

The Impact of COVID-19 on HBPC Practices, Providers, and Patients March 26, 2020

Question:

Has anyone looked at reconfiguring the provider team relationship to offer support for providers with less experience with "goals of care" methods and problem-solving? Care of complex patients is challenging even in ideal conditions, and making even more complex medical decisions, especially by telehealth, is creating an opportunity to reconfigure support from skilled providers in goal-based care.

Answer:

At HomeCare Physicians, which is part of Northwestern Medicine, we have not reconfigured our team to help with goals of care conversations. I think it's essential for each practice to help support those less experienced with these conversations and provide reference tools or guided discussion to help Provider overcome the anxiety or challenges related to this issue. Regardless of whether this is done face-to-face or via telehealth, it's important to develop and maintain a relationship with the patient and family (e.g., good eye contact, allow time for questions, reflections, and emotions for). It's important to have good eye contact with patients, even if conducting a video visit, so they have the reassurance that you are listening and paying attention to their concerns and addressing their needs.

At HCCI we believe that the interdisciplinary team is so important to care for these complex patients. Licensed Clinical Social Workers and RN's are used in many practices to help with outreach, patient and caregiver education, triage, starting goals of care conversations, etc. Below is a list of qualified healthcare professionals who can provide telehealth services for Medicare purposes, the scope of practice still applies if billing for services.

- Physicians
- Advanced Practice Providers
- Physician Assistants
- CRNAs
- Clinical Psychologists
- Clinical Social Workers
- Registered Dietitians and Nutrition Professionals

Question:

CMS has said it will not conduct audits for telehealth visits during this emergency. Does that mean that seeing new patients or patients without an established relationship is allowed, or is it subject to review when the emergency is over?

Answer:

Per the CMS fact sheet, a policy of enforcement discretion was implemented by HHS. Meaning they will not conduct audits for any telehealth services furnished during the Public Health Emergency period. Our interpretation of the policy indicates they will not retroactively audit for dates of services during the state of emergency. Please note that Virtual Check-ins and E-Visits can still only be used for established patients as these are not considered Medicare definition of telehealth rather Communication Technology-Based Services (CTBS).

Question:

Under 1135 Waiver, is there any restriction for the distant site for physicians, or does it still have to be an office?

Answer:

The AMA article published on 03/25/20 clarifies guidance from CMS that **Providers can provide telehealth services to patients from their homes** and are not subject to distant site requirements. In summary, Providers do not need to be in an office or healthcare facility to render and bill for telehealth services.

Question:

What POS should be used for the G2012 or G2010 codes?

Answer:

G2012 and G2010 are not considered telehealth by Medicare; therefore, you would report the place of service where you rendered services, which could be POS 11 for office or whichever POS you typically utilize for non-face-to-face services.

Question:

Should we be billing on Time with telehealth if we are not able to do a physical exam?

Answer:

You can only bill on Time If the visit was dominated by counseling and/or coordination of care. Documentation must include the following.

- Total Visit Time
- Greater than 50% of the visit was dominated by counseling and/or coordination of care
- Brief Description of how the Time was spent and the nature of the counseling or coordination efforts

Keep in mind that a problem-focused exam per the 95 guidelines only requires 1 body area or system. Constitutional exam system finding can be merely commenting on the patient's general appearance. However, during this pandemic, I think there will be many circumstances where it's appropriate, and you can support billing on time given that you will be counseling and providing patient education so if your documentation supports the requirements above, and you have a limited exam then yes I would bill the encounter based on Time.

Question:

Have copays been waived for the advance care planning?

Answer:

The government has not waived copays; however, under the 1135 waiver, HHS is providing authority for the practice to choose to waive copays and deductible for telehealth services during the Public Health Emergency Period.

Advance Care Planning is included on the approved list for telehealth services so you as the practice/provider can choose to waive copays for your patient, if you'd like, this is not a requirement. Below is from the CMS Fact Sheet.

"The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs."

Question:

What is the guideline for ordering Home Health services - thoughts?

Answer:

HCCI is not aware of any formal guidelines regarding ordering home health during COVID-19. In our experience, some patients have canceled ongoing home health due to concerns of exposure. Other patients rely on home health more so than ever to keep them at home and manage their needs, so they do not end up in the hospital, and if hospitalized, not being able to see their loved ones due to no visitor policy at some hospitals. Please be aware certain regions may have a shortage of home health and hospice organizations willing and/or who have availability to admit and care for patients during COVID-19.

Question:

I work for a VNA as well, these are mostly psych/med management pts, that being said: 1) most patients are unable to participate in telehealth, 2) we have very little to no PPE. Would you or would you not continue home visits, not knowing what you're walking in to?

Answer:

The decision to conduct a face-to-face visit will need to be assessed on a case by case basis. It's important to minimize contact with patients, and the use of telemedicine has been encouraged by many health systems. However, there are some patients with conditions (e.g., CHF/CHF exacerbation, wounds) that are hard to manage over the phone/video, therefore a F2F visit is needed to assess the needs and interventions best. These visits should be done with appropriate PPE per guidelines from CDC or your local institution. Home visits are unique, and Providers do not know what they will encounter, and even doing COVID-19 screening before a visit may not provide the needed info, for example, a phone screening for COVID-19 may be negative per a patient with dementia on the phone. Still, the Provider may walk into a home where the patient is coughing and not feeling well. It is essential to have the necessary PPE on hand for these unexpected situations. If PPE is not available, then utilize telemedicine as much as possible.

Question:

Telehealth must include video, correct?

Answer:

Correct, telehealth still requires interactive **audio and video** that permits real-time communication between the patient and Provider.

Question:

Can you list some medical supply companies that we can order the supplies from? We are a small house-call practice located in Chicago, and I keep calling the three suppliers that we normally order our supplies from. They are practically out of everything: masks, gloves, gowns, hand sanitizers, etc.

Answer:

A few local medical suppliers who service the Chicago area include Cardinal Health, McKesson Medical Supplies, and Hopkins Medical Supplies. You will have to contact them directly to confirm their availability to assist in your practice.

Question:

Is Alaska now included in this? RE: waived fees

Answer:

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. This would include Alaska; however, waived fees are subject to the practice's decision. See the earlier question on the authority to waive copays and deductibles.

Comment:

Also, for Chronic Care Management, there are new codes for 2020. G2058 is a 20-minute extension code that can be used twice. So, if 20 minutes it would be 99490. 40 minutes 99490 and G2058, 60 minutes the better option is 99490, G2058 x 2.

Response:

Correct, a member of HCCI's Practice Advisory Group pointed out a great point. Depending on how many minutes per month is spent communicating with the patient and/or caregiver (this includes phone calls), if the patient is enrolled in Chronic Care Management (CCM), utilize the codes that are most appropriate and capture your total Time. For example, if 60 minutes per calendar month is spent between clinical staff and providers you can bill 99490, G2058 (each additional 20 minutes, maximum of 2 units for 60 minutes total) would pay approximately \$118. If you spent under 30 minutes and it was all by the Provider (not clinical staff) you could bill CPT 99491 for approximately \$84.09. Or if you spent 40 minutes of clinical staff and provider time you would bill 99490 and G2058 (1 unit) for approximately \$80.11. HCCI discussed the requirements of CCM in detail during our previous HCCIIntelligence™ webinar "What You Should Know About 2020 Coding Changes".

Question:

Please share what you are using for washable/reusable barriers for bags and sitting.

Answer:

Here is the link for the reusable barrier through Hopkins Medical Supply:

<https://www.hopkinsmedicalproducts.com/medical-bag-tote-accessories/p/Reusable-Antimicrobial-Bag-Barrier/>

Question:

Are your practices connecting w/ homebound patients that are most vulnerable and their access to basic necessities - able to get meds, food, etc.?

Answer:

Yes, below is the standard screening and outreach UCSF is doing for their patients 65 and older.

COVID OUTREACH to Patients >65

We are calling all our patients over the age of 65 to provide some education about coronavirus and make sure our patients are safe.

We have some specific questions to make sure you are safe:

SAFETY:

- Do you have enough of your medications, e.g., do you anticipate refill needs in the next 2 weeks?
- Do you have all your medical supplies (incontinence supplies, oxygen, wound supplies)?
- If you have caregivers, are they still coming to see you, or are you worried about not having enough help?
- Do you have enough food and access to meals?
- Can I help you with anything else, or are there things we need to let your Provider know today?

Question:

Home visit codes are not included in this list for telehealth. Does this mean CMS will not cover these?

Answer:

Correct, unfortunately, home visit and domiciliary codes are not currently included on Medicare's list of telehealth services covered under the waiver. My recommendation is to contact your local Medicare Administrator Contractor (MAC). Ask for clarification on if a) reimburse the home visit E/M codes furnished via telehealth under the waiver due to the public health emergency or b) permit home-based medical providers utilizing the office visit code set for services furnished via telehealth during the state of emergency. Your local MAC as the authority to provide you specific and timely guidance until we get official clarification from CMS.

Question:

Are your practices connecting with homebound patients that are most vulnerable and their access to basic needs?

Answer:

At HomeCare Physicians, we're connecting with our patients regularly by phone and continuing our video visits as much as possible. These patients are vulnerable and have needs, and this time can be anxiety-provoking for many. We are trying to maintain calm and connection despite the chaos of current events and reassure the patients that we are here to help with their needs, from refills to medical questions or DME supplies or referral to senior services when needed.

Question:

Any guides/scripts you recommend? What is in the comfort pack? Any pushback on getting these from pharmacies?

Answer:

From Paul Chiang, MD – I'd recommend morphine or equivalent 5-10 mg Q1-2 hr prn, lorazepam 0.5 mg -1 mg every 2-4 hrs prn, haloperidol 2 mg every 4-6 hrs prn nausea/vomiting/agitation, hyoscyamine or equivalent 0.125-0.25 mg SL every 4 hrs prn secretions. So far, no push back from pharmacies in Chicago.

Disclaimer: HCCI is not a medical practice that provides medical guidelines. This communication is for educational and informational purposes only and should not be relied upon as medical advice.

Question:

We provide a home-based visit palliative care program as well as hospice care. We need to make home visits, but PPE is a major issue (lack of). Can we use cloth gowns Per patient visit and wash properly and reuse in low risk patients?

Answer:

It's best to follow CDC guidelines. HCCI is not aware of, nor do we condone this procedure.



HOME CENTERED CARE
INSTITUTE



Hotline

Call 630.283.9222 or
email Help@HCCInstitute.org
9:00 am–5:00 pm (CST)
Monday through Friday

HCCIIntelligence™ Resource Center

HCCI has developed a number of free resources to help home-based primary care (HBPC) providers and practice staff through our HCCIIntelligence™ Resource Center at <https://www.hccinstitute.org>.



Webinars

Every third Wednesday of the month, HCCI hosts a webinar on topics relevant to HBPC.



Virtual Office Hours

Immediately following the monthly webinar, HCCI hosts Virtual Office Hours where experts address questions on any HBPC topic.



Tools & Tip Sheets

Downloadable tools, tip sheets, sample forms and how-to guides on a variety of HBPC topics.



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