Provider Relations Newsletter

March 18th, 2020

Kaiser Permanente Northwest Encourages Virtual Visits During COVID-19 Pandemic

The health and safety of our members, patients, employees, and communities remains our priority. As the COVID-19 situation rapidly advances, and with the possibility of increased pressures on supplies availability, as well as staffing due to nation wide closures, **Kaiser Permanente Northwest is taking proactive action** so we are ready in the event there is a potential increase in demand for care due to the virus.

UPDATES FOR OREGON AND SW WASHINGTON

Locally, we are actively working with partners at the Oregon Health Authority and Washington State Department of Health so we are following the latest guidance for testing, prevention, and care.

KPNW Encouraging Telehealth Options

To allow our members to access care from home if they want, and to increase the number of patients we can treat, Kaiser Permanente is offering more video and phone visits to increase member access to ambulatory care. Please see the information at the following links updated 3/17/2020.

https://www.modernhealthcare.com/medicare/cms-expands-medicare-telehealth-services-fight-covid-19

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

- Allowing people to stay home and still get great care will also help address the community spread of COVID-19 and ease the global shortage of personal protective equipment (PPE) — masks, gowns, and gloves.
- Our teams are in the process of proactively reaching out to members to make this option available to them for appointments currently scheduled.
- Our members continue to have a choice of phone, video, e-visits, or in-person visits and are encouraged to phone or email their doctor with any questions about their ongoing care needs.

- Telehealth services are a covered service for KPNW members if the following are true:
  - The service is otherwise covered under the EOC.
  - The service is determined by a Participating Provider to be Medically Necessary.
  - Provider determines the Service may be safely and effectively provided using telehealth, according to generally accepted health care practices, standards and recommendations in the links provided above.
  - Telehealth services are covered at no copay to the member, deductibles will still apply to those applicable members that are on deductible plans.
  - If the treating outside provider feels they can safely and effectively provide care using telehealth, and we have an active authorization on file for them to treat the patient, KPNW will cover it.
  - KP authorizations do not need to be amended to specifically state telehealth will be covered.
  - Please make sure to utilize accurate coding guidelines, specifically around Place of Service and the use of applicable telehealth modifiers.

American Hospital Association™
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Coronavirus Update

March 17, 2020

CMS Broadens Access to Telehealth during COVID-19 Public Health Emergency

The Centers for Medicare & Medicaid Services (CMS) today announced several waivers and policy changes to broaden access to telehealth services for Medicare beneficiaries during the COVID-19 public health emergency. CMS also released a Frequently Asked Questions document about the changes included in its announcement.

What You Can Do: Please share this advisory with your executive management team, emergency preparedness staff, billing department and clinical leadership team.

Although CMS provided a number of waivers, the agency did not provide licensure flexibility to allow clinicians to legally provide telehealth services in another state if they if they have an equivalent license in their home state. The AHA is continuing to stress the challenges caused by this limitation and urging the government to address it immediately.

Key Takeaways

Telehealth flexibilities include:

- Waivers of originating and geographic site restrictions on Medicare telehealth services, permitting the delivery of these services in all areas of the country and all locations, including patients' homes.
- The ability of providers to use expanded telehealth authority for new and established patients for diagnosis and treatment of COVID-19, as well as for conditions unrelated to the pandemic.
- Permission for providers to use everyday communications technologies, such as FaceTime or Skype, during the COVID-19 public health emergency, without running afoul of HIPAA penalties.

Highlights of the policy changes follow.

Payment for Medicare Telehealth Services. CMS granted an expanded Section 1135 waiver, under which Medicare will pay for office, hospital, and other visits furnished via telehealth across all areas of the country and in all settings, including in patients' homes, starting March 6, 2020 and for the duration of the COVID-19 public health emergency. **This operationalizes the waiver of the originating and geographic site restrictions on telehealth services that are codified in Section 1834(m) of the Social Security Act (the Act)**. Medicare considers these telehealth services the same as in-person visits and will pay for them at the same rate as regular, in-person visits.

Cost-sharing. Medicare coinsurance and deductible would generally still apply to the Section 1834(m) Medicare telehealth services, but the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) is providing flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs. More information is available in a policy statement and fact sheet from OIG.

Requirement for Established Patient Relationship. The COVID-19 spending package signed by President Trump last week included "qualified provider" language that limited the delivery of telehealth services to patients with an established relationship with a provider or a member of the provider's practice. **In this announcement, CMS confirms that HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.**

Virtual Check-ins. In the calendar year 2019 physician fee schedule final rule, CMS established payment for brief, communication technology-based "check-ins" between providers and established patients to determine whether an office visit is necessary. The originating and geographic site restrictions from Section 1834(m) of the Act do not apply to these check-ins and they therefore can be provided in all locations. **CMS reminds providers of the availability of these check-ins in this announcement and highlights that providers can use telephones, audio/video devices, secure text messaging, email or use of a patient portal for the purpose of these check-ins.** CMS also underscores that patients must agree to individual services but that providers may educate beneficiaries on the availability of the check-in service prior to patient agreement.

E-visits. CMS explains that in all locations and all areas of the country, established Medicare patients may have non-face-to-face patient-initiated communications with their doctors via online patient portals. For these e-visits, the patient must generate the initial inquiry and communications can occur over a 7-day period. Medicare Part B also pays for e-visits or patient-initiated online evaluation and management (E/M) conducted via a patient portal, both with providers who may independently bill Medicare for E/M visits and those who may not (such as physical therapists, occupational therapists, speech language pathologists, and clinical psychologists).

A summary of expanded telehealth authorities appears in the Appendix below.

HIPAA. Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. More information is available here.

Condition-agnostic Care. CMS clarifies that the expanded telehealth authority is *not* limited to patients with or suspected of having COVID-19. Providers may treat patients

through telehealth regardless of their diagnosis or symptoms, as long as services are reasonable and necessary.

Appendix
Summary of Medicare Telehealth Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.