



Idaho Medical Association

Table of Contents:

In this Issue...

- [IMA Coronavirus Resources for Idaho Physicians](#)
- [PacificSource Provider Relief Plan](#)
- [Renew Your IMA Membership For 2020!](#)
- [CMS Announces New Flexibilities](#)
- [New Effective Date of ICD-10-CM Code for COVID-19 Reporting](#)
- [SBA Economic Injury Disaster Loan Program](#)
- [How the CARES Act Can Help Physicians](#)
- [Pre-order the 2020 IMA Directory of Idaho Physicians](#)
- [Idaho BOP Updates](#)
- [Billing Non Face-to-Face Visits](#)
- [IMA Education Webinar Series](#)
- [New IMA Board Member: District Three Trustee](#)
- [Managing Physician Mental Health During COVID-19](#)
- [IMAFS Financial Tip: Financially Navigating COVID-19](#)
- [CMS Delays MIPS Reporting Deadline](#)
- [ECHO Idaho's COVID-19 Sessions](#)

IMA Wire

March 31, 2020

IMA Coronavirus Resources for Idaho Physicians

The IMA has gathered up-to-date resources for physicians and their practices to reference during the coronavirus pandemic on our [Coronavirus Resources webpage](#). These resources include information for testing and treating patients with COVID-19; state and national updates; Board of Medicine and Board of Pharmacy changes; important insurance telehealth updates; personal protection equipment (PPE) information; COVID-19 codes; legal resources; financial assistance information; and drive-thru testing site locations.

Visit the [IMA Coronavirus Resources webpage](#) and see our latest updates on the [IMA Twitter](#) and [Facebook page](#).

PacificSource Provider Relief Plan

IMA has contacted all Idaho health insurance companies to urge them to make immediate changes to ease the burden on physicians during this crisis. IMA is very pleased to inform our members that PacificSource has become the first Idaho health insurance company to make the following changes for providers, effective immediately:

Suspension of the following processes and requirements until June 30:

- Prior authorization of medical care and procedures (except prior authorization of drugs)

New look, same protection.

- Serving the professional liability needs of physicians since 1975
- No profit motive and low overhead
- Vastly superior dividend policy



[Learn more](#)

- Medical concurrent review (but continue to support providers and members in transitions of care)
- Referral Authorizations
- Re-credentialing
- Credentialing delegation audits
- Provider access surveys
- Most required provider reporting
- Most medical record requests

PacificSource will also extend existing prior authorizations until the end of September.

Read the full PacificSource Provider Relief Plan [HERE](#).

Renew Your IMA Membership TODAY to Keep Your 2020 benefits!

Today, March 31, is the last day to renew your IMA membership before losing access to your membership benefits.

Easily renew your membership by following these steps:

1. Visit www.idmed.org
2. Select the 'Membership' tab
3. Select 'Join / Renew' and follow the prompts

Questions?

Please contact the IMA Membership team at 208-344-7888

[\[Back to Top\]](#)

CMS Announces New Flexibilities

On March 30, the Centers for Medicare & Medicaid Services (CMS) [issued a series of temporary regulatory waivers](#) to further support the ability of the nation's healthcare system to respond to COVID-19. The changes outlined below will take effect immediately across the entire country:

- **New telehealth codes.** CMS will pay for 80 additional telehealth codes, including home visits, emergency department visits, and therapy services. Providers can waive copayments for all telehealth services for Original Medicare beneficiaries.
- **Virtual check-ins.** Clinicians can provide virtual check-in services (HCPCS G2012, G2010) to both new and established patients. Previously, these services were limited to established patients only.
- **Telephone codes.** CMS will reimburse for telephone evaluation and management services provided by a physician (CPT 99441-99443) and telephone assessment and management services provided by a qualified nonphysician healthcare professional (CPT 98966-98968). These codes are only available to established patients but may be furnished using audio-only devices.

- **E-visits.** Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits (HCPCS G2061-G2063). These codes are only available to established patients and must be initiated by the patient.
 - **Removal of frequency limitations on Medicare telehealth.** Subsequent inpatient visits (CPT 99231-99233), subsequent skilled nursing visits (CPT 99307-99310), and critical care consult codes (CPT G0508-G0509) no longer have limitations on the number of times they can be billed.
 - **Medicare physician supervision requirements.** Physician supervision can be provided virtually using real-time audio/visual technology for services requiring direct supervision by a physician or other practitioner.
 - **“Stark Law” [waivers](#).** CMS is implementing waivers that exempt providers from sanctions for noncompliance of certain Stark Law rules, permitting certain referrals and the submission of related claims that would otherwise violate the Stark Law.
 - **MIPS [flexibilities](#).** CMS will allow clinicians adversely affected by COVID-19 to submit an application to request reweighting of the MIPS performance categories for the 2019 performance year.
-

[\[Back to Top\]](#)

New Effective Date of ICD-10-CM Code for COVID-19 Reporting

The ICD-10-Coordination and Maintenance Committee announced the effective date for the new code U07.1 for use in the U.S. will be April 1. The code was first issued at the end of January by the World Health Organization (WHO).

For dates of service on and after April 1, 2020, the policy to follow is below:

U07.1 - COVID-19

- Use additional code to identify pneumonia or other manifestations
- Excludes1: Coronavirus infection, unspecified site (B34.2)
 Coronavirus as the cause of diseases classified to other chapters (B97.2-)
 Severe acute respiratory syndrome [SARS], unspecified (J12.81)

In the meantime, continue to report existing “exposure to” Z codes for confirmed and suspected exposure cases and signs and symptoms R codes when coronavirus is not yet confirmed, [as described in the interim official coding guidelines](#) issued earlier this month.

The American Hospital Association offers additional guidance from the [Coding Clinic FAQ](#):

- Code U07.1 is effective for services provided starting April 1. There is no retroactive reporting of the code for cases confirmed prior to that date. Instead, refer to the interim guidance mentioned above.
 - A copy of the positive test result is not required for a COVID-19 case to be considered “confirmed.” Instead, “the provider’s diagnostic statement that the patient has the condition would suffice,” the Coding Clinic FAQ states.
 - Code “presumptive” COVID-19 cases as confirmed. “A presumptive positive test result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed” by the CDC, the Coding Clinic FAQ states. “CDC confirmation of local and state tests for the COVID-19 virus is no longer required.”
-

[\[Back to Top\]](#)

SBA Economic Injury Disaster Loan Program

The United States Small Business Administration (SBA) has created the Economic Injury Disaster Loan (EIDL) Program in response to COVID-19. Small business owners in Idaho are now eligible to apply for a low interest EIDL of up to \$2 million to help offset the loss of revenue due to the pandemic.

The loans may be used to pay fixed debts, payroll, accounts payable and other bills that cannot be paid because of the disaster's impact. Eligibility for EID loans are based on the financial impact of coronavirus.

The interest rate is 3.75-percent for small businesses. The interest rate for private non-profit organizations is 2.75-percent. The SBA offers loans with long-term repayments up to a maximum of 30 years.

There are size limitations on SBA EID loans. Generally speaking, physician offices must be under the threshold of annual receipts less than \$12 million. The specific size standards are posted on the [IMA website](#).

The deadline to apply for an EIDL is Dec. 21, 2020.

For information and to apply: <https://disasterloan.sba.gov/apply-for-disaster-loan/index.html>

Online application here (fillable form): [Disaster loan application](#)

After applying, an SBA Disaster Assistance loan officer may request that you submit additional information through one or more of the following additional forms:

- Fee Disclosure Form and Compensation Agreement (Form 159D)
- Personal Financial Statement (SBA Form 413D)
- Request for Transcript of Tax Return (IRS Form 4506-T)
- Instructions for Request for Transcript of Tax Return (IRS Form 4506-T)
- Schedule of Liabilities (SBA Form 2202)
- Instructions for Schedule of Liabilities (SBA Form 2202)
- Schedule of Liabilities (SBA Form 2202)
- Additional Filing Requirements (SBA Form 1368)
- Additional Filing Requirements (SBA Form 413D)

[\[Back to Top\]](#)

How the CARES Act Can Help Physicians

On March 27, President Trump signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Provisions that will benefit physicians and physician practices include:

- Small business loans
- Financial support for hospitals, physicians, and others
- Emergency loans
- United States Public Health Service Modernization
- Limitation on liability for volunteer health care professionals during COVID-19 emergency response
- Temporary Waiver of Requirement for Face-To-Face Visits Between Home Dialysis Patients and Physicians
- Adjustment of Sequestration

- Requiring Medicare Prescription Drug Plans and MA-PD Plans to Allow During the COVID-19 Emergency Period for Fills and Refills of Covered Part D Drugs for up to a 3-Month Supply
- Confidentiality and disclosure of records relating to substance use disorders
- Notification mechanisms for substance use disorders
- Telehealth provisions

Click [HERE](#) to view the AMA's detailed highlight of provisions that will benefit physicians.

[\[Back to Top\]](#)

Pre-order the 2020 IMA Directory of Idaho Physicians

It's time to pre-order your complimentary 2020 IMA Directory of Idaho Physicians! [Submit your pre-order HERE](#). IMA provides the Directory as a free IMA membership benefit; you can also order additional copies for a discounted price of \$40.

We encourage all members to update their IMA profile information so that the Directory includes your most updated information. Log in to your profile at idmed.org to make updates.

[\[Back to Top\]](#)

Idaho Board of Pharmacy Updates

The Idaho Board of Pharmacy (BOP) is asking all prescribers to use e-prescribing whenever possible to reduce the number of physical contacts a patient must make in order to get their medication. Pharmacies are experiencing staff exposures and staff members in quarantine. There is concern that rural pharmacies will suffer if there is exposure because they do not have a deep bench of replacement staff. Anything you can do to reduce the amount of contact that patients and pharmacy workers must have to dispense and obtain medication would be helpful. [Contact BOP](#) if you have questions about e-prescribing.

DEA limitations on oral orders of schedule II prescriptions have been relaxed during the Declaration of Emergency if some conditions are met:

- The quantity prescribed is limited to the amount adequate for treatment during the emergency period
- The prescriber must deliver a follow-up paper prescription to the pharmacy within 15 days via fax, photograph or scan
- The follow-up paper prescription must include a statement that the prescription is "Authorized for Emergency Dispensing"
- The original paper prescription must be maintained in the patient file

To review the official DEA statement, click [HERE](#).

[\[Back to Top\]](#)

Billing Non Face-to-Face Visits

To view Idaho Health Insurance Companies' latest telehealth policy changes, visit idmed.org

Idaho providers are concerned about safe access to care considering the COVID-19 pandemic. As a result, IMA has received many inquiries about how to bill for “telehealth” services.

First off, don't confuse true telehealth services with other reimbursable non-face-to face visits. Telehealth services have some stringent requirements from the Centers for Medicare and Medicaid Services (CMS), including that most visits require the patient to go to an authorized originating site such as a hospital or FQHC to be evaluated by a provider at a distant site.

With the recently issued CMS telehealth waiver, many physicians have been given the ability to use FaceTime and other video/audio applications to conduct “office visits” without concern about HIPAA, and they are permitted to bill office visit codes 99201-99215 for these visits, with (02) telehealth to be listed as the site of service (95 modifier for most commercial payers).

As of March 26, CMS has not permitted payment for phone calls without video, but it is recommended that physicians keep a log of all phone calls, since CMS has been asked to approve payment for these, and often approvals include a retroactive date, as did the waiver for the use of FaceTime.

However, there are other communication-based technology services that do not have these stringent requirements and are covered by most insurance plans and CMS.

Telephone Services

AMA and CMS have established CPT and HCPCS codes for reporting evaluation and management services provided by phone. These codes are reported based on time, so providers *must* document the time spent rendering the service. The rest of the rules can be seen in the code descriptions.

“Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M services provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment;

99441 – 5-10 minutes of medical discussion

99442 – 11-20 minutes of medical discussion

99443 – 21-30 minutes of medical discussion’

Rules: The call must be initiated by the patient; These can only be reported by providers licensed to render E/M services; The patient must be established to the practice; The visit can't be related to an E/M service provided in the last 7 days; The visit can't trigger a face-to-face visit within 24 hours or the soonest available appointment

For Medicare patients, these services are reported with:

G2012 - brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

The rules for 99441-99443 apply, as above. In addition, “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.” This can include text messaging.

E-visits

If your organization is successfully using your patient portal, there are codes that can be reported to be paid for the work done. These codes do not require audio/visual. The requirements for these are as follows:

“Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days;

99421 – 5-10 minutes

99422 – 11-20 minutes

99423 – 21 or more minutes

Rules: The serviced must be initiated by the patient; These can only be reported by providers licensed to render E/M services; The patient must be established to the practice, but the problem can be new; If the work takes under five minutes, it is not reported; Time can't be counted twice or billed for under another, separate code; The time can't be related to an E/M service provided in the last 7 days; If a separate E/M face-to-face visit or real-time virtual visit occurs within the seven-day period, then this online work is incorporated into the face-to-face visit and not separately reported; The time is cumulative over the 7 days and begins when the provider reviews the online generated inquiry.

The work included in these services is: Review of patient record and data pertinent to assessment of the problem; Development of a management plan; Generation of a prescription or test order; Any subsequent online communication that does not include a separately reported E/M service.

The online services discussed above are for services rendered by a physician or other QHP. The following codes are to be used when the work is performed by a qualified **nonphysician** health professional. The rules above apply when reporting these services.

“Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days;

98970 – 5-10 minutes

98971 – 11-20 minutes

98972 – 21 or more minutes”

The corresponding codes for these services under Medicare have a slightly different code description.

*“Qualified **nonphysician** healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;*

G2061 – 5-10 minutes

G2062 – 11-20 minutes

G2063 – 21 or more minutes”

The rules for reimbursement by various payers continue to evolve and the guidelines noted above were in place before the current COVID-19 pandemic. Continue to watch the [IMA Coronavirus Resources webpage](#) for updates from CMS and other payers on relaxation of rules and how these services will be reimbursed.

IMA Education Webinar Series

Challenges and Changes Series: Second quarter updates with 2021 evaluation and management (E/M) changes (1 CEU)

Wednesday, April 22, 2020

12:15 – 1:15 pm (MT)

Register today to join IMA Reimbursement Director Pam Fischer, CPC, COC, CPMA on Wednesday, April 22 for the next webinar, Challenges and Changes Series: Second quarter updates with 2021 evaluation and management (E/M) changes (1 CEU).

Don't miss this valuable webinar! A registration form is available on the [IMA website](#). Questions? Contact the IMA at 208-344-7888 or rebecca@idmed.org.



This program has the prior approval of AAPC for (1) continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

[\[Back to Top\]](#)

New IMA Board Member: District Three Trustee

The results are in for the Idaho Medical Association District Three Trustee election! Congratulations to Megan Kasper, MD who will represent all physicians in southwestern Idaho for a four-year term and will be eligible for re-election in 2024. Dr. Kasper specializes in Obstetrics and Gynecology and works at Saltzer Health in Nampa. Dr. Kasper also served as the IMA Young Physician Representative from 2018-2019.

The IMA Board of Trustees acts on all policies, regulations, and legislation affecting physicians, their practices, the profession, and healthcare delivery in our state. The next IMA Board of Trustees video conference meeting is scheduled for April 24 and the next in-person meeting is set for July 17 in Boise.

[\[Back to Top\]](#)

Managing Physician Mental Health During COVID-19

As you take care of Idaho patients, please try to take care of yourself as well. Please read this AMA article [Managing Mental Health During COVID-19](#) for helpful advice during this time.

[Headspace](#), a mindfulness and guided meditation app, is now offering all U.S. health care professionals who work in public health settings free access to Headspace Plus through 2020.

In addition, please remember that the [Physicians Recovery Network](#) is available to all IMA members. The IMA PRN helps in the identification and treatment of physician impairment due to

alcohol/drug abuse and mental illness and acts as an advocate for recovering physicians. Also, Ada County Medical Society (ACMS) members — and temporarily *any* licensed physician, PA or NA who practices in Ada or Elmore counties — can access the [ACMS Physician Vitality Program](#).

[\[Back to Top\]](#)

IMAFS Financial Tip: Financially Navigating COVID-19

The COVID-19 pandemic has drastically changed everyday life as we try to minimize the damage of this new disease. We are suffering from a financial and economic crisis that has rapidly and dramatically impacted investors and communities. It's almost hard to remember that about two months ago, equity markets were experiencing record highs. Today, we are in an unprecedented, event-driven [bear market](#). The intensity and extent of this crisis has been completely unpredictable. The ripple effect of the economic downturn created by COVID-19 may be seen for quite some time.

In an effort to help, the Senate has just passed the largest stimulus bills in history to protect workers, small businesses and the economy. The Federal Reserve has lowered the Federal Funds rate to nearly 0% and the markets and pandemic updates are changing daily, sometimes hourly. IMAFS will be publishing our Quarterly Economic Report soon which will discuss some key details of the economic climate and offer ideas on how to wisely navigate a volatile and unpredictable equity market. If you would like that report, please contact IMAFS.

Our primary concern is the health and well-being of our clients and their loved ones. Your health and wellbeing include your financial health and an understanding of how your portfolio interacts with market changes.

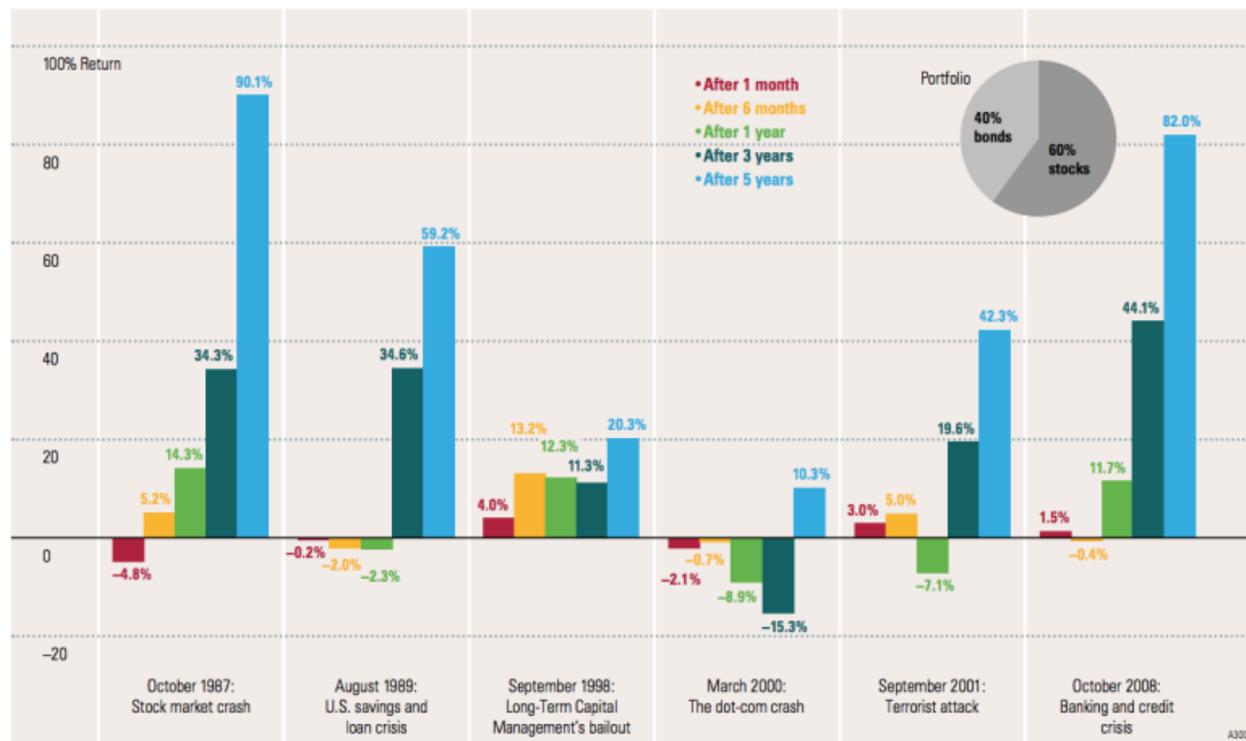
Markets have experienced worse in the past and have always bounced back to all-time highs; there is no reason to expect this time will be any different (see chart below from [Morningstar](#)). Panic and bad decisions with investments usually cause more harm than market downturns themselves. We are keeping a watchful eye on the equity markets and economic conditions. Our goal is to look at today's uncertain conditions and offer long-term ideas and strategies that take advantage of volatility without having to predict the market.

Although during turbulent times it can be harder to stay focused, we are reminding you that IMA Financial Services can help you create a financial plan you can trust in. Contact us today to schedule a NO-COST financial check-up via WebEx to discover how we can best help you! Contact IMAFS today at 208-336-9066 or [IMAFS.org](#).



U.S. Market Recovery After Financial Crises

Cumulative return of a balanced portfolio after various events



Past performance is no guarantee of future results. Returns reflect the percentage change in the index level from the end of the month in which the event occurred to one month, six months, one year, three years and five years after. This is for illustrative purposes only and not indicative of any investment. An investment cannot be made directly in an index. ©2018 Morningstar, Inc. All Rights Reserved.



[\[Back to Top\]](#)

CMS Delays MIPS Reporting Deadline

In response to the COVID-19 crisis, the Centers for Medicare and Medicaid Services (CMS) announced on March 22 some relief for quality reporting and data submission related to the Quality Payment Program (QPP), the Merit-based Incentive Payment System (MIPS) and the Medicare Shared Savings Program Accountable Care Organizations (ACOs).

For reporting MIPS 2019 data, the deadline for submission is extended from March 31, 2020, to April 30, 2020. This is also the new deadline for adjustments to your 2019 reporting at qpp.cms.gov.

If you still aren't able submit before the new April deadline, you will "qualify for the automatic extreme and uncontrollable circumstances policy" and will receive a neutral payment adjustment for the 2021 MIPS payment year" CMS says. This will be granted with no action on your part.

CMS also says it is evaluating options for providing relief around participation and data submission for 2020.

[\[Back to Top\]](#)

ECHO Idaho's COVID-19 Sessions

ECHO Idaho will continue to host COVID-19 drop-in sessions two days a week starting on Tuesday, March 31. Please join us and our rotating panel of experts for up-to-the hour information about COVID-19 epidemiology, PPE and to ask questions about what you are

experiencing on the frontlines of this disease. You are welcome to attend as often as your schedule allows:

Tuesdays: Noon to 1 p.m. (MST)
11 a.m. to Noon (PST)

Fridays: 1-2 p.m. (MST)
Noon to 1 p.m. (PST)

Sessions will focus on high-yield clinical information about the diagnosis and treatment of COVID-19 and will facilitate communication between public health officials and clinicians.

[REGISTER HERE](#)

To view last week's session click [HERE](#).

[\[Back to Top\]](#)

Idaho Medical Association

P.O. Box 2668, 305 West Jefferson, Boise, ID 83701
Phone: (208) 344-7888 - Fax: (208) 344-7903 - Email: mail@idmed.org

[Click here to choose the types of mailings that we send to you.](#)

[Click here to Unsubscribe.](#)

