



Reviewing State / National Policy Changes Due to COVID-19

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Mississippi Division of Medicaid (DOM)

DOM's Emergency Telehealth Policy will allow additional use of telehealth services to combat the spread of Coronavirus Disease 2019 (COVID-19).

Details of enhanced services include the following:

- A beneficiary may access telehealth services from his or her home.
- A beneficiary may use his or her personal cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care with a qualified distant-site provider.
- The requirement for a telepresenter to be present with the beneficiary is waived when the beneficiary receives telehealth services in the home.
- Any limitation on the use of audio-only telephonic consultations is waived.

Any provider that is eligible to bill DOM for services is now allowed to serve as a distant site provider, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

These enhanced telehealth options will be available in fee-for-service Medicaid, Medicaid managed care, and the Children's Health Insurance Program.

Mississippi Division of Medicaid (DOM)

The Mississippi Division of Medicaid has added new procedure codes that can be used by providers and laboratories to bill for certain Coronavirus Disease 2019 (COVID-19) diagnostic to increase the testing and tracking of new cases.

The Healthcare Common Procedure Coding System (HCPCS) codes U0001 and U0002 were developed by the Centers for Medicare and Medicaid Services (CMS), and DOM is in the process of entering them into its claims processing system. They should be available for billing later this week, and they will apply to dates of service on or after Feb. 4, 2020. Providers will be notified once the codes are available in the system.

The HCPCS code U0001 is specifically used for CDC testing laboratories to test patients for SARS-CoV-2. HCPCS code U0002 allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). The published fees for the two codes will be:

U0001 = \$32.33

U0002 = \$46.20

Mississippi Division of Medicaid (DOM)

The agency also is seeking federal approval for an 1135 Medicaid waiver to give the program a wider range of flexibilities during the emergency. If approved, the 1135 waiver would give DOM the discretion, when necessary and proper, to:

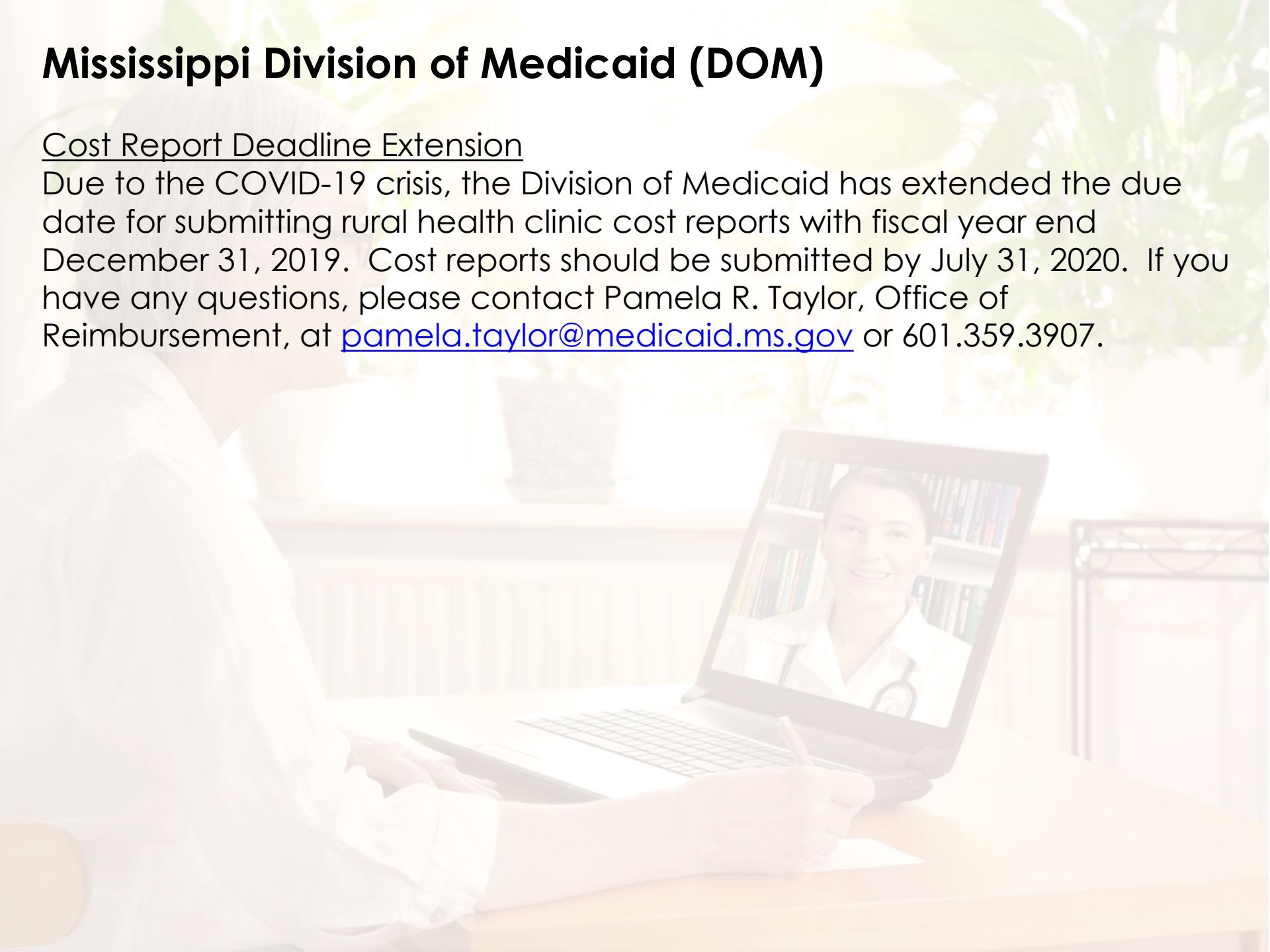
- Relax prior authorization requirements
- Eliminate Preadmission Screening and Annual Resident Review (PASRR) reviews at nursing homes
- Suspend revalidations for current providers
- Expedite new provider enrollment
- Allowing care to be provided in alternative settings
- Revising rules for critical access hospitals
- Relaxing telehealth security requirements so that providers can use readily available platforms like Facetime and Skype to facilitate telehealth visits with patients.

Additional information on policies, coding, and reimbursement related to the COVID-19 outbreak will continue to be added to a resource page on the agency's website at <https://medicaid.ms.gov/coronavirus-updates/>.

Mississippi Division of Medicaid (DOM)

Cost Report Deadline Extension

Due to the COVID-19 crisis, the Division of Medicaid has extended the due date for submitting rural health clinic cost reports with fiscal year end December 31, 2019. Cost reports should be submitted by July 31, 2020. If you have any questions, please contact Pamela R. Taylor, Office of Reimbursement, at pamela.taylor@medicaid.ms.gov or 601.359.3907.



Blue Cross and Blue Shield of Mississippi

The BCBSMS COVID-19 Pandemic Telemedicine Policy allows Healthcare Providers to provide medically necessary services that can be appropriately delivered via audio and/or visual consultation.

Specific guidelines are noted below:

- Telemedicine, in this Policy, is appropriate for visits for either low complexity, routine or ongoing evaluation and management for established patients, as well as addressing new and established patient needs related to COVID-19 symptoms.
- Member cost-sharing (co-pays, deductibles, etc) and benefit levels will apply according to the Blue Cross and Blue Shield Member's Health and Wellness Benefit Plan.
- BCBSMS will waive the co-pay for all Network Provider covered telemedicine visits for fully-insured Members.

Blue Cross and Blue Shield of Mississippi

Specific guidelines continued:

- For routine evaluation and management of established patients, Healthcare Providers (MDs, DOs and professional Allied Providers, such as Nurse Practitioners) may bill for established patient evaluation and management codes up to a Level 3 (CPT codes 99211, 99212 and 99213) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. *Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.*

To address new patient needs relative to COVID-19 symptoms, Healthcare Providers (MDs, DOs and professional Allied Providers, such as Nurse Practitioners) may bill for new patient evaluation and management codes up to a Level 2 (CPT codes 99201 and 99202) with a place of service 02 (Telehealth), regardless if provided telephonically or using visual equipment. *Please note, however, providers should only bill for telephonic visits when the provider speaks directly to the patient. Providers should not bill BCBSMS for services when only office staff and/or a nurse speaks with the patient, regardless if a provider was consulted.*

Blue Cross and Blue Shield of Mississippi

Behavioral Health Providers (Psychiatrists, Psychologists, Licensed Professional Counselors, and Licensed Certified Social Workers) may bill for established patient visits and evaluation and management codes as follows with a place of service 02 (Telehealth): -CPT codes 99211, 99212 and 99213 – CPT code 90832

All services must be medically necessary and documented as part of the Member's permanent health record, to include the amount of time spent with the patient.

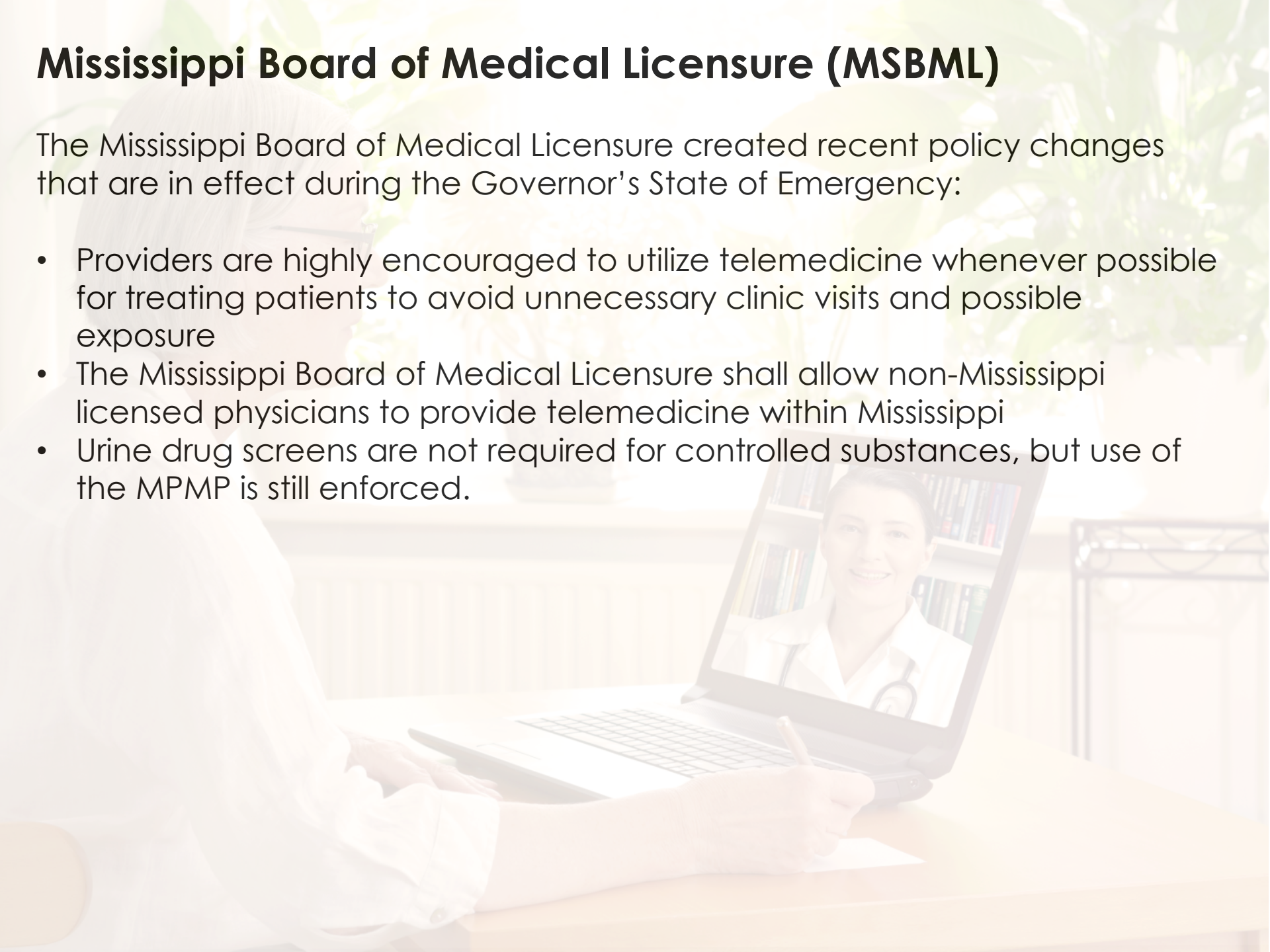
Patient must give consent to be treated virtually and/or telephonically and appropriately documented in the medical record prior to initiation of telemedicine.

This policy only applies to medically necessary visits that are patient-initiated or are replacing a previously scheduled visit.

Mississippi Board of Medical Licensure (MSBML)

The Mississippi Board of Medical Licensure created recent policy changes that are in effect during the Governor's State of Emergency:

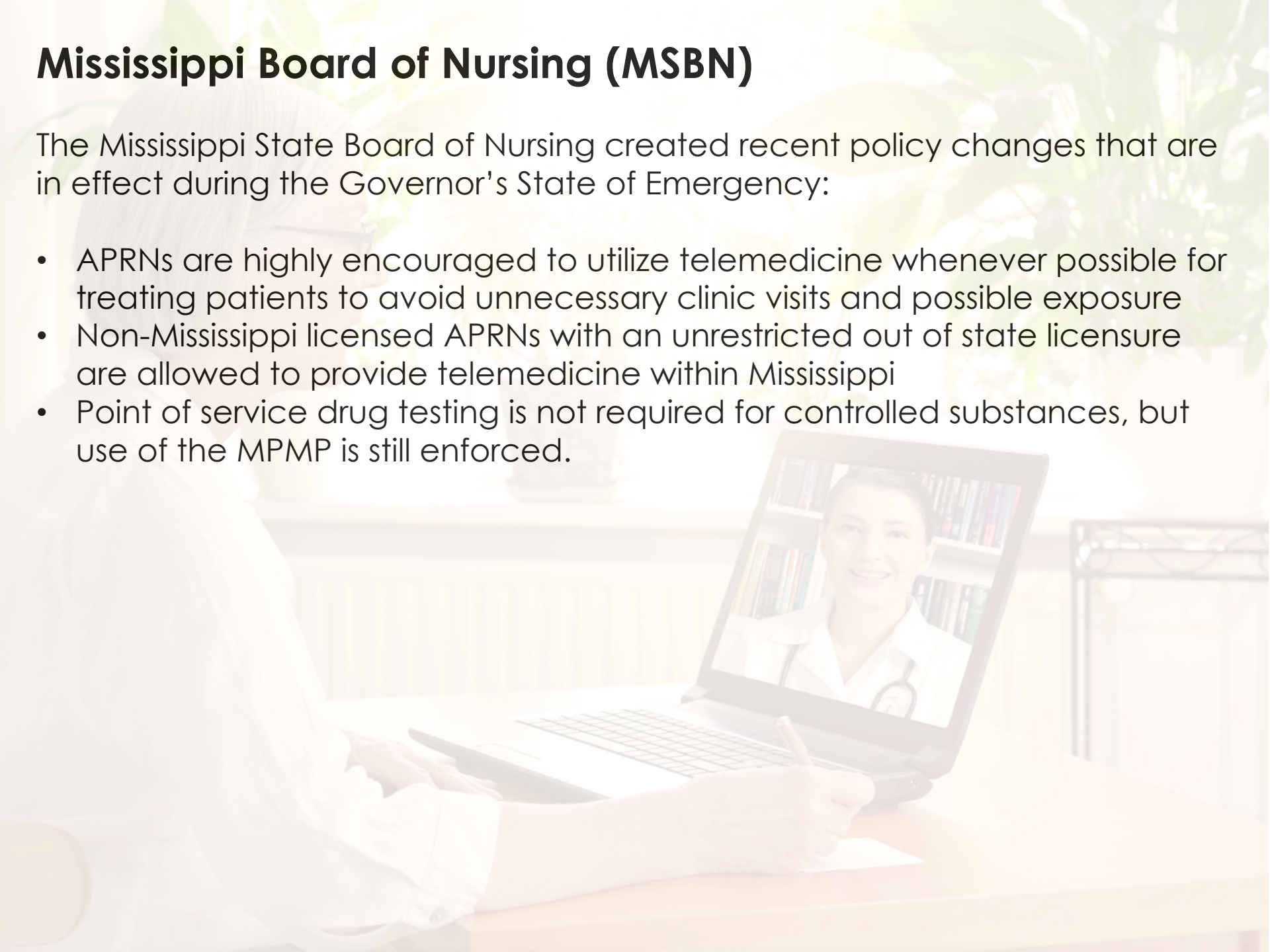
- Providers are highly encouraged to utilize telemedicine whenever possible for treating patients to avoid unnecessary clinic visits and possible exposure
- The Mississippi Board of Medical Licensure shall allow non-Mississippi licensed physicians to provide telemedicine within Mississippi
- Urine drug screens are not required for controlled substances, but use of the MPMP is still enforced.



Mississippi Board of Nursing (MSBN)

The Mississippi State Board of Nursing created recent policy changes that are in effect during the Governor's State of Emergency:

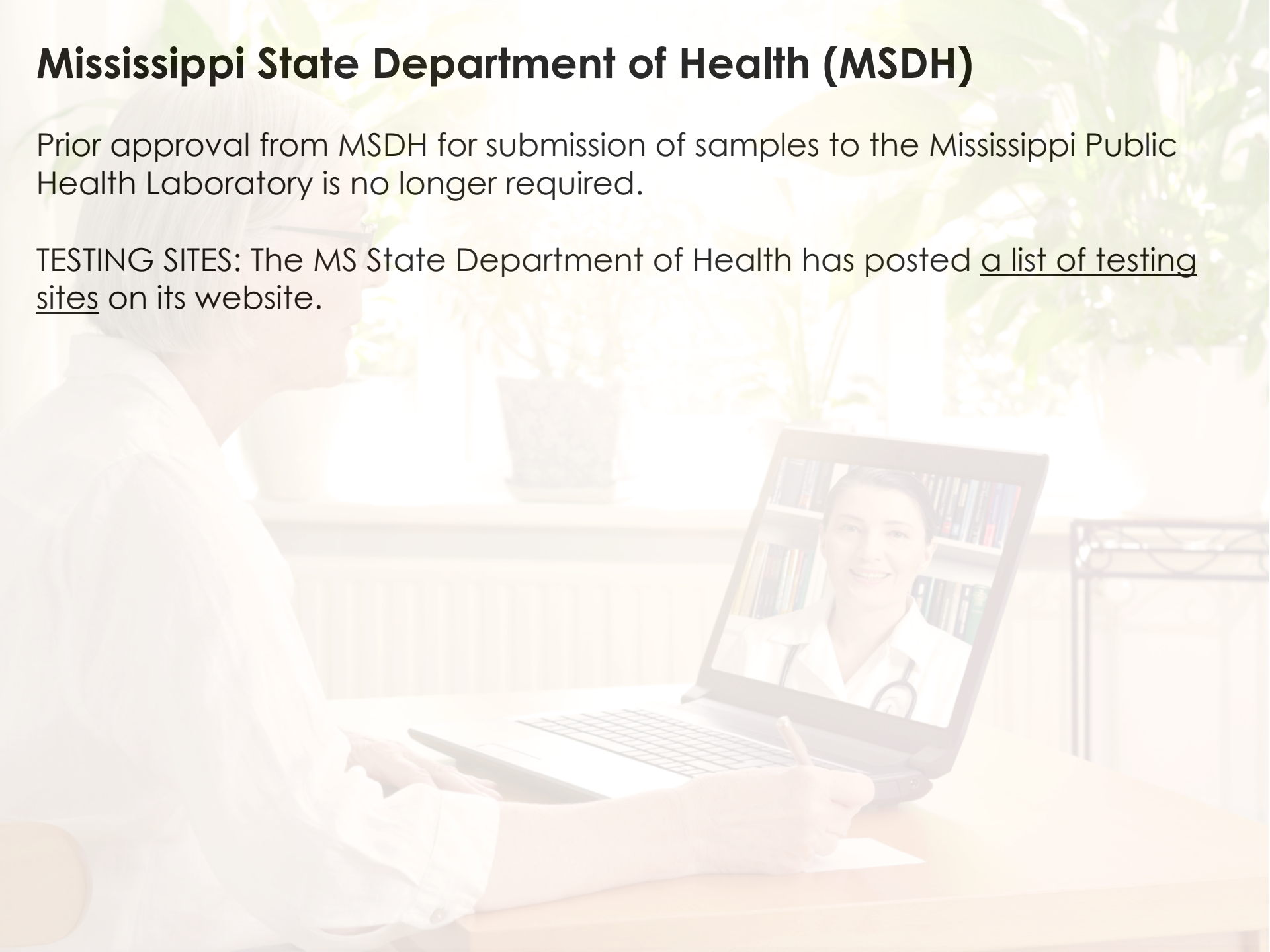
- APRNs are highly encouraged to utilize telemedicine whenever possible for treating patients to avoid unnecessary clinic visits and possible exposure
- Non-Mississippi licensed APRNs with an unrestricted out of state licensure are allowed to provide telemedicine within Mississippi
- Point of service drug testing is not required for controlled substances, but use of the MPMP is still enforced.



Mississippi State Department of Health (MSDH)

Prior approval from MSDH for submission of samples to the Mississippi Public Health Laboratory is no longer required.

TESTING SITES: The MS State Department of Health has posted [a list of testing sites](#) on its website.



Nationwide



Centers for Disease Control and Prevention (CDC)

CDC Infection Control Guidance: This updated guidance from the CDC provides updated PPE recommendations for the care of patients with known or suspected COVID-19.

- Facemasks are an acceptable alternative to N95 respirators when respirators are unavailable in healthcare settings.
- Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.
- When an adequate supply of respirators is available in a healthcare facility, facilities should return to use of respirators per their respiratory protection program.
- Continue to use eye protection, gown, and gloves.
- If there is a shortage of gowns, they should be prioritized for aerosol-generating procedures, high contact patient care activities, and activities where splashes and sprays may occur.
- Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures.

Centers for Medicare and Medicaid Services (CMS)

Medicare will pay doctors and hospitals for a broad range of telehealth services on a temporary basis, effective March 6. The program will pay for office and hospital telehealth visits and include a wide range of providers including nurse practitioners, clinical psychologists and social workers. Telehealth visits will be reimbursed for the same amount as in-person visits.

CAH Swingbed Flexibility

CMS issued a Section 1135 waiver to allow CAHs and rural (non-CAH) swing-bed hospitals to move patients from their acute care beds to swing beds for extended care services without a 72-hour prior hospitalization. This clarification will help utilization review processes in rural hospitals to better maximize use of patient care beds.

Elimination of Geographic Restrictions

Medicare began temporarily paying clinicians to furnish beneficiary telehealth services residing across the entire country. In addition, the beneficiary generally could not get telehealth services in their home

Centers for Medicare and Medicaid Services (CMS)

Services and Providers

Under this Section 1135 waiver expansion, a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer a specific set of telehealth services. The specific set of services beneficiaries can get include evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. Beneficiaries can get telehealth services in any health care facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes.

Diagnostic Billing Code Toolkit

CMS recently published a telehealth toolkit to assist providers in the new telehealth policies and diagnostic billing codes.

Co-Pay Requirements Waives

The Office of Inspector General stated that if a provider wishes to waive collection of the 20% coinsurance, they can and the OIG will not consider this a violation of the antikickback rules. This is voluntary.

To read the Fact Sheet on this announcement visit:

<https://www.cms.gov/newsroom/factsheets/>

CARES Act

As part of the CARES Act, Congress has authorized Rural Health Clinics to be the “distant site” for telehealth visits. Until now, RHCs could only be the originating site for these visits.

The CARES Act establishes a \$100 billion grant fund exclusively for health care providers who are enrolled in the Medicare and Medicaid program. The purpose of this fund is to provide grants to healthcare providers who have experienced a reduction in revenue due to the COVID19 pandemic. Clinics have been receiving these payments from HHS for several weeks. HHS just released a Guidelines and Conditions form.

The CARES Act creates the Paycheck Protection Loan Assistance program which expands and modifies an existing Small Business Administration (SBA) Loan program. What makes this “loan” program unique is that the government will be able to FORGIVE all or most of this loan if the business does not terminate employees during the pandemic. If the small business uses the loan to cover monthly expenses such as: payroll, continuation of health benefits for employees, rent, mortgage, utilities and interest on other loans you may have, then that portion of the loan will be forgiven.

Department of Health and Human Services (HHS)

During the COVID-19 national emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies.

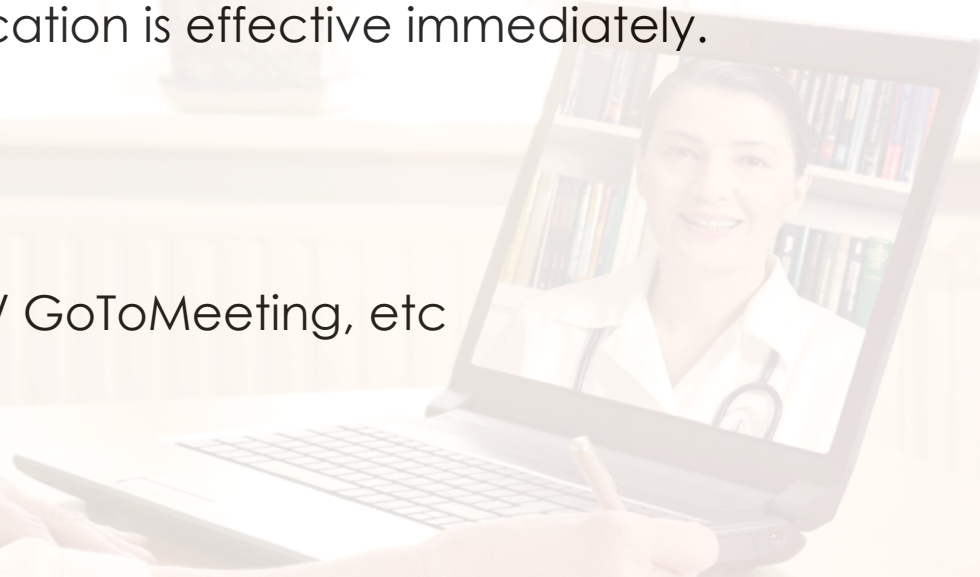
OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

This may include:

- Facetime
- Skype
- Unencrypted Zoom / GoToMeeting, etc

This should not include:

- Facebook live
- YouTube
- Other publically facing streaming services





COVID-19 Coronavirus

This page is dedicated to policy updates and resources related to the COVID-19 outbreak in Mississippi and the nation.

Resources

[COVID-19 Screening Tool](#)

[MRHA Industry Partner Directory](#) (vetted list of supporting organizations)

[View a map of COVID-19 cases in Mississippi](#)

[Telehealth Revenue Calculator](#) (tool provided by Azalea Health)

[COVID-19 and Telehealth Coding "Cheat Sheet"](#) (supplied by the AMA)

[ASHE-COVID19 Recovery Checklists](#)

[Guidelines and Conditions for HHS Healthcare Payments](#)

[PPP Forgiveness Application](#)

Policy Updates

[CDC Guidelines for Re-Opening America](#)

Contact

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