

March 26, 2020

Dear PTPN Member:

These are difficult times for all of us as we try our best to deal with the effects of the Coronavirus outbreak, and doing our best is of course the best we can do. We need to keep our facilities, our staff, and ourselves safe to maintain a high level of support for your patients and your business. Here is some information which may be of assistance. **New information for the day is highlighted in bold with today's date.**

Since this memo is getting so full of information, we thought we'd list the contents on the first page to make it easier to find what you're looking for:

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HOME HEALTH

TELEHEALTH

Many of you have started doing telehealth visits. Some offices are doing phone visits, others are doing videoconferencing. PTPN will continue to reach out to our largest payers about their telehealth policies. We are inquiring if therapists do evaluations and treatment via telehealth which codes can they bill, what they will be paid, and is anything special in the way of documentation required? The rules, codes and pricing differ between payers and Medicare.

Medicare and Telehealth

Medicare will pay for therapists doing telehealth. Here are the highlights of the [Fact Sheet](#). For FAQs go to [Frequently Asked Questions](#). E-visits: In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these E-Visits, the patient must generate the initial inquiry and communications can occur over a 7-day period. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- o G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- o G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- o G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

To know what you will be reimbursed for these codes, contact your MAC: Noridian, First Coast, CCG Admin, National Government Services, Wisconsin Physician Services. It seems as though the payment for the highest code G2063, which is 21 or more minutes, is around \$35 and it can only be billed once per week. Besides billing for one call if you only do one call during the week, “cumulative time during the 7 days” mean that if you call the patient a few times during the week and the minutes add up to 21 or more, you can bill the G2063. If the therapist is doing this in the office, they bill place of service 11. If they are doing it at home, bill place of service 12 (remote). Documentation of the E-Visit should indicate it was patient initiated, you have patient permission (verbal or signed) and the advice given to the patient during the call. The therapy caps, copays and deductibles are still in place. **New for 3/26:** The CR modifier is the only modifier needed. The GP, 59 or KX modifiers are not necessary when billing G2061 - 63 codes.

HIPAA and Telehealth

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. For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

Further clarification is found on the website below. “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. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> OCR oversees HIPAA for all providers and payers, not just Medicare.

Telehealth and Other Payers

Please note that for payers besides Medicare, there are other relevant codes. In addition, there is still a national push for the CONNECT bill which is much better than this Medicare waiver. Go to <https://www.ptpn.com/political-action/?vvsrsrc=%2fCampaigns> to urge your representatives to support this bill!

The CPT 2020 manual lists the following “telehealth” codes. “Assessment and management services provided by a qualified nonphysician healthcare professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days, nor leading to an assessment and management service procedure within the next 24 hours or soonest available appointment; **Telephone: 98966 is 5-10 minutes, 98967 is 11-20 minutes, and 98968 is 21 or more minutes. Online Digital: 98970 5-10 minutes, 98971 11-20 minutes, 98972 21 or more minutes**”

Also note that there are other requirements for these codes, such as whether the originating site can be a private home or office, if services must be real-time or can be asynchronous etc., so if you are thinking of using that format you should look into it more thoroughly.

RESOURCES FOR YOU

Information from the Federal Government

- A. **Homeland Security says PT/OT/SP an essential service!** “If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule.” See page 5 of the pdf at this link. https://www.cisa.gov/sites/default/files/publications/CISA-Guidance-on-Essential-Critical-Infrastructure-Workers-1-20-508c.pdf?fbclid=IwAR1nrXpoPEIg40jdn4UH-k_TTeZK8-SAP4SyDtWc85xnicLOTjz1tN6O-4E
- B. Alpha Lillstrom Cheng, PTPN’s Washington consultant, has created a memo sent previously **summarizing the paid leave and tax provisions of the Families First Coronavirus Response Act** which was signed into law on 3/18. It puts in place temporary requirements for paid sick leave and expanded paid family leave for those directly impacted by COVID-19. Additionally, the law includes tax credits for employers so that they are able provide the required paid leave. If you did not receive the memo, email PTPN.
- C. **Link to IRS website with information for small and midsize employers** to begin taking advantage of two new refundable payroll tax credits, designed to immediately and fully reimburse them, dollar-for-dollar, for the cost of providing Coronavirus-related leave to their employees. <https://www.irs.gov/newsroom/treasury-irs-and-labor-announce-plan-to-implement-coronavirus-related-paid-leave-for-workers-and-tax-credits-for-small-and-midsize-businesses-to-swiftly-recover-the-cost-of-providing-coronavirus>

- D. **Telehealth and Medicare** – See links on page 1.
- E. **MIPS Deadline for 2019 data submission is extended** from March 31, 2020 to April 30, 2020. MIPS eligible clinicians who have not submitted any MIPS data by April 30, 2020 will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 MIPS payment year.
- F. **Centers for Disease Control and Prevention** is also keeping its website updated regularly with [news and information about COVID-19](#). Fact sheets from the CDC for posters and handouts in the clinic, are at <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
- G. **The CMS webpage** for all the Coronavirus information. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- H. **The OSHA webpage** on the Coronavirus, <https://www.osha.gov/SLTC/covid-19/> which includes their Guidance for Preparing the Workplace <https://www.osha.gov/Publications/OSHA3990.pdf>
- I. **Some of you have asked what you should do if a patient or staff member tests positive for the Coronavirus.** One thought is to check the CDC's guidance on this topic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> As this situation is fluid, there may or may not be any mandatory directives and they would be state or locality specific. Also, the willingness of your staff to work under those circumstances would play a big role in any decision-making process.
- J. **New for 3/26: Department of Labor press release/FAQ with guidance on the 3/18 Family's First law and obligations of employers.** <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>

Information from APTA/PPS

- A. Here is a great post from the **APTA** on all things Coronavirus and therapy practices. It covers what you should do to prevent transmission, **what to do if patients exhibit signs of illness.** http://www.apta.org/Blogs/PTTransforms/2020/3/10/CoronaBestPractices/?_zs=rDtfV1&_zl=RRRb6
- B. **APTA** links on providing telehealth services. **E-Visit FAQs** <http://www.apta.org/PTinMotion/News/2020/03/18/E-VisitFAQs/> <http://www.apta.org/PTinMotion/News/2020/03/17/CoronavirusUpdateMarch17/> and <http://www.apta.org/PTinMotion/News/2020/3/16/TelehealthCOVID19/>
- C. **PPS link to their Covid-19 Resource page** which has a wealth of information. <https://ppsapta.org/physical-therapy-covid-19.cfm#>

Information from Other Sources

- A. If you would like **more in-depth information on telehealth**, The [Center for Connected Health Policy](#) (CCHP), <https://www.cchpca.org/> which is a well-respected source, has developed a [fact sheet summarizing the developments](#) thus far as they relate to telehealth policy on the federal and state level. Check the date to ensure you have the latest version. They also have a "Billing for Telehealth Encounters: An Introductory Guide on Fee-for-Service" a 21-page document that outlines billing

procedures. https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf

- B. HPSO answers some of your questions about whether **your insurance covers COVID19 incidents** and telehealth. <http://www.hpsso.com/support/faq/Index>

Information for Your Business and Employees

- A. **Small Business Administration (SBA) website** for Coronavirus resources, including loan information <https://www.sba.gov/page/guidance-businesses-employers-plan-respond-coronavirus-disease-2019-covid-19>
- B. Alpha Lillstrom Cheng, PTPN's Washington consultant, has created a memo sent previously summarizing the **paid leave and tax provisions of the Families First Coronavirus Response Act** which was signed into law on 3/18. See Federal Government section above.

HOW PTPN MEMBERS ARE COPING

Here are concrete examples of what PTPN members around the country are doing within their practices to serve their patients safely and deal with staffing and other issues. Thank you to the PTPN members who shared their strategies!

Example of a Memo to Staff

This is a memo sent to staff in a CA practice. You would of course want to change the links for your state.

- We realize that your family and loved ones are a top priority at this time, therefore, we will not compel anyone to work during a situation that is uncomfortable or will endanger you and/or your family
- Our intention is to continue to serve patients who need physical therapy, as long as it is safe and we are allowed to do so. Part of our strategy for during this time is to more closely align staffing and patient needs. This will probably result in the reduction or elimination of your paid hours, as work and payment by insurance companies is reduced and the process slowed.
- We are assessing the use of Telehealth methods now that both Medicare and CA insurance companies are mandated to allow for it.
- We realize it is not going to be a perfect alignment.
- If any employees have the need or prefer to be at home instead of work at this time, please let us know so that we can accommodate staff and patients' needs.
- We realize that your decision may be partially based on financial considerations. We understand and are closely following state and federal policies, as they emerge:

To assist you during these unprecedented times, here are some resources to review and, as applicable utilize:

State Disability - Will likely cover about 2/3 of lost income if you contract COVID 19 or are caring for a family member with COVID 19. To help determine what that might mean to you and your family, here is a link to a Federal government - calculator: https://www.edd.ca.gov/Disability/Calculating_DI_Benefit_Payment_Amounts.htm

Federal government assistance- The federal government may be issuing \$1,000 checks to assist qualified employees around April 2nd. Many of our staff should qualify for this assistance. We will be alert to any announcements confirming this assistance and pass that information on to you. Please take the initiative to learn everything you can about this important possibility.

Unemployment insurance - We are still gathering information about how long the process will take to complete if you are eligible. This benefit is designed to partially offset lost wages if your hours (normal wages) are cut. Use this calculator to learn more - <https://www.edd.ca.gov/unemployment/UI-Calculator.htm>

I've been asked if our services are considered "essential services" here is a link to that answer but the quick answer is YES. See page 2 of this document https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

Once we determine both patient needs and appropriate staffing levels, we may need to temporarily reduce staff or staff hours. We will update you as soon as possible and keep you posted on any updates. Thank you for your patience and understanding with this imperfect process.

Example of a Memo to Patients and Steps the Practice is Taking

Your health is very important to us. Considering the recent events with COVID-19, we are continuing to do everything that we can to ensure for our team and patients that we have a safe and clean work environment. Please see below for some information to be followed at each location.

- Hand Sanitizer will be at the entrance of every location and we will ask that each patient/client or visitor immediately uses hand sanitizer upon entering the facility.
- When a new patient calls or patient/ client arrives, we will have a brief screening questionnaire that will include:
 - Do you have symptoms of respiratory infection such as cough, fever, shortness of breath or sore throat?
 - In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, someone under investigation for COVID-19 or are ill with respiratory illness?
 - Have you traveled internationally in the last 14 days to countries with sustained community transmission of COVID-19?
 - We have ordered infrared non touch thermometers and once these are in ,every person entering the facilities will be scanned.
 - **Any person answering yes to any of the above question or having a temperature of 100.4 or above will not be allowed to stay in our facility as a patient or guest. If a person has a temperature above 100.4 they will not be allowed to return to the clinic until their temperature has returned to normal for more than 24 hours without the use of fever reducing medication.**
- Our team is taking an overabundance of precautions in continued and increased disinfecting to ensure that our facilities are clean and safe. Following proper hygiene and cleaning for handwashing, equipment, facilities, etc. Is being performed as always by our team and we encourage everyone to go to the CDC website for further information at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Patient no show/cancellation fees are suspended until further notice.
- Our therapists and trainers will alter treatment/training protocols to keep patients and clients at a safe distance from others.

- The Moreau Team as always treats each patient and client with respect and dignity and to take further precaution we will take the approach that we all may be carriers and ensure that everything is cleaned and disinfected between each use. This is always our policy and we will be more stringent from here on in this regard.
- We ask that patients/clients not bring other non-patients or clients (family members, friends, children) into the facilities so we can avoid having people that are not in our facilities for therapy or exercise. This includes our waiting areas.
- Treatment areas and waiting room furniture will be re-arranged to ensure everyone is 6-8 ft apart
- Childcare in our fitness facilities is currently suspended until further notice.
- Group fitness classes are suspended until further notice.
- No children under the age of 12 will be allowed into our facilities unless they are a patient.
- In addition to our regular daily cleaning and disinfecting of equipment between each use, everything in the clinics and facilities will be consistently undergoing more stringent cleaning and disinfecting processes.
- We will implement telehealth options for our patients/ clients that prefer to remain at home.
- We are telling our sick staff members to stay home and any staff members who are ill will be sent home.

Thank you all and let's work together to ensure that we maintain safe and clean environments so we can continue to provide great care to our patients and service for our clients.

Some General Info

Here are some items different practices are doing not mentioned elsewhere.

- 1) Using a line of credit if necessary.
- 2) Applying for an SBA loan.
- 3) Spreading out patient appointments by changing hours/days and clinic set up.
- 4) Prop door open, remove waiting room chairs, stagger arrival times.
- 5) Using the thermometer that doesn't need to touch patients.
- 6) When patients call to cancel, or need information about whether they should come in, a PT will call them back or talk to them right away.
- 7) Seeing cardiac, pulmonary, and other compromised patients one-on-one with therapist in the clinic with no staff or other patients around (i.e. special hours).
- 8) Sprayed the clinic with Victory Electrostatic spray sanitizer which is more effective coverage.
- 9) Furloughed the entire aide staff. If needed they will be called back via a seniority basis (our aides are generally all college-aged pre-healthcare profession, all part-timers).
- 10) PTA staff will not be scheduled patients in an assistant role. Rather they will assume the aide duties at a reduced hourly rate while keeping them employed.
- 11) Suspended our aquatic program following a pointed recommendation from the County Public Health Dept. The staff therapist serving the aquatic program transitioned to dryland care.
- 12) A couple members of our reception staff came to that position having been aides first. They will provide coverage along with the PTA for aide duties.
- 13) Compressed the schedules of the clinic to assure the scheduled staff were reasonably productive.
- 14) We have signed up for Doxy Me for tele-health services, the front office will tracking those patients who chose not to attend and would like to have a remote communication.

There is no current directive that you should cease treating patients in your clinic.

Some people have asked about a statement they can give patients and community members about why they are staying open. Besides all the information provided here, this is a good summary from PPS: https://ppsapta.org/sl_files/BFC419ED-9B9A-A69F-DDCCAA8F5688CF5C.pdf You can and should of course put this in your own words.

Americans are being asked to stay home, but not to avoid needed medical treatment. The decision to continue to treat patients should be made on a case-by-case basis. The underlying premise is to “do no harm.” You and the patient must determine if the risk of providing care outweighs the risks of not providing care at this time. Michael Weinper, PT, DPT, MPH, PTPN President, points out that it's clear from Homeland Security (see above) and other sources that medically indicated physical therapy is an essential services. Essential services should stay available, such as therapy clinics. It is up to patients, with the guidance of their physical therapist, to decide if a therapy visit is "non-essential." If the patient (and their therapist) deems the visit essential he/she is exercising the prerogative to receive the health care they need. Currently, government officials trust the skill and expertise of PTs to make the right call, The *President's Corona Virus Guideline for America* state: “If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.”

Furloughing Employees

Some members have asked us if there is an official notice you need to give employees when they are being furloughed. A furlough being a temporary elimination or reduction of hours. To the best of our knowledge, there is not. However, you do need to put something in writing, a letter and/or email, to the employee. Here are some items you probably want to include:

- 1) The specifics of the employee's particular situation. For example, no work or reduced work hours because of their position and/or reduced patient volume, the office is closing temporarily, they do not want to come into work, etc.
- 2) The specifics of their reduced schedule. For example, fewer hours only as needed, fewer hours on a specific schedule, no hours.
- 3) Give them information about continued benefits such as health insurance and their obligation to continue to pay their normal cost-sharing portion and how that will be done, if applicable.
- 4) Attached some information about Unemployment Insurance that is offered by your state, such as a link to the Employment Development Department (EDD), perhaps a pdf of FAQs if you have it, etc. If applicable in your state, you can tell them that unemployment is a partial wage replacement. It is calculated by number of hours worked in a week and amount of wages earned.
- 5) Remind them that the situation is temporary and fluid and can change and that there may be new government benefits available shortly such as extended unemployment insurance, increased unemployment benefits, and reduced waiting times.
- 6) Offer sympathy and support and how to contact you with any questions. You can also say that as we await additional information about the Coronavirus, possible benefits, and measures enacted by the government to help employees and employers, we will let you know.

PTPN Supply Vendors and Status on Disinfectants (New for 3/26: Updated Contact Info)

ARS: They are sending many orders out the same day they are received, and are working to get all orders filled within the week they are received. However, they are working to limit orders that appear to be based on "stocking up" rather than filling immediate needs, so all customers can get what they need to continue operating. ARS is in touch with Purell, working to get it back in stock, and Purell has said they are working 24/7 shifts to fill orders. ARS is also including information in all orders to address the need

for these supplies and helping practices not over order. Contact info: Bob Stengele, bstengele@ptstuff.com, Phone: 800-998-3383, Fax: 888-329-2771, www.ptstuff.com.

SME: They have several disinfecting/cleaning products in stock, but inventory is constantly changing and some things may be available one day and not the next. Some items have quantity limits. For the most part, as long as an order is received by 3pm EST and the items are in stock, it ships out the same day. At this moment, their office and warehouse are still open and working full-tilt. Any items in stock can be found here: <https://www.smeincusa.com/sme/shop/category/coronavirus-covid> Email orders to OrderNow@smeincusa.com. For questions, contact David Rouen, david@smeincusa.com, Phone: 800-538-4675 x1001, www.smeincusa.com.

HOME HEALTH

A private practice can do this home health, but the practice needs to consider the following:

- Check to see if there are any state laws or regulations regarding home visits. There are no special Medicare regulations beyond what is required for a patient being treated in the therapist's office under Part B.
- Check your liability insurance to see if the policy covers home treatments.
- Most, if not all, payers will reimburse for treatments given in the patient's home based on their outpatient fee schedule, including Medicare, but the payers typically do not reimburse for mileage and travel time. The patient cannot be charged for travel time and mileage, even with a signed ABN.
- You should get authorization from the payer (however Medicare doesn't need one) before you do a home health visit.