



# COVID-19 Daily Update

**Maryland Department of Health**  
**Maryland Primary Care Program**  
**Program Management Office**

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# Key Takeaways for MD Primary Care Practices

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- ❖ You are on the front line against COVID-19 in Maryland
- ❖ This epidemic most seriously affects the high-risk and elderly population, many of your patients
- ❖ You are uniquely positioned to identify this at-risk population, provide information to them, and serve their healthcare needs through telehealth and telemedicine
- ❖ No one can do this better than you!

# Agenda

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- ❖ Today's key updates
- ❖ Identifying and outreach to high-risk patients
- ❖ Clinical decision-making for testing candidates
- ❖ Testing site updates
- ❖ CDC guidelines for case management
- ❖ Telemedicine updates and billing codes
- ❖ General guidelines
- ❖ Resources
- ❖ Q/A

# Today's Key Updates

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- ❖ COVID-19 continues to spread in Maryland, mainly through community transmission
- ❖ As of early 3/18/20, 85 confirmed cases of COVID-19 infection had been identified in Maryland, a 47% increase over yesterday's identified caseload
- ❖ This increase in number of cases is due to expanding infection, as well as a growing number of viral tests implemented
- ❖ No case has been identified among people aged 0-18 years

# Identifying and Outreach to High-Risk Patients

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## Identify:

- ❖ Use data from CRISP and EMR to identify
- ❖ Use clinical intuition
- ❖ Use Pre-AH tool
  - Avoid unnecessary ED, Urgent Care and Hospital visits
    - ✓ Contagion
    - ✓ Overcrowding

## Outreach:

- ❖ Call chronically ill, frail, elderly, DM, COPD, ESRD, immunocompromised, etc.
- ❖ Care Team intervenes as appropriate

# Clinical Decision-Making for Testing

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## ❖ Algorithms

- Limit to those who currently need testing
- May assess and refer from home or office visits
- May change over time as supplies become more available – if office testing “Do I have the following?”
  - ✓ Personal Protective Equipment (PPE)
  - ✓ Test Kits

# CDC Guidelines for Evaluation

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- ❖ Clinicians should use their judgment and [CDC guidelines](#) to determine if a patient has signs and symptoms suggestive of COVID-19 infection and whether the patient should be tested.
- ❖ Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, underlying clinical condition, as well as the clinical course of illness.
- ❖ Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, difficulty breathing) and a few have had GI symptoms.

# Testing Sites and Labs

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- ❖ Hospital and other drive-thru locations rapidly being established
- ❖ Commercial labs test, but do not collect samples
  - LabCorp
  - Quest Diagnostics
  - Others to be determined
- ❖ State labs test - only by direction from local health departments



# Non-office-based Testing Sites

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- ❖ Requirements differ by site
- ❖ Requires provider order
- ❖ May require lab requisition for processing
- ❖ Scheduled appointments
- ❖ Central call centers
- ❖ Some coordination with local health departments for individuals who have no provider

# Clinical Response to Positive Test

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- ❖ Clinical judgment and underlying conditions
- ❖ Referral to Emergency Department - if needed
- ❖ Contact Local Health Department
- ❖ Home Care and Monitoring
  - Close telemedicine follow-up depending on underlying condition
  - Second week of illness typical worsening
  - Ability to do home monitoring factors in

# CDC Guidelines for Management

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- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

# Telemedicine and Home Treatment

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- ❖ Telemedicine and home treatment are highly recommended and strongly encouraged!
  - Resources are on the MDPCP website, including free versions
- ❖ CMMS has lifted the HIPAA and geographic restrictions on telemedicine
  - Practices are allowed to communicate with patients anywhere offsite on all health matters using all possible means including telephone, email, Facetime, Skype, etc.
  - 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 in-person services
  - Providers can reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs

# Telemed Coding and Billing Updates

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- ❖ Medicare beneficiaries are now able to receive services via telehealth including evaluation and management visits, mental health counseling and preventive health screening
- ❖ Types of virtual services:
  - Medicare Telehealth Visits
  - Virtual Check-Ins
  - E-Visits

# Telemed Coding and Billing Updates

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- ❖ Medicare Telehealth Visits – for new or established patients
  - 99201-99215 (office or other outpatient visits)
  - G0425-G0427 (telehealth consultations, ED or initial inpatient)
  - G0406-G0408 (follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)
  - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

# Telemed Coding and Billing Updates

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## ❖ Virtual check-ins

- HCPCS code G2012 – 5-10 minutes of medical discussion with an established patient
- HCPCS code G2010 – remote evaluation of recorded video and/or images submitted by an established patient

# Telemed Coding and Billing Updates

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- ❖ E-Visits = patient-provider communication through an online patient portal
  - Practitioners who independently bill Medicare for online digital evaluation and management of an established patient for up to 7 days may use these codes:
    - ✓ 99421 > 5-10 mins cumulative time over 7 days
    - ✓ 99422 > 11-20 mins cumulative time over 7 days
    - ✓ 99423 > 21 or more mins cumulative time over 7 days



# Telemed Coding and Billing Updates

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- Practitioners who may not independently bill Medicare for online digital evaluation and management of an established patient for up to 7 days may use these codes:
  - ✓ G2061 > 5-10 mins cumulative time over 7 days
  - ✓ G2062 > 11-20 mins cumulative time over 7 days
  - ✓ G2063 > 21 or more mins cumulative time over 7 days

# Communications

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- ❖ To all patients
  - Call ahead
- ❖ To Moderate and high-risk patients
  - Call ahead and maximize social distancing
- ❖ Templates and consistent messaging
  - State-provided
  - Independent

# Provider, Staff and Patient Safety

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- ❖ Preparing the office - call ahead
  - Designated room
  - Masks for patients with cough
  - Triage out of waiting areas
- ❖ Rooming the patient
  - Closed door, well-ventilated
  - Possible outdoor screening
  - Minimal contact
- ❖ Cleaning and hygiene – COVID-19 is viable on surfaces for up to 72 hours
- ❖ Remote care and monitoring preferred for high-risk patients as appropriate

## *General Guidelines* **Public Messaging**

# **Social Distancing at Home and in Public**

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- ❖ Keep at least 3 feet from others generally, 6 feet from people who are sick
- ❖ Avoid touching face and mouth
- ❖ Limit face-to-face contact
- ❖ If you have a family member who is sick, stay home as well if told to do so by public health official or healthcare provider (Voluntary Home Quarantine)

# Staying Current - Sources

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- ❖ [CDC](#)
- ❖ [MDH website](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters

Q&A

# Questions and Answers

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Please type into the Questions box on the right side of your screen.

# Resources and References

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- ❖ Maryland Department of Health Coronavirus Website (<https://phpa.health.maryland.gov/Pages/Novel-coronavirus.aspx>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)

# Resources for Specific Groups

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- ❖ Community- and Faith-Based Organizations  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups  
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)