reduce the droplet transfer. It also helps keep you from touching your face.  
I've seen so many people wearing masks the wrong way or simply lifting it off their face to drink or eat 🤔 Just remove the mask to eat, and then put it back on safely. So here is my PSA for the day...  
Keep in mind that the front of the mask IS contaminated, and it should be remove... [See More](#)



**David Applegate is with Amanda Knowles at Texas Foot and Ankle Specialists.**  
Victory! 🏆

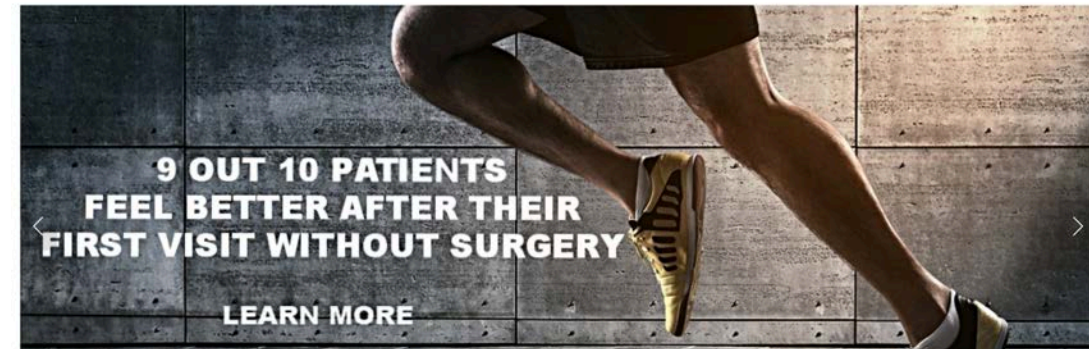


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**See Below for Important Scheduling Announcement and info on Telemedicine**



John M. White, DPM

(903) 792-2121

[Home](#) [Staff](#) [Office](#) [Services](#) [New Patients](#) [Contact Us](#) [Appointment Request](#) [Patient Education](#)

Treat Your Feet  
Ankle Care

TEAM White is following strict sanitation protocols and is ready to treat your foot and ankle problems. Give us a call. We are here to help 903-792-2121.  
[See more information here](#)

Close

Diabetic Care

Heel Pain

Hammertoes

Make An Appointment

As we begin 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  
than right

How can you increase efficiency while limiting contact for patients and staff?  
Maybe consider a version of this.

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)



"Mr. Green, we ask that you either complete and submit your intake paperwork ahead of time OR if you prefer, we can set up a pre-visit interview with our New Patient Coordinator. This allows us to keep wait times down and to limit contact with other patients and staff members.



If the patient chooses to complete paperwork on their own, an email is sent immediately following the call with portal log in instructions or a direct link to your website.



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

During the pre-visit 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 could also 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?



HHS Round 2  
began on  
4/24

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).

<https://covid19.linkhealth.com/docuSign/#/step/1>

More information is available at  
[hhs.gov/providerrelief](https://hhs.gov/providerrelief)

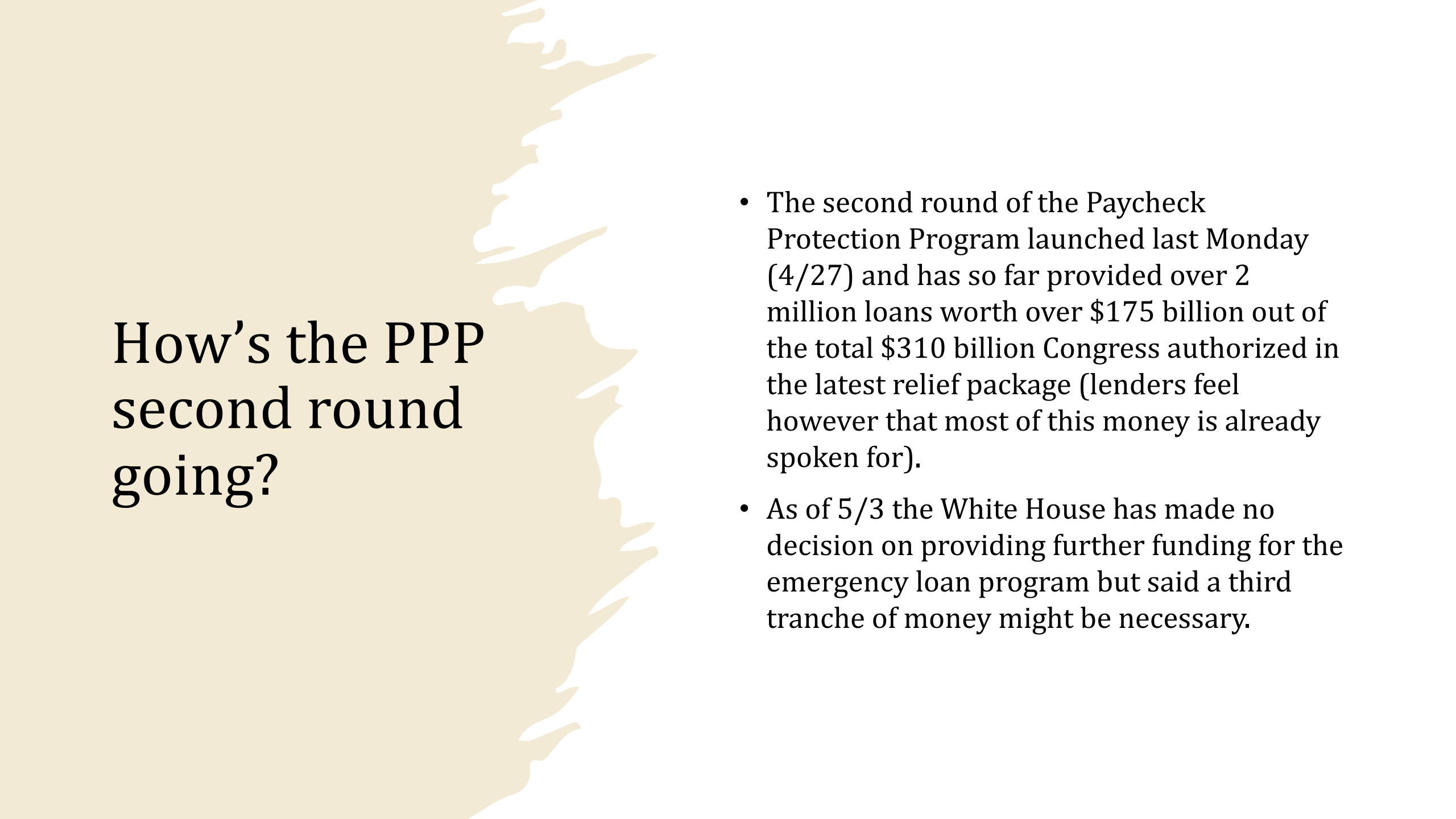
## Round 2 Formula Simplified

- For the Round 2 formula, HHS takes this revenue from your latest tax filing, divides by \$2.5 trillion, then multiplies by \$50 billion. **Put simply, this becomes 2% of the revenue reported on your latest tax filing or audited financials.**
- The resulting amount is your expected *combined* general distribution. Note the word *combined*: This means when the Round 2 amount is calculated, you must subtract the amount you received in Round 1. If the remaining balance is still positive, that amount will be due to you in Round 2. If the Round 2 calculated amount is less than what you received in Round 1, you would not be eligible for additional funds.



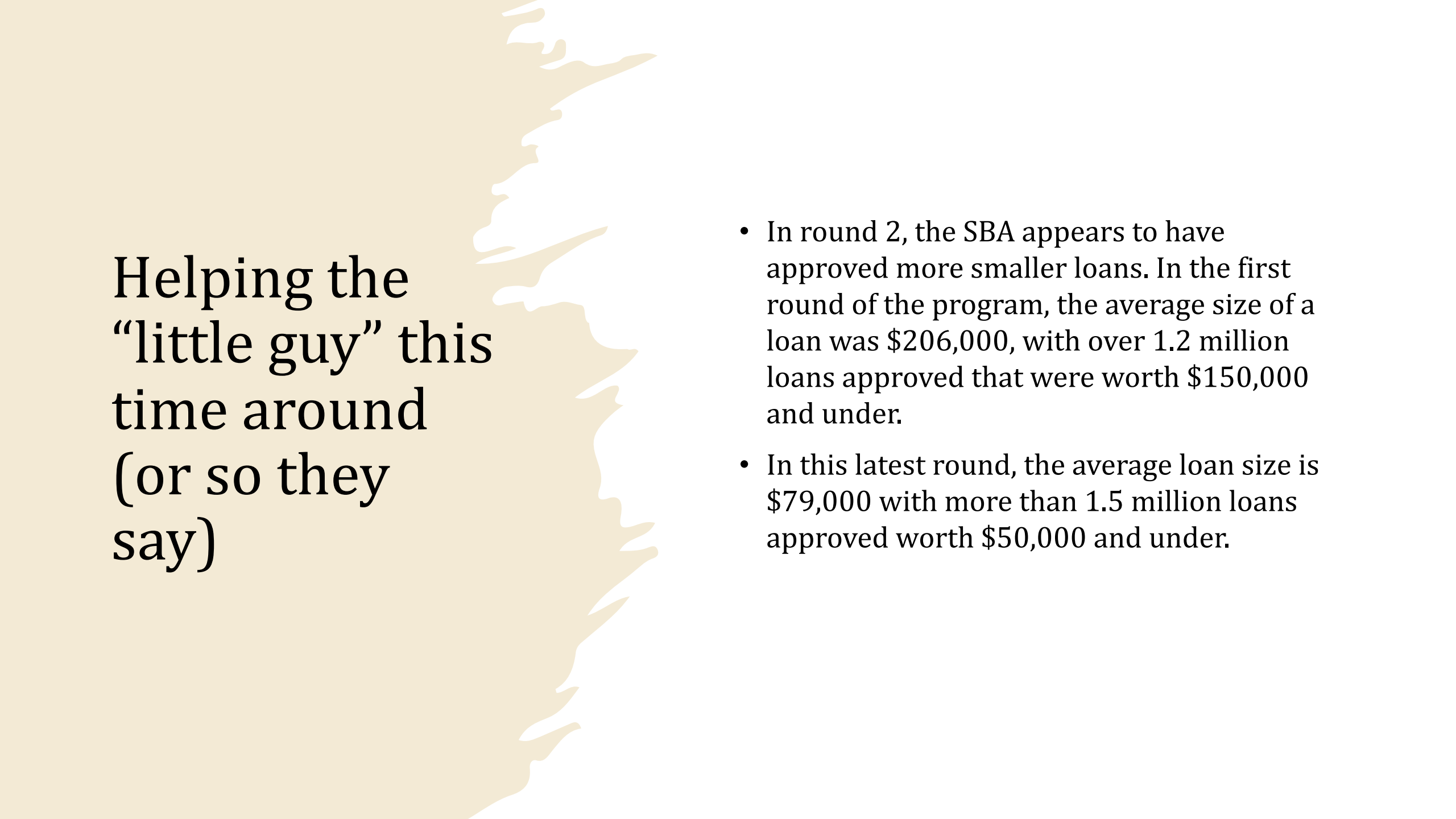
# Balancing of the scale

- Initial payments favored those who do mainly Medicare patient business and paid little to nothing to those who provide care primarily to Medicaid or commercially insured patients.
- Round 2 now allows for those providers with a higher payer mix of commercial insurance and Medicaid to get more.
- So, if you received more than you believe you should have in the first wave, then you most likely will not “be owed” any additional funding. Remember, these are grants.



# How's the PPP second round going?

- The second round of the Paycheck Protection Program launched last Monday (4/27) and has so far provided over 2 million loans worth over \$175 billion out of the total \$310 billion Congress authorized in the latest relief package (lenders feel however that most of this money is already spoken for).
- As of 5/3 the White House has made no decision on providing further funding for the emergency loan program but said a third tranche of money might be necessary.



Helping the  
“little guy” this  
time around  
(or so they  
say)

- In round 2, the SBA appears to have approved more smaller loans. In the first round of the program, the average size of a loan was \$206,000, with over 1.2 million loans approved that were worth \$150,000 and under.
- In this latest round, the average loan size is \$79,000 with more than 1.5 million loans approved worth \$50,000 and under.

PPP is causing  
complications  
but also  
showing true  
colors

Thank you, Dr. Lance Greiff for  
sending me this article

“Why You Should Return to Work  
Even If Unemployment Pays More”

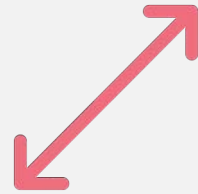
<https://www.fool.com/investing/2020/05/03/why-you-should-return-to-work-even-if-unemployment.aspx>

Here's the gist:

# They may regret staying home later



The \$600 unemployment supplement expires on July 31, 2020 which means that on August 1, benefits will return to the normal amount allowed by your state (somewhere in the range of 40% to 45% of previous working income).



If they choose to stay home until July, they won't be the only ones hitting the job market this summer. The Economic Policy Institute predicts a nationwide unemployment rate of 15.6% in July of this year. To put that in perspective, the highest unemployment rate experienced during the Great Recession was 10% in October 2009.

# Disqualification from unemployment (maybe)

- Normally, you are supposed to accept suitable job offers while you're receiving unemployment. You can't reasonably argue that an offer to resume a job you already had isn't suitable. But there's still a gray area. Under provisions in the CARES Act, you do qualify for unemployment if you turn down a job for a coronavirus-related reason. You might need to care for your children or a sick spouse at home, for example. In the absence of those reasons, it goes against the spirit of unemployment to decline a viable job offer.

# No time to waste

- By an employee declining an offer to return to work, employers are put in a difficult situation (in terms of PPP loan forgiveness). This may force employers hire new staff quickly (removing the option of those collecting unemployment to come back later).
- Decisions will need to be made quickly (there can be no “Let me talk to my husband and get back to you”).

Our guest speaker and President of  
***Advanced Capital Advisory Group:***  
Paul Wilson

Phone: 866-432-6229

Cell: 513-313-5297

[paul@advancedcapitaladvisory.com](mailto:paul@advancedcapitaladvisory.com)

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



# Talking Points (open discussion to follow)

- Status of the Market and the Economy - what to expect, and what adjustments should you make?
- Having a plan and sticking to it - recognize the value?
- CARES Act - what you should know...

**Paul's contact information:**

Phone: 866-432-6229

Cell: 513-313-5297

[paul@advancedcapitaladvisory.com](mailto:paul@advancedcapitaladvisory.com)

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

**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](mailto: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](http://www.pinnaclepa.com)

Visit [www.pinnaclepa.com](http://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😊

