Overview of AHCCCS's telehealth response to COVID-19 emergency

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Situation summary

Coronavirus Disease 2019 (COVID-19)

This is a rapidly evolving situation and the CDC will provide updated information and guidance as it becomes available.

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html

CDC is responding to a pandemic of respiratory disease spreading from person-to-person caused by a novel (new) coronavirus. The disease has been named "coronavirus disease 2019" (abbreviated "COVID-19"). This situation poses a serious public health risk. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this situation. COVID-19 can cause mild to severe illness; most severe illness occurs in older adults.

Situation in the U.S.

Different parts of the country are seeing different levels of COVID-19 activity. The U.S. nationally is in the initiation phase of the pandemic. States in which community spread is occurring are in the acceleration phase. The duration and severity of each pandemic phase can vary depending on the characteristics of the virus and the public health response.

CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View [CDC's Public Health Laboratory Testing map](#).

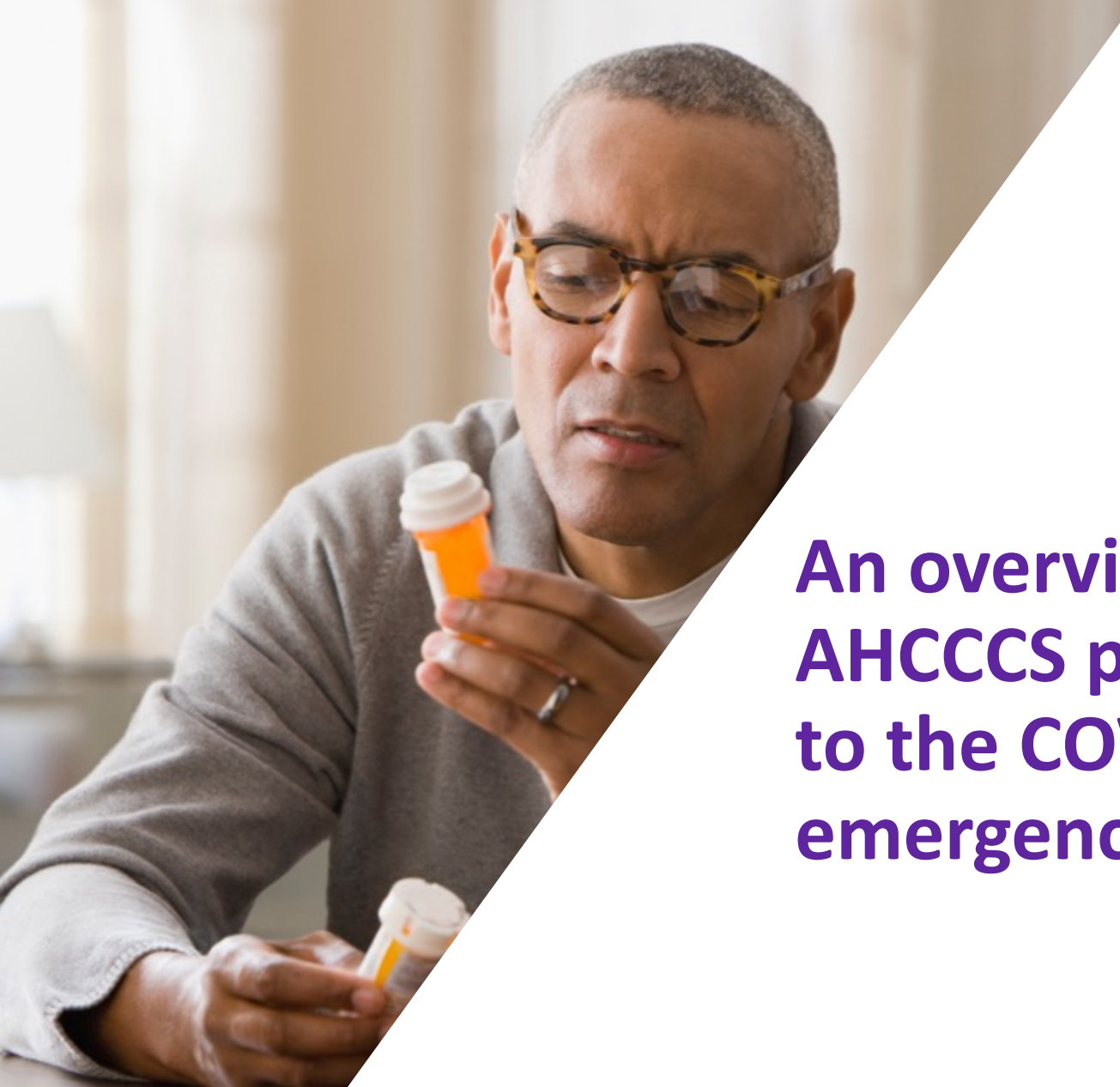All 50 states have reported cases of COVID-19 to CDC.

U.S. COVID-19 cases include:
- Imported cases in travelers
- Cases among close contacts of a known case
- Community-acquired cases where the source of the infection is unknown.

Twenty-seven U.S. states are reporting some community spread of COVID-19.

View [latest case counts, deaths](#) and a [map of states with reported cases](#).

An overview of AHCCCS policies prior to the COVID-19 emergency

Overview of AHCCCS telehealth October 1, 2019 changes

AMPM 320-I Telehealth

Telehealth is an "umbrella term" to describe telemedicine, telephonic, teledentistry and asynchronous technologies.

TELEMEDICINE
The practice of synchronous (real-time) health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio and video communications that occur in the physical presence of the patient.

TELEPHONIC
Non-face-to-face encounters originating from the established patient for evaluation or management of a problem provided by a qualified clinician. The problem may not be related to an E/M encounter that occurred within the previous seven days nor can the problem lead to an E/M encounter or other service within the following 24 hours or next available in-office appointment opening.

mercy care

TELEDENTISTRY

The acquisition and transmission of all necessary subjective and objective diagnostic data through interactive audio, video or data communications by an AHCCCS-registered dental provider to a dentist at a distant site for triage, dental treatment planning and referral.

ASYNCHRONOUS (STORE AND FORWARD)

Transmission of recorded health history (e.g. pre-recorded videos, digital data or digital images, such as x-rays and photos) through a secure electronic communications system between a practitioner, usually a specialist, and a member or other practitioner, in order to evaluate the case or to render consultative and/or therapeutic services outside of a synchronous (real-time) interaction.

DISTANT SITE
Site at which the provider is located at the time the service is provided via telehealth.

ORIGINATING SITE
Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.

REMOTE MONITORING
Personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care and related support. Such monitoring may be either synchronous (real-time) or asynchronous (store and forward).

Overview of October 1, 2019 AHCCCS telehealth policy changes

1. Broadening of point of service (POS) allowable for distant and originating sites:
   a. No restrictions on distant site (where provider is located)
   b. Non-IHS/638 providers required to be licensed in Arizona
   c. Broadening of originating site (where member is located) to include home for many codes
2. Broadening of coverage for telemedicine, remote patient monitoring and asynchronous
3. No rural vs. urban limitations
4. MCOs retained ability to manage network and leverage telehealth strategies as they determine appropriate

Overview of October 1, 2019 AHCCCS telehealth policy changes

5. GT modifier required for real time, interactive audio video communication + POS for originating site
6. GQ modifier required for asynchronous (store and forward) + POS for originating site
7. No changes in telephonic service delivery
8. No restrictions on disciplines
9. Defers to statute and other policies regarding informed consent requirements
10. Defers to statute and other policies regarding confidentiality requirements for telehealth

Overview of October 1, 2019 AHCCCS telehealth policy changes

11. Asynchronous does not require real-time interaction with the member. Reimbursement for this type of consultation is limited to:

- Dermatology
- Radiology
- Ophthalmology
- Pathology

- Neurology
- Cardiology
- Behavioral Health
- Infectious disease
- Allergy/Immunology

12. No restrictions on telemonitoring before 10/1/2019 (with the exception of congestive heart failure (CHF)). Currently, there are **no** telehealth restrictions for members with CHF.

Additional information can be found on AHCCCS AMPM 320-I Telehealth.

AHCCCS telehealth policy changes to address COVID-19 declared emergency

Telehealth coding standards unchanged

Many telehealth services can be provided when the member is at home.

- Utilize POS 12 Telehealth

As always, telehealth services should otherwise continue to be billed in compliance with AHCCCS AMPM 320-I Telehealth and the AHCCCS Telehealth Code List with POS criteria.

Permanent telephonic code set

Permanent Telephonic Code Set (Table II)
- These are codes that have been available for use telephonically prior to the COVID-19 declared emergency and will continue to be available after the end of the emergency. There is no change to the coding standards for these codes. When providing these services telephonically, you should continue to utilize POS 02 Telehealth.

The set also includes:
- Telephonic evaluation and management codes
- Skills training and development
- Self help and peer support services
- Case management

Temporary telephonic code set

In response to telemedicine technical capacity limitations for some providers and/or members, AHCCCS greatly expanded codes available via telephone over the course of the emergency. The AHCCCS Temporary Telephonic Code Set provides a list of codes available on a temporary basis that can be provided telephonically starting with dates of service on March 17, 2020 until the end of the COVID-19 declared emergency.

A temporary code set was developed based on stakeholder requests. For additional requests, email:

CodingPolicyQuestions@azahcccs.gov

Temporary telephonic code set

1. Full [Temporary Code Set](#) (Table I) available on AHCCCS website. Examples of codes included are:
- Group psychotherapy
- Family psychotherapy
- Medical nutrition therapy
- Evaluation and management codes

2. Coding guidelines:
  - UD modifier must be utilized.
  - POS = originating site.

The Place of Service (POS) is the originating site (where the member is located at the time of the telephonic service delivery). POS home (12) is allowable for all temporary telephonic codes.

3. Medical necessity standards still apply.
4. Documentation standards still apply.

Controlled substances

Typically, providers require in-person visits for controlled substance refills.

AHCCCS has updated its telephonic and telehealth code sets to enable providers to conduct visits remotely, including for controlled substance medication refills when clinically appropriate.

Teledentistry changes to address COVID-19 emergency

1. New codes available for use effective 3/20/20
   - D9995 teledentistry – synchronous
   - D9996 teledentistry – asynchronous

2. D9995 or D9996 billed on CDT form along with dental service performed.

As with telehealth reimbursement model for physical and behavioral health services, reimbursement rates are tied to service performed (i.e., no separate reimbursement for D9995 or D9996).

COVID-19 Emergency Teledentistry

Additional coding requirements

AHCCCS is requiring the use of specified modifiers and a condition code related to services provided as a result of, or related to, the COVID-19 emergency. In addition, AHCCCS is providing guidance regarding time-limited, coverage of telehealth services that can be provided telephonically.

COVID-19 emergency related "CR" modifier - catastrophe/disaster

a. The CR modifier must be used on all applicable claims for services provided as a result of, or related to, the national emergency declaration of March 13, 2020 related to the COVID-19 outbreak

b. The CR modifier must be used on all billing for the all claims for both outpatient institutional and non-institutional forms listed here:
    - ASC X12 837P and 837I (outpatient)
    - CMS – 1500, NUBC UB-04 (outpatient)

Additional coding requirements

COVID-19 emergency related "DR" condition code - disaster related

a. The DR condition code must be used on all applicable claims for services provided as a result of, or related to, the national emergency declaration of March 13, 2020 related to the COVID-19 outbreak.

b. The DR condition code must be used on all inpatient claims listed here:
    - ASC X12 8371 (Inpatient)
    - NUBC UB-04 (Inpatient)

COVID-19 diagnosis and procedure codes

Mercy Care has added the new procedure codes and diagnosis codes to meet guidelines that are described on The Center for Disease Control and Centers for Medicare and Medicaid Services websites.

All codes are currently available for use.

Diagnosis code

U07.1 2019-nCoV acute respiratory disease

- Effective 02/04/2020
- U07.1 can be used in most instances for members with confirmed diagnosis COVID-19

https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html

Diagnosis code

Mercy Care has been notified that the 3M grouping software will not recognize the new ICD-10 diagnosis code for COVID-19 prior to April 1, 2020.

Until the April 1, 2020 software release, hospitals should bill for other related conditions such as:

- Pneumonia (J12.89 with B97.29)
- Acute Bronchitis (J20.8 with B97.29)
- Lower Respiratory Infection (J22 with B97.29)
- ARDS - Acute respiratory distress syndrome (J80 with B97.29)

https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html

Supplement Coding related to COVID-19 Coronavirus Outbreak

COVID-19 laboratory testing

As of March 16, 2020, COVID-19 testing is now available through private labs as well as the state lab.

However, the COVID-19 test requires a specimen to be collected by a physician or other authorized health care providers.

Do not visit a laboratory location to request the COVID-19 test.

Procedure codes

● U0001 SARS-CoV-2 2019
Novel coronavirus (2019-ncov); real-time rt-pcr diagnostic panel

(CDC testing laboratories)

● U0002 SARS-CoV-2/2019-nCoV
COVID-19 2019 novel coronavirus (2019-ncov); Real-time rt-pcr diagnostic panel

● 86735 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

Amplified probe technique

Resources

- [AHCCCS Telehealth Policy – 310-I](#)

- [AHCCCS Medical Coding Resources](#)

- [AHCCCS Telehealth Code Set](#)

- [COVID FAQs](#)
  [AHCCCS Telephonic Code Set (Temporary)](#)
  [AHCCCS Telephonic Code Set (Permanent)](#)

- [HHS Telehealth Notification](#)

- [DEA COVID-19 Info Page](#)

- Send your coding questions to
  CodingPolicyQuestions@azahcccs.gov

- [Centers for Disease Control](#)

Thank You

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