

Patient and Internal Education

In an effort to provide the local community and the workers within [Practice] the most up-to-date and authoritative information regarding COVID-19, we have created the following information based on guidance from The Centers for Medicare and Medicaid Services.

Medicare covers “virtual check-ins” for patients to connect with their providers of medical services without having to go to the physical office. These services (virtual check-in services) are for patients with an **established relationship** with a physician or other qualified health care providers (i.e. Nurse Practitioner (NP) and/or Physician Assistant (PA)).

Virtual check-in services are a way for your medical provider to assess your symptoms and determine the best course of treatment. A visit to the office may not be necessary, or your provider can direct you to the most appropriate medical services in a way that is efficient and cost-effective.

It is critical that the patient verbally consent to using the virtual check-ins services and the practice must document the consent in the medical record prior to the patient using the service. The Medicare coinsurance and deductible would apply to these services. Physicians and other qualified health care providers may bill for these services furnished through several communication technology modalities, such as:

Medicare also pays for patients to communicate with their doctors without going to the provider’s office using online patient portals.

To schedule a virtual check-in with your [Practice] provider, contact _____.

For patients with advanced symptoms, [Practice], in an effort to expedite care for those patients, has established tents that will serve as an extension of our Emergency Department in the parking lot. Here you will be evaluated and tested without having to leave your vehicle. Our health care professionals will capture critical information regarding recent travels, potential exposures, current signs and symptoms, height and weight as well as temperature and obtaining of a swab. Your swab will be sent to a local laboratory certified to perform the COVID-19 screening and results will be conveyed as quickly as possible.

All patients will continue to have access to all appropriate treatment that is medically necessary, including office, urgent care and inpatient hospitalization services. This tent where initial assessments are made will be staffed by nurses and/or other qualified health care providers to minimize exposure to those patients not experiencing symptoms or signs of the COVID-19.

Additionally, [Practice] has created an additional testing site(s) on the premises outside of our Urgent Care Center located at _____, again this site(s) will be staffed with nurses and or other qualified health care providers. We encourage any and all patients who are symptomatic and/or believing they have been exposed to the virus to contact our Urgent Care Facility to schedule a “Virtual Provider Visit”. Beneficiaries can communicate with their doctors or certain other practitioners without necessarily going to the doctor’s office in person for a full visit.

For Internal Use By **[Practice]** Staff:

Telehealth and Other Communication-Based Technology Services

- Beneficiaries can communicate with their doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit.
- "Virtual check-ins" are for patients to connect with their providers of care without going to the physician office. Payment for these calls is based on a medical discussion of 5-10 minutes in length.
 - These are brief, virtual check-in services for patients with an established relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available).
 - The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the service. The Medicare coinsurance and deductible would apply to these services.
 - Bill for these virtual check-in services using communication technology modalities, such as:
 - Telephone (HCPCS code G2012) or
 - Captured video or image (HCPCS code G2010).
- Medicare pays for patients to communicate with providers of medical care without going to the physical office using online patient portals.
 - Individual communications including virtual check ins, *must be initiated by the patient*;
 - Practitioners should be effectively educating beneficiaries on the availability of these services prior to patient initiation.
 - The communications can occur over a 7-day period.
 - Services may be billed using CPT codes:
 - 99421(5-10 minutes);
 - 99422 (11-20 minutes);
 - 99423 (greater than 21 minutes; and
 - HCPCS codes:
 - G2061 (5-10 minutes);
 - G2062 (11-20 minutes); and
 - G2063 (greater than 21 minutes) as applicable.
 - The Medicare coinsurance and deductible would apply to these services

Lab testing

There are two new HCPCS codes for healthcare providers to test patients for Coronavirus.

- HCPCS code (U0001)
- HCPCS code (U0002)

These codes can be used by laboratories and healthcare facilities to bill Medicare as well as by other health insurers that choose to adopt this new code for such tests. HCPCS code (U0002) generally describes 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets).

The Medicare claims processing system will be able to accept these codes on April 1, 2020 for dates of service on or after February 4, 2020.