

SCREENWISE GUIDANCE: REMOTE ENROLLMENT AND SERVICE PROVISION DURING COVID-19



Purpose

During the COVID-19 pandemic, the ScreenWise (SW) Program encourages clinics to adopt policies and practices to facilitate client access to screening and diagnostic health services. The below guidance includes general information related to the use of various telemedicine modalities to provide services, SW Program coverage and reimbursement for services provided via telemedicine, and procedures to enroll clients into SW Program coverage remotely.

SW Program Coverage of Telemedicine Services

The SW Program promotes the use of telemedicine technology to provide services during the COVID-19 pandemic.

Effective immediately and until further notice, the SW Program will reimburse for services conducted via videoconference or telephone for **new** and **established** clients enrolled in SW Program.

We have also expanded the list of telemedicine services that will be covered at the Medicaid Rates and may include visits to enroll patients into ScreenWise with documented patient consent.

Below is a list of all covered office visit codes that may be used for telemedicine and the rates at which they will be reimbursed. Please note that all ICD-10 codes used on claims for these visits must be on the ScreenWise covered ICD-10 list, which is located on the ScreenWise website.

– 99201	\$34.59
– 99202	\$52.60
– 99203	\$74.54
– 99204	\$113.80
– 99205	\$144.00
– 99211	\$16.04
– 99212	\$31.44
– 99213	\$51.92
– 99214	\$75.41
– 99215	\$101.34
– 99441	\$9.86
– 99442	\$19.16
– 99443	\$28.12

Providers should use valid CPT codes and fees for reimbursement of other services as usual.

It is up to the discretion of each agency to determine which types of services are clinically appropriate to be delivered through a telemedicine modality. The SW Program acknowledges

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that each agency will identify which services are deemed “essential” and/or time-sensitive, which types of visits may be delayed or rescheduled (e.g., annual exams), and which services can be provided remotely.

General Information Related to the Provision of Telemedicine Services

For the purposes of this document, telemedicine is defined as the use of (1) synchronous (live two-way interactive) video and audio transmission (‘videoconference’) and (2) telephonic communication between a health care provider and client. Such communications may be conducted regardless of the location of the client and/or provider (e.g., clinic site or home).

HIPAA Rules on Telemedicine: During the COVID-19 pandemic, the U.S. Department of Health and Human Services, Office of Civil Rights has issued guidance allowing [discretion for telemedicine remote communications](#). “Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telemedicine without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telemedicine during the COVID-19 nationwide public health emergency.” Please note that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telemedicine.

OHP and HERC Coverage Guidance: OHA’s Health Evidence Review Commission (HERC) has released guidance clarifying expanded coverage of synchronous audio and video, telephone, online (e.g., patient portal) services and provider-to-provider consultations for OHP during the COVID-19 pandemic. More information about OHP’s coverage of telemedicine can be found here on the OHP COVID-19 [webpage](#). The [Oregon Health Plan Coverage of Telemedicine Services document](#) is particularly helpful.

Remote Enrollment into SW Program Coverage

During the COVID-19 pandemic, the SW Program is allowing for remote enrollment for eligible patients. There are three ways in which clients may complete the Enrollment Form when not in the clinic physically:

1. Clinics may mail the SW Program Enrollment to the client prior to the client’s visit. The mailing should include a self-addressed, stamped envelope so that the client can mail the completed Enrollment Form to the clinic. The client should sign and date the form on the day they completed the form.
2. Clinics that have a secure patient portal may “push” the Enrollment Form to the client’s account and ask the client to print, complete, and upload the signed and dated Enrollment Form back to the clinic.

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3. Clinic staff may complete the SW Program Enrollment form with the client over videoconference and/or telephone.

Resources

- Oregon Health Authority (OHA) COVID-19 webpage: <https://govstatus.egov.com/OR-OHA-COVID-19>
- OHA webpage on COVID-19 for OHP Partners: link [here](#)
- Interim OHA COVID-19 Guidance for Elective and Non-Urgent Health Care Procedures: link [here](#)
- Northwest Regional Telemedicine Resource Center (NRTRC) Quick Start Guide to Telemedicine: link [here](#)
- Department of Consumer and Business Services (DCBS) and OHA Telemedicine Guidance for Commercial Payers and CCOs: link [here](#)
- Western States Regional Genetics Network Curated Telemedicine Resources: link [here](#)