NEXT CHALLENGE. NEXT LEVEL.

NEXSEN | PRUET

COVID-19: EMERGENCY HEALTH CARE CHANGES

March 26, 2020

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DISCLAIMER: CURRENT STATE OF LAW

- Current State of Law –
  - Never before has such a highly regulated industry in our country had such drastic regulatory change in such a short amount of time
  - Every effort has been made to present the current state of the law across the broad regulatory scheme as of the date of this presentation
  - This presentation is not exhaustive or conclusive, as the breadth of regulatory changes far exceeds the scope of this presentation and many of these changes have produced significant ambiguities

OVERVIEW
EMERGENCY ORDERS AND RESOURCES

- SC Emergency Regulatory Changes:
  - Emergency Licensure
  - Deferral of Elective Procedures
  - Pharmacy Issues
  - Telehealth
    - North Carolina and Georgia practitioners with existing patients in South Carolina
    - Hospice Providers
    - TeleMAT
    - Prescribing Schedule II and III Controlled Substances
    - Speech-Language Pathologists and Audiologists
    - Physical Therapists
- Resources

CORONAVIRUS
COVID-19

- March 13, 2020
  - President Donald Trump issued Proclamation of National Emergency
  - South Carolina Governor Henry McMaster issued Executive Order 2020-08
    - Emergency Health Powers Act (S.C. Code Ann. § 44-4-500, et seq.)
      - § 44-4-570 Emergency powers regarding licensing of health personnel; appointment of in-state and out-of-state providers; liability of appointed providers for civil damages; appointment of emergency medical examiners or coroners; waiver of licensing fees and requirements; immunity.

EMERGENCY HEALTH POWERS ACT

- § 44-4-570

(A) DHEC, in coordination with the appropriate licensing authority and the Department of Labor, Licensing and Regulation, may exercise, for such period as the state of public health emergency exists, in addition to existing emergency powers, the following emergency powers regarding licensing of health personnel:
(1) to require in-state health care providers to assist in the performance of vaccination, treatment, examination, or testing of any individual as a condition of licensure, authorization, or the ability to continue to function as a health care provider in this State;
(2) to accept the volunteer services of in-state and out-of-state health care providers consistent with Title 8, Chapter 25, to appoint such in-state and out-of-state health care providers as emergency support function volunteers, and to prescribe the duties as may be reasonable and necessary for emergency response; and
(3) to authorize the medical examiner or coroner to appoint and prescribe the duties of such emergency assistant medical examiners or coroners as may be required for the proper performance of the duties of the office.

EMERGENCY HEALTH POWERS ACT

§ 44-4-570 continued

(B)(1) The appointment of in-state and out-of-state health care providers pursuant to this section may be for a limited or unlimited time but must not exceed the termination of the state of public health emergency. DHEC may terminate the in-state and out-of-state appointments at any time or for any reason provided that any termination will not jeopardize the health, safety, and welfare of the people of this State.

(2) The appropriate licensing authority may waive any or all licensing requirements, permits, or fees required by law and applicable orders, rules, or regulations for health care providers from other jurisdictions to practice in this State.

(C)(1) Any health care provider appointed by the department pursuant to this section must not be held liable for any civil damages as a result of medical care or treatment including, but not limited to, trauma care and triage assessment, related to the appointment of the health care provider and the prescribed duties unless the damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of the patient.

(2) This subsection applies if the health care provider does not receive payment from the State other than as allowed in Section 8-25-40 for the appointed services and prescribed duties. However, if the health care provider is an employee of the State, the health care provider may continue to receive compensation from the health care provider's employer. This subsection applies whether the health care provider was paid, should have been paid, or expected to be paid for the services at the time of rendering the services from sources including, but not limited to, Medicaid, Medicare, reimbursement under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. Section 512, et seq., or private health insurance.

EMERGENCY POWERS ACT

§ 44-4-570 continued

(D)(1) The appointment of emergency assistant medical examiners or coroners pursuant to this section may be for a limited or unlimited time, but must not exceed the termination of the state of public health emergency. The medical examiner or coroner may terminate the emergency appointments at any time or for any reason, if the termination will not impede the performance of the duties of the office.

(2) The medical examiner or coroner may waive any or all licensing requirements, permits, or fees required by law and applicable orders, rules, or regulations for the performance of these duties.

(3) Any emergency assistant medical examiner or coroner appointed pursuant to this section is immune from civil liability for damages resulting from services relating to and performed during the period of appointment unless the damages result from providing, or failing to provide, services under circumstances demonstrating a reckless disregard for the consequences.

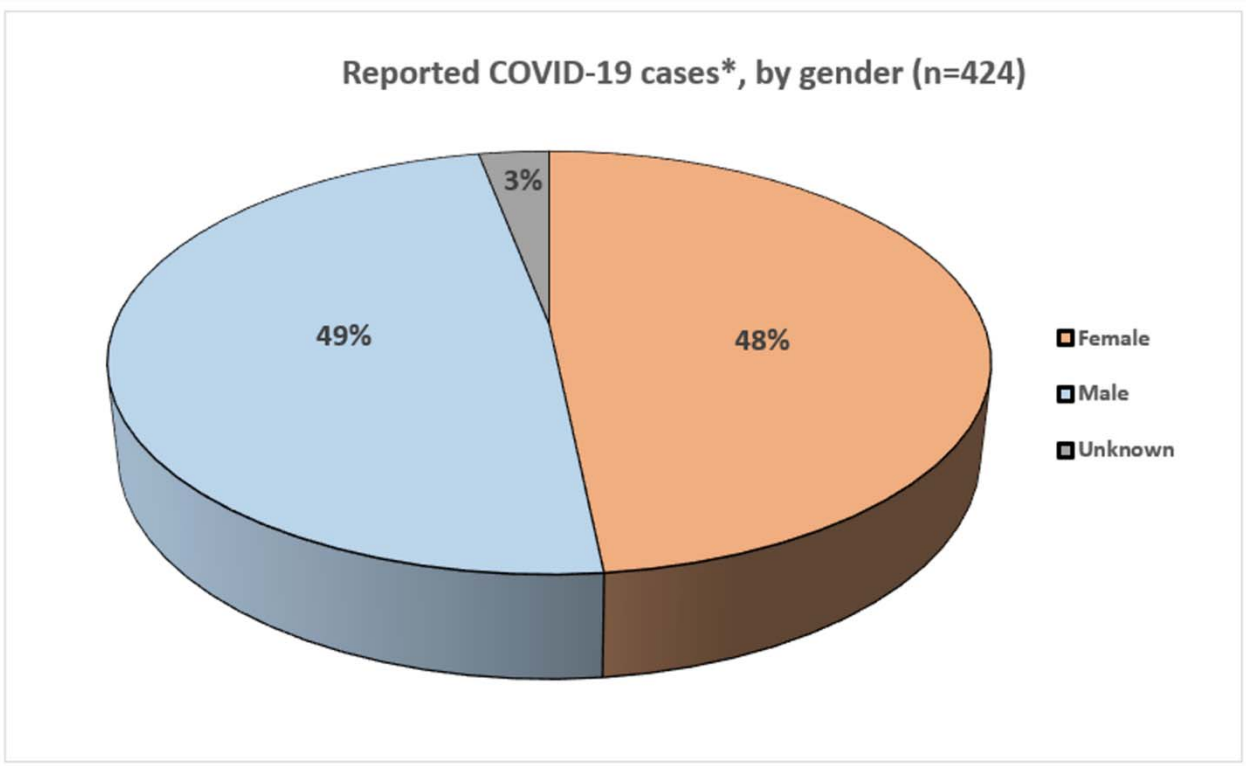
THE EMERGENCY

- Information is updated daily @ DHEC COVID-19. Reporting guidance and evaluation and testing guidelines are helpful for frontline clinicians. Health professionals can register to receive notifications directly from DHEC as part of the Health Alert Network (HAN) here or access the notifications on DHEC's website.
- Centers for Disease Control @ Cases in U.S. | CDC
- As of Wednesday, March 25, 2020:
  - 54,453 Total Cases in the U.S.
  - 342 Cases Reported from S.C.
  - 737 Total Deaths in the U.S.

THE EMERGENCY

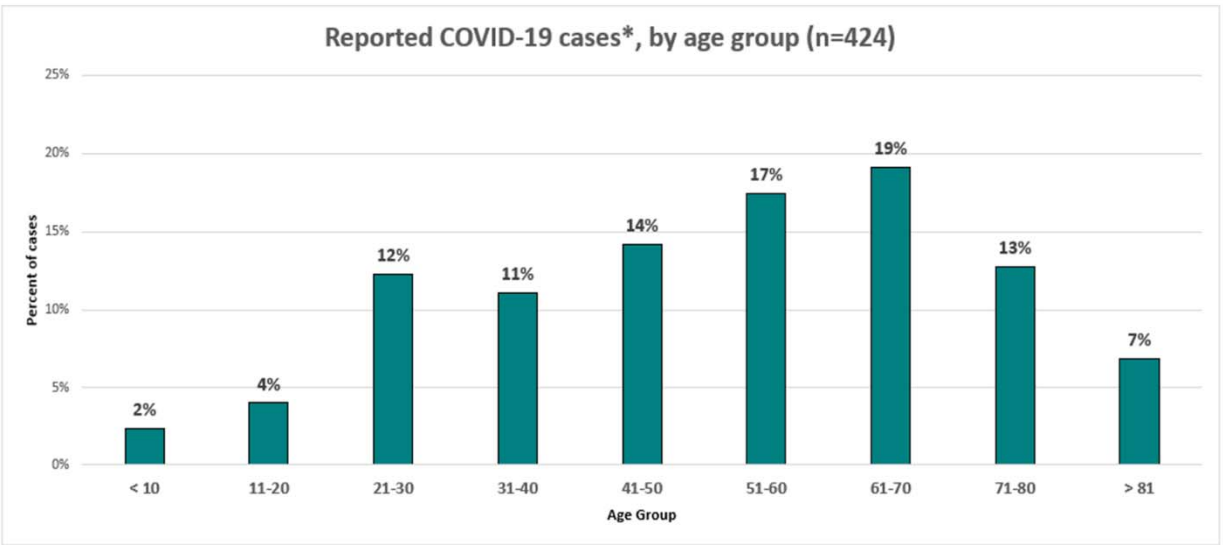
- The CDC has published Criteria to Guide Evaluation of a Person Under Investigation for COVID-19 and Clinical Guidance for Management of Patients with Confirmed COVID-19 .
- The CDC also has a latest updates button on the COVID-19 outbreak here.
- Additional federal resources, including information about approval of Corona virus testing kits and possible treatments for the disease are available on the Food and Drug Administration (FDA)'s dedicated website.

THE EMERGENCY



* All data are provisional and subject to change.

THE EMERGENCY



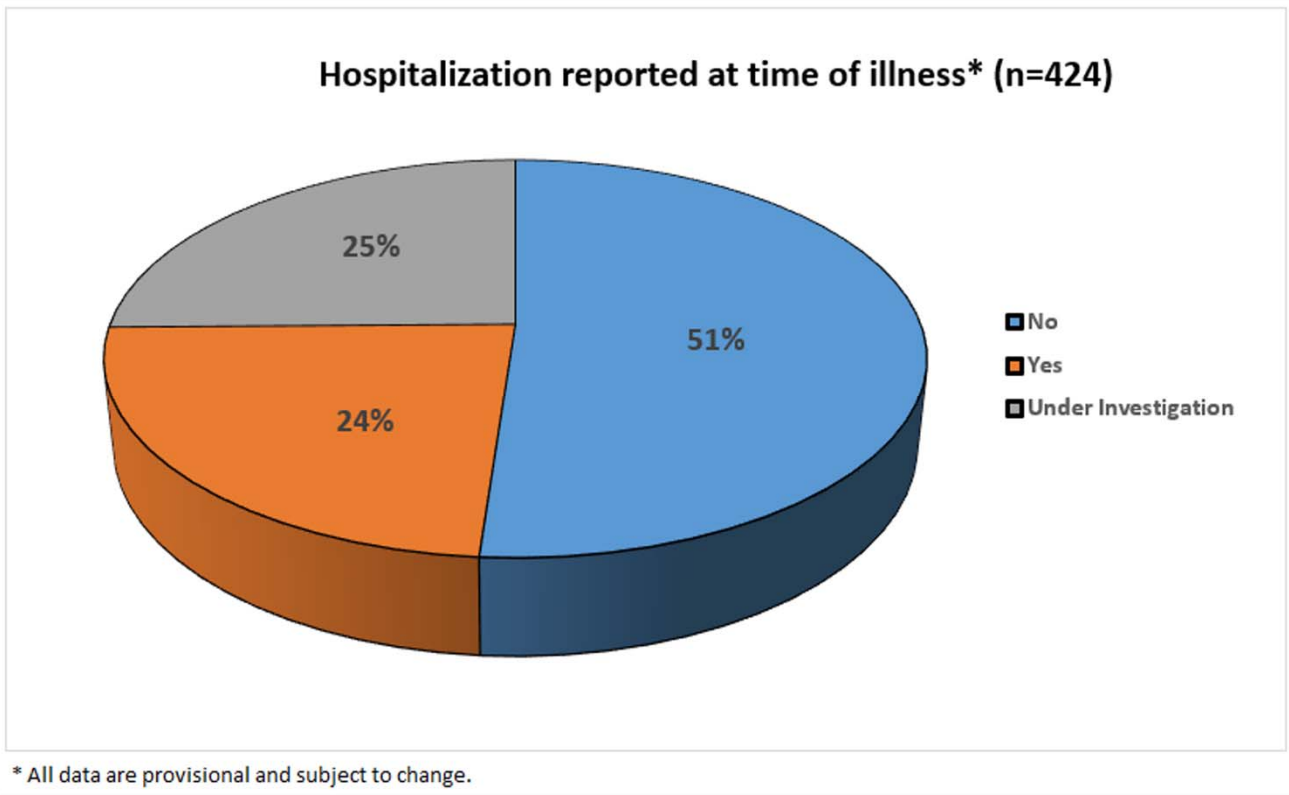
* All data are provisional and subject to change.

Additional age-related information of reported COVID-19 cases*

Average age:	52 years of age
Median age:	54 years of age
Age range:	2 months - 93 years

*All data are provisional and subject to change.

THE EMERGENCY



* All data are provisional and subject to change.

THE EMERGENCY

COVID-19 DEATHS

- The National Center for Health Statistics (NCHS) is receiving questions about how deaths involving the new coronavirus strain should be reported on death certificates. Please see more information here. For more general guidance and training on cause-of-death reporting, certifiers can be referred to the Cause of Death mobile app available here and the Improving Cause of Death Reporting online training module, which can be found here.
- The CDC issued an updated Guidance for physicians regarding the collection of post-mortem specimens of patients with either suspected or confirmed COVID-19 diagnosis here. (Updated March 25, 2020)

EMERGENCY LICENSURE ACTION IN S.C.

- S.C. Department of Labor, Licensing and Regulation
  - https://llr.sc.gov/
  - Umbrella agency for 42 professional and occupational licensing boards
  - All actions taken in response to COVID-19 are linked to LLR's homepage
  - Both business and healthcare boards have taken actions affecting licensees
  - Today's presentation only highlights a few of the recent actions

S.C. BOARD OF MEDICAL EXAMINERS

EMERGENCY LICENSURE

- Expedited 90 Day Emergency License Application
- Issued March 14, 2020 Order waiving licensing requirements for out-of-state physicians, physician assistants and respiratory care practitioners whose services are required “as determined by DHEC.”

S.C. BOARD OF NURSING

EMERGENCY LICENSURE

- Registered nurses (RNs) and licensed practical nurses (LPNs) who have a privilege to practice through the Enhanced Nurse Licensure Compact (eNLC) by home state licensure in one of the 34 member states may practice in South Carolina without the need for an additional license. A list of the states participating in the NLC is available here.
- Employers of single-state licensed RNs, LPNs, or APRNs from other states who wish to obtain a 15 day emergency license for these nurses may apply here.
- Issued March 14, 2020 Order waiving licensing requirements for out-of-state advanced practice nurses, registered nurses and licensed practical nurses whose services are required "as determined by DHEC."

N.C. BOARD OF MEDICAL EXAMINERS

EMERGENCY LICENSURE

- On March 11, 2020, the N.C. BME issued an Emergency Licensure Rule. Retired or inactive physicians or physician assistants who once held an active N.C. license may apply for an emergency license if the applicant can: certify 80 hours of clinical practice within the last two years; maintenance of an unrestricted license in good standing for a period of ten years prior to going inactive; a record free from public discipline or pending discipline at the time of going inactive; and a limitation of practice during the emergency period to the clinical area practiced during active licensure. NCBME Coronavirus Emergency Licensure Rule
- Under the emergency rules, a physician or physician assistant is entitled to practice for a period of 90 days or 30 days from the point at which the state of emergency in North Carolina is declared over, whichever period is shorter.
- On March 20, 2020, North Carolina Department of Health and Human Services Secretary Mandy Cohen called for physician and physician assistant volunteers, as well as volunteers in the areas of pharmacy, imaging and respiratory care.

S.C. BOARD OF DENTISTRY

DEFERRAL OF ELECTIVE PROCEDURES

- On March 17, 2020, the South Carolina Board of Dentistry issued Recommendation: COVID:19, recommending that licensees reschedule non-emergent procedures through March 31, 2020. Licensees are encouraged to assess inventory and staff to allow access to "necessary and emergency" dental services to assist in reducing the demand on hospitals and ERs.
- The Recommendation is available here.

PHARMACY ISSUES

- The DEA Drug Diversion Division has a robust array of resources available for registrants and consumers to access via its website dedicated to its pandemic response.
- DEA Controlled Substance Refill Guidance authorizes prescribers to prescribe up to a 90 day supply of a controlled substance; however, the prescriber must issue separate prescriptions for three thirty day prescriptions, each bearing the day the prescription is written with a "do not fill before" date in order to comply with South Carolina law.
- DHEC's Bureau of Drug Control's website offers updates and resources at the state level, including one time allowance of an early refill and distinctions between the state and federal Controlled Substances Acts. South Carolina controlled substance registrations set to expire on April 1, 2020, have been extended until April 30, 2020.

S.C. BOARD OF PHARMACY

EMERGENCY ORDERS

- March 16, 2020 Emergency Orders
- The BOP has authorized an expedited process for the issuance of 90 day temporary permits to non-resident pharmacies, manufacturers, wholesale distributors, 3PLs, 503(b) facilities upon the request and approval of DHEC.
- The BOP also suspended its enforcement of the prohibition against remote order entry during the state of emergency.
- The BOP extended deadlines for the renewal of all pharmacist licenses until June 30, 2020, all pharmacy technician registrations until July 31, 2020, and all facility permits until July 31, 2020. The BOP also extended the deadline for completion of continuing education to coincide with the new renewal deadlines for pharmacists and pharmacy technicians. Pharmacists who administer vaccinations and whose CPR certification will expire between March 16, 2020 and June 30, 2020, may continue to administer vaccinations, but must recertify before July 1, 2020.

S.C. BOARD OF PHARMACY

EMERGENCY ORDERS

- The BOP immediately authorized its permittees to utilize automated pharmacy pickup kiosks; however, the approval is limited to models of automated pharmacy pickup kiosks previously approved by the BOP, such as iLocalBox and ScriptCenter.
- The BOP created a safe harbor for its licensees regarding necessary garb/ PPE while preparing pharmaceutical products due to a national PPE shortage.
  - On March 14, 2020, US OSHA issued Enforcement Guidance on Respiratory Protection for Healthcare Workers.
  - On March 23, 2020, SC OSHA issued interim guidance regarding masking requirements, available here, emphasizing the need to supply N-95 masks or the equivalent, if possible.
  - On March 24, 2020, the FDA issued an announcement of its increased flexibility to approve importers of PPE, including a designated email address to initiate contact.

JOINT ORDER OF S.C. BME AND BOP REGARDING THE PRESCRIBING AND DISPENSING OF HYDROXYCHLOROQUINE OR CHLOROQUINE AND AZITHROMYCIN

On March 25, 2020, the BME and BOP issued a **Joint Order Regarding Prescribing and Dispensing Hydroxychloroquine or Chloroquine and Azithromycin**, which is available here. In relevant part, the Joint Order provides the following guidance:

- Physicians should not prescribe Hydroxychloroquine, Chloroquine, and Azithromycin to themselves or family members unless faced with a bona fide emergency involving an actual diagnosis of a COVID-19 infection;
- Physicians should consider the tremendous stress placed upon the supply chain by prescribing Hydroxychloroquine, Chloroquine, and Azithromycin prophylactically and/or simply for the patient to have available in the event the patient develops a COVID-19 infection. Physicians should also consider that irresponsible prescribing can prevent patients with a diagnosed COVID-19 infection from receiving these drugs, even in a[n] hospital setting, should they be determined to be effective in treating the condition;
- Physicians should include a bona fide diagnosis on any prescription issued for Hydroxychloroquine, Chloroquine, and Azithromycin and could be subject to discipline for including an inaccurate diagnosis;
- Pharmacists should use their professional judgment in determining whether to fill prescriptions for Hydroxychloroquine, Chloroquine, and/or Azithromycin and should consider the needs of patients previously prescribed these medications for conditions for which the medications have been approved by the FDA or for which have been historically used off-label to treat certain conditions. Pharmacists should also consider the effect on the supply of Hydroxychloroquine, Chloroquine, and/or Azithromycin prior to filling prescriptions for these drugs; and
- As this is a fluid situation, the Boards will continue to monitor the supply of the medications, as well as additional data regarding their effectiveness in the treatment of COVID-19 as it comes available. Should the circumstances so dictate, the Board will issue additional guidance.

TELEHEALTH

EMERGENCY BOARD ORDERS

- On March 23, 2020, the S.C. BME issued four emergency orders:
- The BME lifted the requirement prescribers appear before the BME to obtain express authorization prior to prescribing Schedule II or III medications via telemedicine when the practitioner-patient relationship is established solely via telemedicine. The Order restricts this waiver to licensees who are actively licensed in good standing and physically present in the State of South Carolina, but includes physicians, physician assistants and APRNS, if appropriately authorized.
- The BME authorized hospice providers to establish the physician-patient relationship via telemedicine.

TELEHEALTH

EMERGENCY BOARD ORDERS

- S.C. BME March 23, 2020 Telehealth Orders Continued
  - The BME issued an order suspending enforcement of certain requirements regarding physician assistants and nurse practitioners engaged in practice with physicians in North Carolina and Georgia with established relationships with patients in South Carolina.
  - The BME addressed the use of TeleMAT during the emergency, restricting its use to those practitioners already BME approved, but identifying an expedited approval process for additional providers to initiate MAT who are recommended and approved by DAODAS.

TELEHEALTH

EMERGENCY BOARD ORDERS

- The S.C. Board of Physical Therapy Examiners recently issued Guidelines for the Use of Telehealth in the Delivery of Physical Therapy Services.
- The S.C. Board of Speech-Language Pathology and Audiology also issued Guidance Regarding Telepractice.
- The S.C. Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists held that during the period of the declared public health emergency, appropriately licensed professional counselors, marriage and family therapists, addiction counselors, and psychoeducational specialists, who are licensed out-of-state, and who are in a current established relationship with a client who now resides in South Carolina, may continue their therapeutic relationship via telecommunication.

TELEHEALTH
RESOURCES

- Resources for Telehealth Providers and Those Who'd Like to Be
- The American Medical Association (AMA) has created a quick guide to telemedicine in Practice along with FAQs on COVID-19 and Telemedicine.
- Palmetto Care Connections is a telehealth network that assists health care providers in connecting rural and underserved South Carolinians to quality services through broadband, technology and telehealth programs.

TELEHEALTH

RESOURCES

- The **South Carolina Telehealth Alliance** provides support to providers seeking to initiate telehealth programs in South Carolina and offers guidance to those already providing services. S.C. telehealth resources are accessible and have proven critical in the efforts to diagnose patients and mitigate the threat of community spread of COVID-19. Patients with COVID-19 symptoms (respiratory infection, fever, cough, flu-like symptoms) or known exposure, may complete a FREE Virtual Urgent Care visit to receive consultation and determine whether further testing is appropriate. In order to access the free consult, patients use the promo code COVID19. Participating providers are:
  - - MUSC Health Virtual Urgent Care
  - - McLeod Telehealth
  - - Prisma Health Virtual Visit
  - - Roper St. Francis Healthcare Virtual Care
  - Also, Self Regional Healthcare is offering telephone screening. Patients may call the COVID-19 Screening Line at (864) 725-4500.

RESOURCES FOR BUSINESSES

- SC Department of Commerce COVID-19 Business Resource Center
- SC Department of Employment and Workforce COVID-19 Resource Hub
- US Small Business Administration COVID-19 Small Business Guidance & Loan Resources

FFCRA

The **Families First Coronavirus Response Act (FFCRA)** requires certain employers to provide employees with paid sick or family leave for specified reasons related to COVID-19. The Department of Labor's Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from April 1, 2020 through December 31, 2020. The DOL issued initial guidance this week for the new law's implementation, including Employee Rights, Employers' Responsibilities, and FFCRA Q&A. WHD provides additional information on common issues employers and employees face when responding to COVID-19, and its effects on wages and hours worked under the Fair Labor Standards Act and job-protected leave under the Family and Medical Leave Act here.


thank you
danke
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OVERVIEW

- Emergency Orders
  - 1135 Waivers
  - SC Regulatory Perspective
- TeleHealth Prior to COVID-19
- TeleHealth Changes under COVID-19 Emergency
  - CMS Changes
  - HIPAA Enforcement Waiver
  - Medicaid Changes
  - Private Payors
- Reimbursement for Emergency TeleHealth

TELEHEALTH: CMS EMERGENCY ORDERS

- CMS 3/17/2020 News Release:
  - "Temporarily" pay a broad range of telehealth services under 1135 waiver of authority under National Emergencies Act
  - Providers: Doctors; Nurse Practitioners; Clinical Psychologists; Licensed Clinical Social Works
  - "[W]ithout regard to diagnosis" (i.e. not just COVID-19 related)
  - Broader means of communication with "video and audio"
  - Bill for DOS 3/6/2020 forward based on "Physician Fee Schedule at the same amount as in-person services" (unless Telehealth code)
  - Coinsurance and deductible still apply, but see OIG opinion
  - States in charge of Medicaid emergency flexibility
  - https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak

TELEHEALTH: CMS

- CMS 3/17/2020 Fact Sheet:
  - Under 1135, CMS can pay for "office, hospital, and other visits" via telehealth: (1) Telehealth Visits: (2) Virtual Check-Ins; and (3) E-Visits
  - (1) Medicare Telehealth Visits – interactive audio and video telecommunications that permits real-time communications
    - Permissible Providers, Subject to State Law: Physicians; Nurse Practitioners; Physician Assistants; Nurse Midwives; Certified Nurse Anesthetists; Clinical Psychologists; Clinical Social Workers; Registered Dietitians; Nutrition Professionals
  - CMS will pay for Telehealth Visits the same as in-person visits
  - Prior Relationship with Patient – HHS will not audit to ensure
  - https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

TELEHEALTH: CMS

- CMS 3/17/2020 Fact Sheet (continued):
  - (2) Virtual Check-Ins – "established" patients "in their home" may have a "brief communications service" with "practitioners" via synchronous discussion over a telephone or exchange of information through "video or image."
    - Initiated by the patient, but practitioners may educate patients on the availability of the service prior to patient initiation – educating patients of services is not a Virtual Check-In
    - Cannot be related to medical visit within pervious 7 days and does not lead to a medical visits within the next 24 hours.
    - Verbal consent permissible – Check with malpractice carriers
    - Coinsurance and deductibles generally apply
    - Telephone (HCPCS code G2012); Video or Images (HCPCS code G2010)

TELEHEALTH: CMS

- CMS 3/17/2020 Fact Sheet (continued):
  - (3) E-Visits– “established” patients, in any location now, may have non-face-to-face patient-initiated with their doctor via online portal
    - Patient must initiate inquiry and communications completed within 7 days
    - Billed using CPTs 99421-99423 and HCPCSs G2061-G2063
    - Patient must verbally consent to virtual check-in services
    - Coinsurance and deductible applies to these services
    - Practitioners may educate patients on the availability of the service – does not count as an E-Visit
  - HHS Office of Civil Rights (OCR) will exercise enforcement discretion and waive HIPAA violations (see below)

TELEHEALTH: CMS

- CMS 3/17/2020 Fact Sheet (continued):

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

TELEHEALTH: CMS

- CMS 3/17/2020 FAQ Press Release (Key Answers):
  - Location limitations on Telehealth lifted
  - List of CMS Services impacted under Emergency Telehealth Declaration: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - All other telehealth service restrictions remain in place
  - Key – Qualified Providers definition has not changed – defined in each services coverage position
  - Established patient requirement will not be enforced
  - Telehealth billing limited to professionals; Facilities that receive service only able to bill for originating site facility fee (HCPCS Q3014)
  - Modifiers: None, unless asynchronous in AK and HI (GQ); telehealth under CAH Method II (GT); diagnosis/treatment of acute stroke (G0)
  - Medicaid still under State control

TELEHEALTH: CMS

- HHS ORC HIPAA:
  - HIPAA is not suspended; very limited waivers (will only focus on TeleHealth)
  - Providers included in waiver; health insurance carriers not covered
  - Waiver applies to all Medicare and Medicaid patients (does not have to be COVID-19 related)
  - Not subject to enforcement for "good faith provision of telehealth during COVID-19 nationwide public health emergency" – does not waive HIPAA outside telehealth
  - "Bad Faith" Factors: criminal act; intentional invasion of privacy; further disclosures; violation of state law or ethics; use of "public-facing" media (e.g. Facebook Live, Twitch, Slack, etc.)
  - "Non-public facing" – FaceTime, Facebook Messenger, Skype, etc.
  - https://www.hhs.gov/about/news/2020/03/20/ocr-issues-guidance-on-telehealth-remote-communications-following-its-notification-of-enforcement-discretion.html

TELEHEALTH: CMS

- HHS OIG Order
  - Policy Statement – "notify physicians and other practitioners that they will not be subject to administrative sanctions for reducing or waiving any cost-sharing obligations Federal health care program beneficiaries may owe for telehealth services furnished consistent with the applicable coverage and payment rules, subject to conditions specified herein" (i.e. relax Stark Law and Anti-Kickback Statute)
  - (1) reduction or waiver of coinsurance or deductible for telehealth services subject to all other rules; and
  - (2) telehealth services furnished during the COVID-19 Declaration
  - Policy Statement Considerations: (a) not required to waive or reduce; (b) free telehealth not an inducement during this period; (c) all CMS rules remain in place; (d) must bill for all services; and (e) all other laws still apply
  - https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf

CMS TOOLS TO COMBAT COVID-19

- CMS Tools to Combat COVID-19
  - New Targeted Plan for Healthcare Facilities (3/23/2020)
  - Delayed Reporting for Quality Reporting Programs (3/22/2020)
  - Checklists and Tools for State Medicaid and CHIP (3/22/2020)
  - FAQs for Catastrophic Health Coverage (3/18/2020)
  - CMS Guidance on Elective Surgeries (3/18/2020)
  - CMS Guidance on All-Inclusive Care for Elderly (PACE) (3/17/2020)
  - Many more: https://www.cms.gov/newsroom

SC MEDICAID

- SC DHHS (3/17/2020) Temporary Policy Changes
  - Telehealth – subsequent policy
  - COVID-19 Testing: DOS after 2/4/2020 covered (HCPCS U0001 and U0002) w/o prior auth or co-payment (test and E/M)
  - Pharmacies may bypass early refills (“9” in 461-EU)
  - Ambulatory annual limit of 12 care visits suspended
  - Infusion Centers – waiver of direct supervision
  - https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-temporary-policy-updates

SC MEDICAID

- SC DHHS (3/19/2020) Temporary Telehealth
  - Modifications to habilitative, rehabilitative, and behavioral therapies will be coming soon
  - DOS 3/15/2020 forward; accepting claims for the policy changes on 4/1/2020
  - Current SC DHHS Telemedicine policies apply except “at least one remote component” applies (i.e. email, instant and text messaging excluded)
  - Current Telemedicine Codes: (1) G2010 remote image submitted by patient; (2) G2012 brief check in by provider; (3) 99441-99443 telephonic E/M
  - MD, DO, NP or PA – must originate with established patient; cannot originate from related E/M with prior 7 days nor if leads to E/M within next 24 hours; maximum of 3 services per 30 days
  - https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-temporary-telephonic-and-telehealth-services-updates

SC MEDICAID

- SC DHHS (3/19/2020) Temporary Telehealth (cont.)
  - Licensed Independent Practitioners (LIP) (psychologists, LPCs, LMFTs, LISW-CPs, LPES) (not applicable to persons supervised by LIP)
  - Cannot originate from related E/M with prior 7 days nor lead to E/M or procedure within 24 hours after; up to 3 encounters per 30 days; no location restriction; CPTs 98966-98968; “medical necessity requirements related to the provision of crisis management continue to apply.”
  - All existing SC DHHS telemedicine benefits to MD, DO, NP, and PAs continue to apply
  - https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-temporary-telephonic-and-telehealth-services-updates

NC MEDICAID

- NC DHHS Policy Changes (Effective 3/23/2020):
  - Payment parity – same for in-office as telehealth
  - "[A]ny HIPAA-compliant, secure technology with audio and video"
  - Expanded Providers: clinical pharmacists; mental health counselors; licensed marriage and family therapists; licensed clinical addiction specialists; licensed psychological associates
  - Expanded list of eligible originating sites
  - Eliminating need for prior authorizations and referrals
  - NOTE: Does not mirror CMS
  - https://www.ncdhhs.gov/news/press-releases/nc-medicaid-increasing-eligible-technology-and-provider-types-telemedicine

PRIVATE PAYORS

- SC Department of Insurance (overview and links: https://www.doi.sc.gov/948/COVID-19)
  - Absolute Total Care
  - Aetna
  - BlueChoice HealthPlan of South Carolina
  - BlueCross BlueShield of South Carolina
  - Bright Health Company of South Carolina
  - Cigna
  - Clover Health
  - Molina Healthcare of South Carolina
  - UnitedHealthcare

PRIVATE PAYORS

- NC Department of Insurance (overview and links: https://www.ncdoi.gov/consumers/coronavirus-information-and-updates)
  - Aetna
  - Blue Cross Blue Shield
  - Cigna
  - FirstCarolinaCare
  - UnitedHealthcare

CDC: NEW ICD CODE FOR COIVD-19

- CDC: Policy Change Effective 3/18/2020:
  - New ICD Code U07.1 (COVID-19) effectiveness date has been back up from 10/1/2020 to 4/1/2020
  - World Health Organization (WHO) classification of temporary name of “2019-nCoV” (1/31/2020) has changed to “COVID-19” (2/11/2020)
  - https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf
  - https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html
  - https://www.who.int/health-topics/coronavirus#tab=tab_1

QUESTIONS/COMMENTS?

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