
OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, March 31

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right side of the "y" in "Authority".

Oregon
Health
Authority

Agenda Items

- COVID-19 Update
- Projected COVID-19 Epidemic Trends
- Testing
- General COVID-19 Questions
- Clinical Care Guidance/Triage
- Telehealth Coverage
- Personal Protective Equipment
- Healthcare Workforce
- Closing

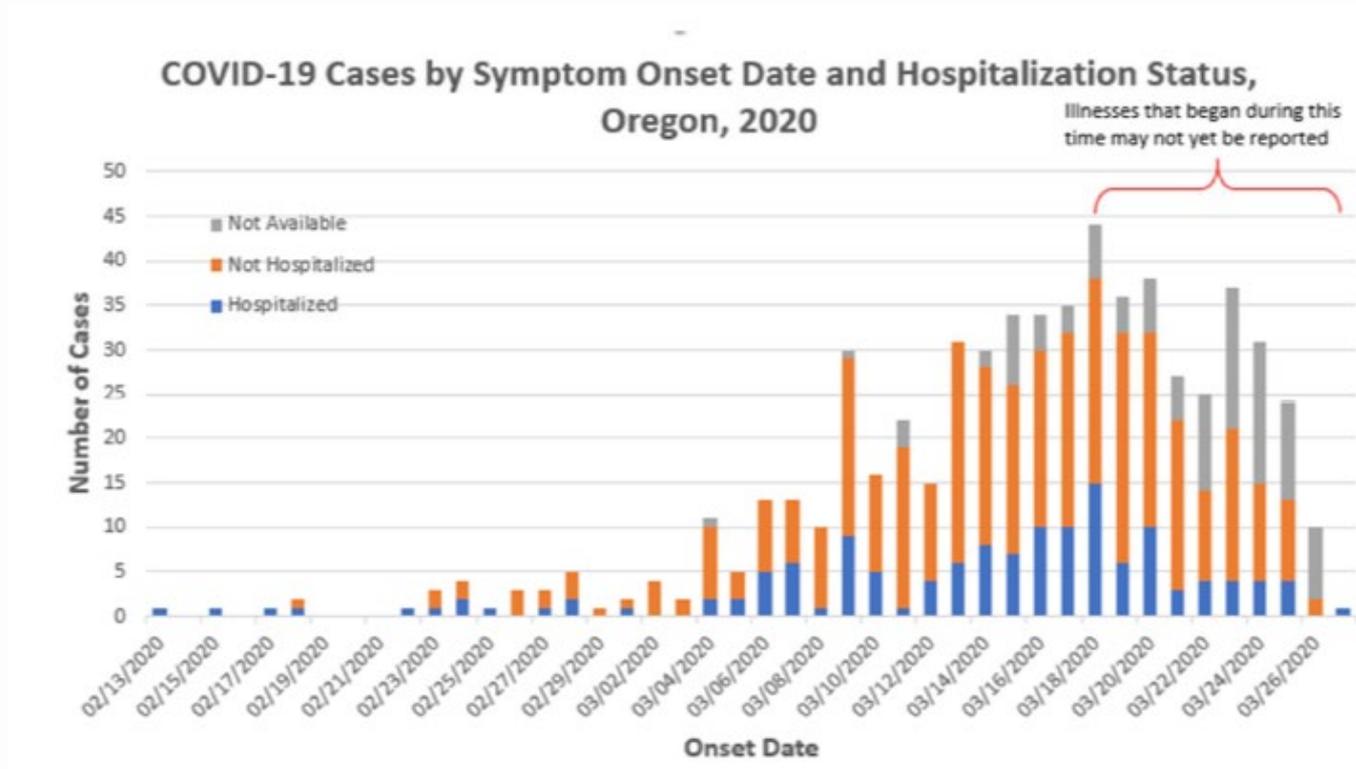
The COVID-19 Pandemic Update in Oregon

As of March 31st:

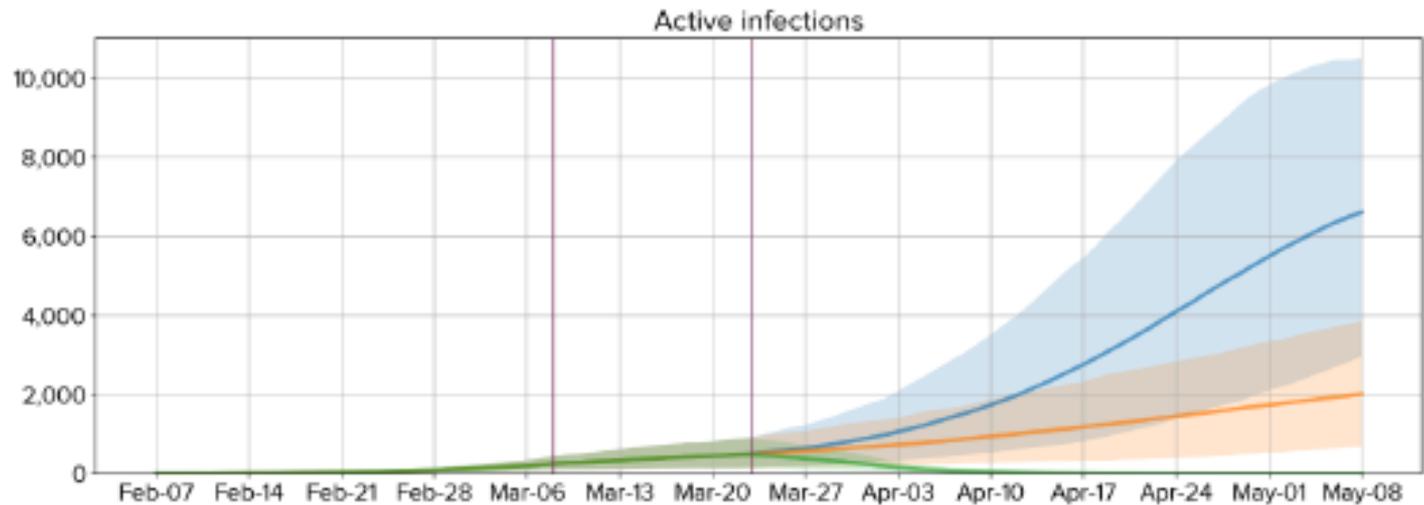
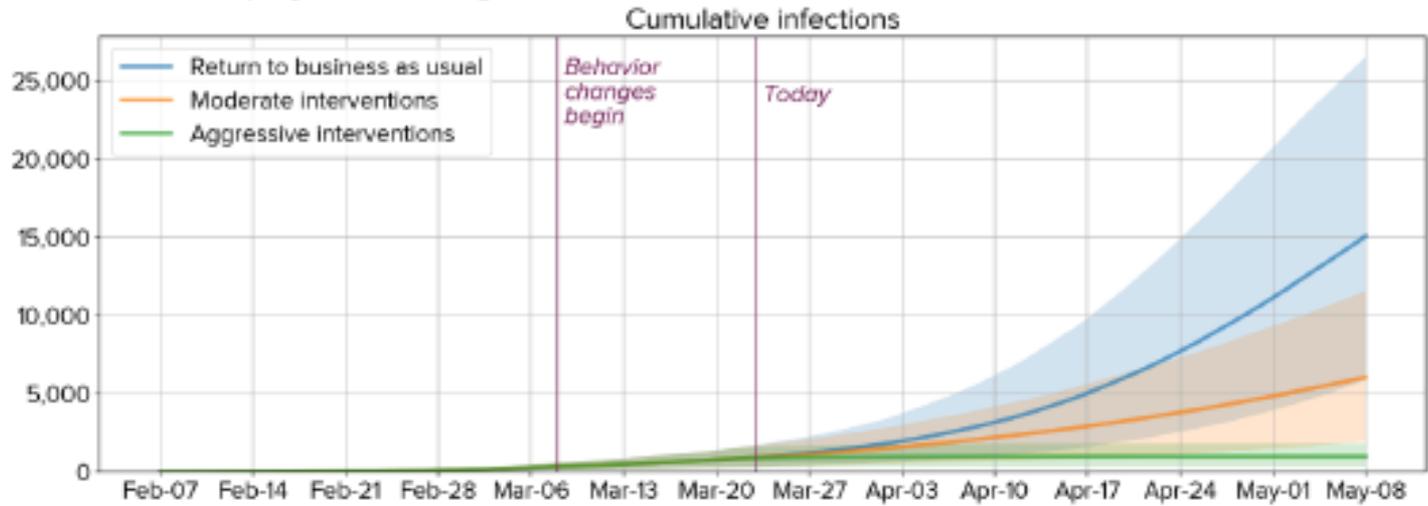
- 606 positive COVID-19 cases
- 16 deaths
- 12,227 negative tests
- Community transmission is broad, and test results do not reflect the full impact of COVID-19 in our state

Projected COVID-19 Epidemic Trends

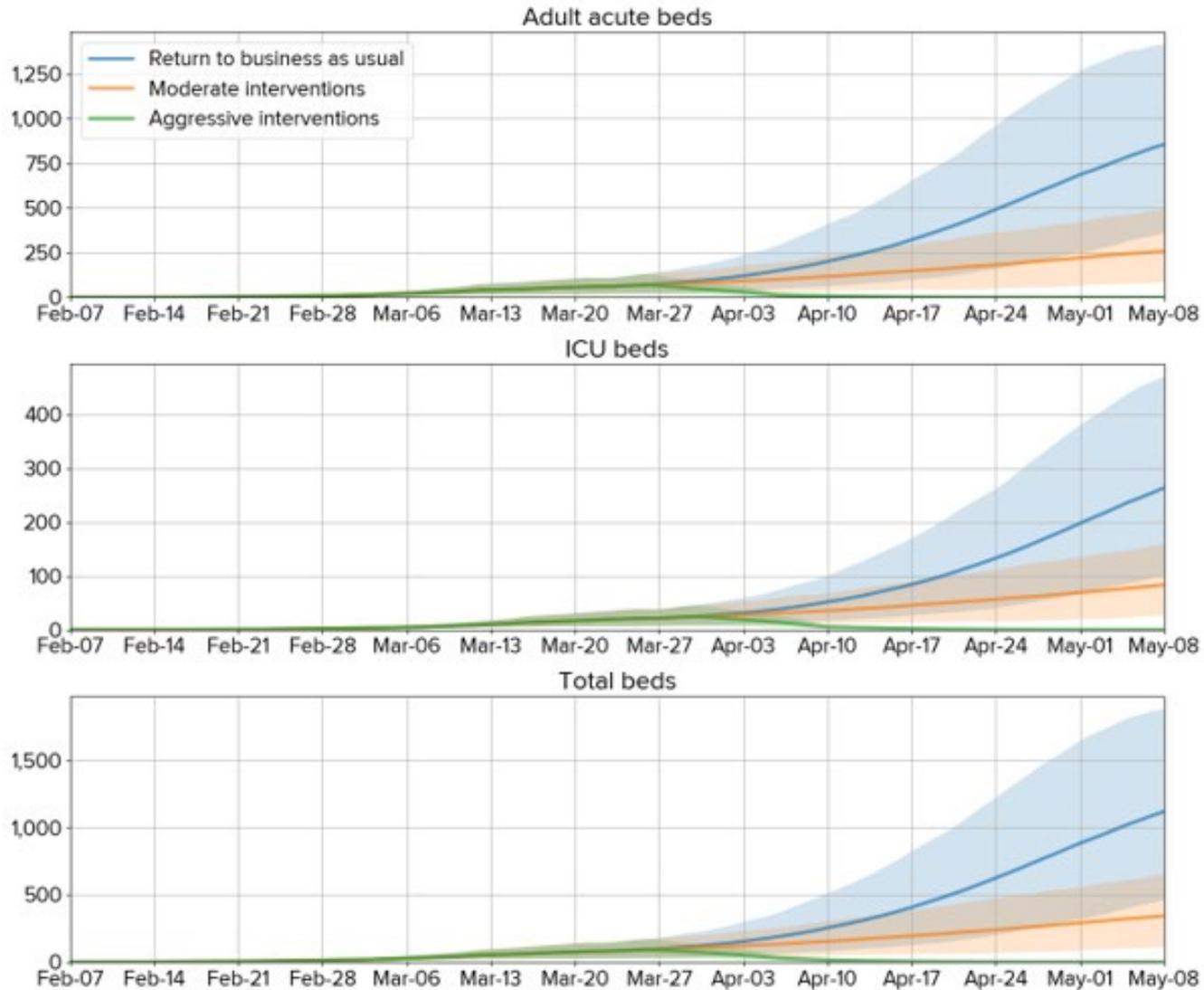
Last Updated: 3/30/2020 0900



COVID-19 projections, Oregon



Projected Number of Hospital Beds for COVID-19 Patients in Oregon



General COVID questions

COVID-19 Testing

COVID-19 Testing Updates, Q&A

Suggested groups for COVID-19 testing at clinical laboratories: persons with **fever, cough, or dyspnea**:

- Healthcare workers and first responders
- Patients with worsening symptoms
- Patients older than 60 years of aged
- Patients with underlying medical conditions, including hypertension, diabetes, cardiovascular disease, lung disease, and immunocompromising conditions
- Pregnant women
- Patients who had contact with a suspect or lab-confirmed COVID-19 patient, or who had travel from an affected geographic area, within 14 days of their symptom onset

COVID-19 Testing Updates, Q&A

OSPHL testing

- Hospitalized patients with viral lower respiratory infection (and flu testing ordered while flu is circulating)
- Symptomatic persons (fever, cough, or dyspnea) in a facility or group setting (e.g., healthcare facility, residential care facility, school, or corrections)

Clinical Care/Triage

Recent Changes to Clinical Care and Healthcare Infection Prevention Guidance (March 27)

- **Discontinuation of Transmission-based Precautions for Hospitalized Patients:** Provides criteria for discontinuation of transmission-based precautions, prioritizing a test-based strategy for patients that require continued hospitalization or will be transferred to a long-term care setting
- **Work Exclusion and Monitoring Determinations:** Recommendations include allowances for asymptomatic healthcare workers who have had an exposure to a COVID-19 patient to continue to work with strict self-monitoring for symptoms
- **Return-to-work considerations for healthcare personnel:** Simplifies recommendation for return-to-work timeline to a minimum of 72 hours post-resolution of fever and cough. Provides return-to-work best practices and considerations for crisis care scenarios.

Telehealth

OHA/DCBS Telehealth Guidance

- Health plans shall cover telehealth services delivered by in-network providers to **replace in-person visits** whenever possible and medically or clinically appropriate.
- Health plans shall **examine reimbursement rates** for telehealth services to ensure they are **adequate to enable providers to increase capacity** to serve patients with appropriate telehealth delivery methods.
- Health plans shall ensure **cost-sharing requirements** for services delivered via telehealth are no greater than if the service was delivered through in-person settings.
- Health plans **shall clearly communicate** (e.g. prominently posting information on website) to their members and provider networks about options to receive health care services via appropriate telehealth delivery modes as well as how to bill for such services.

- The full guidance can be found here:
<https://dfr.oregon.gov/insure/health/understand/Documents/DFR-OHA%20Telehealth%20Guidance.pdf>

Telehealth Coverage for the Oregon Health Plan (OHP)

- [Prioritized List of Health Services, Effective 3/13/2020](#)
- Guideline Note [A5 TELECONSULTATIONS AND ELECTRONIC/TELEPHONIC SERVICES](#)
- Statement of Intent 6 [TELEPHONIC SERVICES DURING AN OUTBREAK OR EPIDEMIC](#)

OHP Coverage of Telehealth/phone Visits

Type of service	Description	Codes (CPT, HCPCS, modifiers)	Use
Telehealth – synchronous video and audio	Visit with provider in which patient and provider interact by audio and video in real time, ideally through a HIPAA-compliant system. <i>Services like Skype, Hangouts and FaceTime are acceptable during the epidemic.</i> ¹	Extensive list of codes including usual office visit and behavioral health codes, inpatient/ICU. If the patient is in a clinical site (e.g. clinic, ICU), that site can bill Q3014.	Inpatient Outpatient New patients Established patients
E-visits	Asynchronous electronic visits, such as through EPIC MyChart or other patient portals.	99421-99423 G2061-G2063 98970-98972 (Depending on provider type)	Codes indicate established patients only ² Patient initiated ³

¹See HHS [notice of enforcement discretion](#). Some payers are/will allow these services to be billed by telephone.

²OHP FFS will not audit for compliance with established patient requirements for telephone/online services. CCOs have been asked to allow telephone services for new patients

³Providers may make patients aware of the service, but the patient must request the service and be notified of any cost sharing (no cost sharing for OHP).

OHP Coverage of Telehealth/phone visits

Type of service	Description	Codes (CPT, HCPCS, modifiers)	Use
Telephone only visits	Telephonic visit, physician and nonphysician codes	98966-98968 (nonphysician) 99441-99443 (physician)	Codes indicate established patients only ²
Quick virtual check in By phone or audio/video connection	5-10 minutes	G2012	Codes indicate established patients only ²
Clinician to Clinician	Interprofessional consultation	99451-99452 99446-99449	Inpatient, outpatient, emergency. New or established.

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OHP Coverage of Telehealth/phone visits

Type of service	Description	Codes (CPT, HCPCS, modifiers)	Use
Preventive medicine	Preventive medicine visits (when appropriate and possible without physical exam)	99381-99395	Preventive medicine (immunizations can be billed separately and delivered drive-through)

Payment Parity (OHP)

- OHA is directing CCOs under a temporary rule filing on Telemedicine Payment Parity Requirements to **reimburse contracted physical and behavioral health providers for covered services provided to OHP members by means of telemedicine (including phone), as at the same rate paid** when such services are provided in person.
- OHA has **not** directed CCOs in rule or contract to reimburse their contracted physical and behavioral health providers at the Fee-For-Service rate.
- CCOs and MCEs will continue to reimburse **non-contracted providers for telemedicine services at the rates agreed to between the MCE and the provider or at the OHP Fee-For-Service rates, whichever is greater.**
- Telemedicine services must be delivered consistent with all relevant OARs including requirements relating to **language access, interpreter, and translation services.**
- OHP is paying for services delivered by telemedicine at facility rates and seeking authority to raise the rates for the telephone codes.

Resources for Telehealth: billing and state/federal policy

Situation is evolving; billing guidance may vary by plan/payer. For OHP FFS the team are still working on detailed guidance. For the latest...

- OHP Partners COVID-19 page:
<https://www.oregon.gov/OHA/HSD/OHP/Pages/COVID-19.aspx>
 - Includes guidance on teledentistry, FQHC, PA requests, presumptive eligibility and behavioral health
 - Will be updated as new information becomes available.
- HHS HIPAA enforcement discretion page for providers:
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- Division of Financial Regulation (State-regulated insurance):
<https://dfr.oregon.gov/insure/health/understand/Pages/coronavirus.aspx>
- Medicare fact sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Personal Protective Equipment

Recent Changes to Clinical Care and Healthcare Infection Prevention Guidance (March 27)

- **Extended Use of Personal Protective Equipment:** Recommends extended use of masks and face shield for cohorted care of patients with COVID-19

OHA Interim Guidance for Elective and Non-urgent Healthcare Procedures

- Per Governor Brown's Executive Order No. 20-10, a procedure is subject to cancellation if it is elective or non-urgent and the procedure requires the use of PPE.
- A procedure is exempt from the cancellation requirement if delay would put the patient at risk of irreversible harm. Risks of irreversible harm include, but are not limited to:
 - Threat to the patient's life;
 - Threat of irreversible harm to the patient's physical or mental health;
 - Threat of permanent dysfunction of an extremity or organ;
 - Risk of cancer metastasis or progression of staging; and
 - Risk of rapidly worsening condition (i.e., need for the procedure is time-sensitive).

OHA Interim Guidance for Elective and Non-urgent Healthcare Procedures (con'd)

- If you, as a health care provider, believe that a patient will suffer irreversible harm if a recommended procedure is delayed or foregone, then you should provide that care, using as little PPE as is safe and consistent with applicable infection-control guidelines and laws
- Full guidance can be found here:
- <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2284.pdf>

Aerosol-generating Procedures (limited list*):

- Intubation, extubation, and related procedures such as manual ventilation and open suctioning
- Cardiopulmonary resuscitation (CPR)
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
- High-frequency oscillating ventilation (HFOV)
- High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
- Induction of sputum
- Medication administration via continuous nebulizer

*Note: this list is not exhaustive. Please discuss activities not described with your Infection Control Department.

Additional PPE Information

- Q&A
- MAG approved distribution criteria:
- Guidance for submitting donated materials can be found at:
<https://oregon-coronavirus-geo.hub.arcgis.com/>

Healthcare Workforce

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

Healthcare Workforce

- Q&A
- Statewide Emergency Registry of Volunteers in Oregon: <https://serv-or.org/>
- Oregon Medical Board updated information on COVID-19:
<https://www.oregon.gov/omb/Topics-of-Interest/Pages/COVID-19.aspx>

Closing and Important Contact Info

OHA Coronavirus Information for healthcare providers

<http://www.healthoregon.org/coronavirushcp>

Email your COVID-19 questions here that you want us to address at future informational sessions (*do not expect an individual response and do not send PHI*):

HealthCare.Provider@dhsoha.state.or.us

Oregon COVID-19 Response for Clinicians: Project ECHO

The "**Oregon COVID-19 Response for Clinicians** " **Project ECHO**, a weekly virtual interactive session, will be held on **Thursdays from 12-1:00 pm**. This is hosted by the Oregon ECHO Network at OHSU and will be staffed by Dr. Hargunani and Dr. Jennifer Vines, Multnomah County Health Officer and other invited content experts. They will provide the latest updates, share COVID-19 clinical cases and answer questions.

For more information see the attached flyer or connect directly on Thursday here: <https://zoom.us/j/575366462>