



CORONAVIRUS UPDATE

CDC

COVID-19 Update, 3/18

March 18, 2020 | [ARKMED.org/covid19](https://arkmed.org/covid19)

WE APOLOGIZE FOR THE CONFUSION– In the last COVID-19 UPDATE (3/17), we provided information sent to us by the Arkansas Department of Health that directed clinics to contact regional or local/county emergency response offices to request PPE. That information provided to AMS was incorrect. **We do not recommend calling these individuals. As soon as we have some clear, verifiable information on sources of PPE, we will push that out to you. Our apologies.**

Arkansas Medicaid Revises Telemedicine Rules

Be on the lookout for a communication from Medicaid. Here is what we understand:

- Effective date: Tomorrow March 18, 2020
- Any “real-time” technology including telephone will be covered.
- Use appropriate billing code (i.e. 99213) with the GT modifier and Place of Service (POS) “02”.
- Originating site can be the patient’s home.
- Addition of “virtual patient check-ins” – CPT code G2012 (\$13.33) This code can be used where an office visit code is not appropriate such as a telephone consult to determine if an office visit is necessary. Service must be provided by a clinician who can otherwise bill for services.
- While the memo may reference “primary care physicians”, our understanding is that the rules apply to any physician. This should be clarified in a subsequent Medicaid memo.
- Document appropriately and be sure the documentation justifies the level of visit or other service (i.e. medication management).

We are still working on getting other carriers to follow suit.

MEDICARE Telehealth Billing Expansion Update

Healthcare providers will be able to offer telehealth to **Medicare** beneficiaries in any healthcare facility including a physician’s office, hospital, nursing home, or rural health clinic, as well as from their homes. This allows the patient to visit with their doctor from their home to adhere to the CDC guidelines of social distancing.

Clinicians can bill immediately for dates of service starting March 6, 2020. Telehealth services are paid under the physician fee schedule at the same amount as an in-person services. **Medicare** coinsurance and deductible still apply for these services.

[Click here to read the Medicare FAQ's.](#)

HIPPA Regulations for Telehealth

On Tuesday (3/17), the HHS Office for Civil Rights announced that it would not impose penalties on physicians using telehealth in the event of noncompliance with the regulatory requirements under HIPPA.

Physicians may seek to communicate with patients and provide telehealth

services through remote communication technologies, even through any non-public facing service that is available. Physicians may also use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype to provide telehealth without risk that OCR might seek to impose a penalty for HIPPA noncompliance.

You should NOT use Facebook Live, Twitch, TikTok. It is suggested that you notify patients of the potential security risks of using these services and to seek additional privacy protections by entering in HIPPA business associate agreements.

[Additional information can be found at this notice from the Department of Health and Human Services.](#)

Clinical Guidance for Management of Patients with Confirmed COVID-19

From the Arkansas Department of Health (3/17), interim clinical guidance for the management of patients with confirmed COVID-19 (based on current information) is available at the CDC and WHO websites:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
- [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). We urge you to familiarize yourself with this information as you will likely care for a confirmed COVID-19 patient.

A few highlights are included below:

- Incubation Period of SARS-CoV-2: median range of 4 days (IQR of 2 to 7 days) with a maximum of 14 days.
- Most common symptoms at presentation: fever, cough, myalgia, fatigue, shortness of breath.
- Risk factors for severe illness include older patients (usually 65 or greater) and those with chronic
- Medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, hypertension, and malignancy.
- Illness can range from asymptomatic to mild URI symptoms to severe illness requiring mechanical ventilation, and sometimes death.
- Mild disease can sometimes be managed at home but this is at the discretion of the healthcare personnel evaluating patient.
 - Disease may worsen in the second week after infection.
 - Older patients and those with chronic medical conditions, as stated above, are at higher risk for progression of disease.
- **Corticosteroids should be avoided as they can prolong viral replication.**

Finally, we would also like to reiterate the importance of rapid implementation of your facility's infection control and prevention measures. Updates will be provided as more information and guidance becomes available.

Signage for Clinics

Download the public notice sign that we have developed for our member clinics. Post this sign at your clinic entrances or feel free to share on your websites.

- [COVID-19 Sign for Clinics PDF](#)
- [COVID-19 Sign for Clinics Word](#)

You can also find additional information for steps healthcare facilities can take to prepare for COVID-19 on the [CDC website](#).