COVID-19

Ambulatory Testing & Management Guidance

NC DHHS

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MARCH 24, 2020

Agenda

- Triage, Assessment, Testing Guidelines(Betsey)
- Rationale(Zack)
- Payer Alignment: Utilizing Virtual and Telehealth(Shannon)

- APPENDIX:
  - Provider Guidance
  - Triage Document
  - Virtual and Telehealth Provisions NC Medicaid

Biggest Change

- People with mild symptoms consistent with COVID-19 **do NOT need testing and should be instructed to stay at home to recover.**

- Mild symptoms defined as fever and cough without shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis

Updated CDC High-Risk Categories

- 65 year and older
- Chronic lung disease or moderate to severe asthma, heart disease
- Severe obesity BMI $\geq$ 40
- Other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised
- Pregnant women should be monitored closely as they are known to be at risk with severe viral illness
- While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.

Updated Triage, Assessment, Testing Guidance

- Patients who have fever, cough, respiratory illness should contact their providers
- Clinicians should use telehealth/televideo/telephone triage to assess clinical status of patients
- In general, patients who have mild symptoms consistent with COVID-19**, do not need testing for COVID-19** and should be instructed to stay and recover at home.
- This strategy is consistent with guidance from the Centers for Disease Control and Prevention.

Testing Guidance, continued

- Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Patients in high risk categories for clinical severity should have more frequent follow up to assess clinical status.
- Escalating medical care should occur if symptoms worsen.

Testing Guidance, continued

- Prioritize testing of patients
  - more severe respiratory symptoms
  - hospitalized
  - for whom clinical management would be different if they were infected with COVID-19
  - in high-risk settings (e.g., congregate care settings, long term care)
  - health care workers and first responders.

- Strongly encouraged to consider and test for other causes of respiratory illness, including infections such as influenza.

Control Measures

- Patients should self-isolate for
  - at least 7 days have passed *since symptoms first appeared*
  - **and** at least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications
  - **and** improvement in respiratory symptoms

- Patients with clinical COVID-19 infection do NOT need a negative COVID-19 test result to document recovery.

- Close contacts of a person should self-monitor their temperature and symptoms of COVID-19, limit outside interaction as much as possible for 14 days, and self-isolate if they develop symptoms.

Rationale for Updated Testing Guidance

- **Decrease spread in community and exposures in healthcare settings**
  - People who are infected may spread illness to others, including those at higher risk and health care workers
  - People who are not infected may be exposed when seeking testing, especially at health care sites
- **Preserve resources**
  - Personal Protective Equipment and supplies will be needed for outbreaks in high-risk settings (e.g. long-term care), to protect frontline workers (e.g. health care workers, first responders), and to care for people with more severe clinical symptoms.

Rationale for Updated Guidance, continued

- **No impact on management for most people**
  - For those with mild symptoms, treatment is supportive and focused on symptom management.
- **Alternative surveillance tools can be used to track the spread of COVID-19**
  - Tracking only lab-confirmed cases is not a reliable or accurate way to understand the pandemic.
  - We will use influenza surveillance tools, which are designed to track widespread respiratory illness.

NC Payers Aligning on Coverage

Virtual and Telehealth is broadly being covered across all payers in North Carolina including modalities such as:

Virtual: Telephonic Visits and E-Visits(portal)

Telehealth

Telehealth is broadly being covered with a range of flexibilities across all payers in North Carolina such as:

No Prior Authorization

No Originating and Distant Site Limitations

Paying Telehealth at Parity

Allowing FQHCs/Look-a-Like/RHCs to be Distant Sites

ICD-10-CM Codes, Interim Guidelines, Current in Effect

Pneumonia	J12.89 B97.29	Other viral pneumonia Other coronavirus as the cause of disease classified elsewhere
Acute Bronchitis	J20.8 B97.29 J40 B97.29	Acute bronchitis due to other specified organisms Other coronavirus as the cause of diseases classified elsewhere Bronchitis, not specified as acute or chronic Other coronavirus as the cause of diseases classified elsewhere
Lower Respiratory Infection	J22 B97.29 J98.8 B97.29	Unspecified acute lower respiratory infection Other coronavirus as the cause of disease classified elsewhere Other specified respiratory disorders Other coronavirus as the cause of diseases classified elsewhere
Acute Respiratory Distress Syndrome	J80 B97.29	Acute respiratory distress syndrome Other coronavirus as the cause of diseases classified elsewhere
Exposure to COVID-19	Z03.818 Z20.828	Encounter for observation for suspected exposure to other biological agents ruled out Contact with and (suspected) exposure to other viral communicable diseases.
Signs and Symptoms	R05 R06.2 R50.9	Cough Shortness of breath Fever, unspecified

CDC Interim Guidance: https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

Emergency ICD-10 Code	U07.1	2019-nCoV acute respiratory disease

Link: https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf

Current Procedural Terminology (CPT) Code, Currently in Effect

CPT Code	87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique.

Link: https://www.ama-assn.org/system/files/2020-03/cpt-assistant-guide-coronavirus.pdf

Healthcare Common Procedures Coding System (HCPCS), Currently in Effect

HCPCS	U0001 U0002	CDC testing laboratories for SARS-CoV-2/2019- nCoV Non-CDC laboratory tests for SARS-CoV-2/2019- nCoV

APPENDICES: Additional Information

Links to full guidance

COVID-19 Provider Guidance 032320 (updated from earlier version)

NC Interim Guidance for Outpatient Triage Assessment 032320 (updated from earlier version)

C19 Patient Guidance 032320 (What To Do If You Feel Sick)

Overview of Telehealth Coverage Changes

	Change
Originating Site	Allows telehealth to be provided in a patient home or non-traditional site of service(previously narrow)
Distant Site	Allows all enrolled medical providers to provide telehealth services(previously consultative)
Prior Authorization	Removes requirement for prior authorization to receive telehealth services
Eligible Providers	Wave 1: Expands to include primary care(all MD/PA/FNP/CNM) and behavioral health services(PsyD, LCSW, LPC, LCAS Wave 2: Expands to include dental, clinical pharmacists, specialized therapies, diabetic educators
Covered Services	Allows broad utilization including video cell technology Allows for parity payments
HIPAA Compliance	Allows temporary flexibilities on certified HIPAA compliant technology in emergency circumstances
FQHC/RHC	Allows FQHCs and RHCs to bill as distant sites(CMS does not allow this for Medicare and previously not covered)

TELEPHONIC CODES

Modifier CR

- **G0071 - RHCs and FQHCs; MD/FNP/PA/CNM**
- Communication Technology Based Services
- Established patients, routine follow up AND COVID symptoms

- **G2012** - Non-RHCs/FQHCs; **MD/FNP/PA/CNM**
- Brief Communication Technology Based
- Established patients, COVID Symptoms

- **99441, 99442, 99443** - Non-RHCs/FQHCs; **MD/FNP/PA/CNM**
- Telephonic evaluation and management service
- Established patients - Routine Follow Up

- **98966, 98967, 98968** – Licensed Non-Physician Behavioral Health Providers
- Telephonic assessment and management service
- Established patients – Routine Follow up

MD/PA/FNP/CNM to MD Consultation

Modifier CR

- 99446-99449 Interprofessional telephone/internet/EHR assessment and management(~$15-61)
  - Billing provider must document the verbal and written encounter in the Electronic Health Record
  - CR modifier to eliminate restrictions for 14 days pre- and post-
  - 99446 5-10
  - 99447 11-20
  - 99448 21-30
  - 99449

Patient Portal Communication

- 99421-99423 On-Line Digital E&M(~$11-35)
  - Established patients only
  - Up to 7 days(cluster correspondence based on cumulative time)
    - 99421 5-10 minutes
    - 99422 11-20 minutes
    - 99423 21+ minutes
  - Can occur in the same patient with multiple specialists

Modifier CR