VCHIP CHAMP VDH COVID-19

March 25, 2020 | 12: 15-12: 45pm Call Questions and Answers*

Wendy Davis, MD, FAAP, Vermont Child Health Improvement Program, UVM; Breena Holmes, MD, FAAPS, Director of Maternal & Child Health, Vermont Department of Health (VDH)

New VDH Information/Resources - *Breena Holmes, MD, VDH*

Two new health alerts coming out to providers in a blast this afternoon.

1) Case contact conversation (drafted by *Wendy Davis, MD, VCHIP* and *Mort Wasserman, MD, VCHIP*) – new procedure at VDH that not calling folks in close contact with positive cases. We are in community spread, so VDH is no longer investigating close contact with each positive case – unless the positive case is associated with a person in close contact with a health care worker or if positive case associated with a long-term care facility.
2) Updated lab procedures: Interrelationship between UVMMC's lab and the state lab in Colchester that VDH runs. Definitely increasing test capacity, but there are new process changes to be shared with providers. Will continue trying to find out if low-priority samples are being sent only to Mayo or to other labs.

Two parents in different households due to divorce: no specific guidance. Understand who is in the two houses, who is sick, who is chronically ill, who is vulnerable, who is experiencing any symptoms, and then use common sense about a child moving between two houses.

- DCF custody guidance – protecting workers and children. Doing Skype visitations with parents for children in DCF custody. Several appeals about that, legal issues involved. Ongoing process for hearing out parent concerns – wanting to see their children in person versus the viral risk. Good documents on that if needed for situations in practice.
- Role of home health in vaccine delivery for childre with complex health conditions. Ongoing conversation in Vermont. Set up some guidance last week that home-based services should be limited to protect home health nurses from entering homes unless it's essential. Believe vaccination with children with special health needs would count as essential. Work with home health agency directly. At systems level, working with vaccine for health program. Making sure still within rules about storage of vaccines in home health agencies.
- Use 2-1-1 Help Me Grow for families experiencing shortages of basic needs. Some capacity of district office to help also.
- Food safety – nutrition programs in schools. Guidance on safe food handling. Not worried about virus spreading on food, but workers were too close while packaging food. Promoting compliance with 6-foot rule. Continuing as an essential service in context of Governor's stay home order.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

Practice Implementation Strategies - *Kate McIntosh, MD, Senior Medical Director & Director of Quality, Blue Cross Blue Shield of VT (BCBS VT)*

Coding/Billing/Payment policies for Telehealth and Telephone consultations:

- BCBS VT opened the acute office visits code range 99201-99215 to audiovisual telemedicine and telephone. The payment from BCBS VT will be exactly the same for those visits as though you were seeing patients in your office. The regular costshare and co-pays will apply as for office visits, unless those visits are associated with screening for COVID-19, but if it's a diaper rash, a sprained ankle, and ear infection as the primary, then don't use the COVID-19 codes.
- Opened well-child checks to audiovisual starting at age 2. The codes are 99392 up through the top code range we use of 99395 for telemedicine. Teenagers are included.
- Everybody's home from school and college. Everybody's answering their phones because they're all at home. Get those well-child visits in via telemedicine if you need to fill practice schedules.
- Developmental screening was also turned on for telemedicine. Vanderbilt, PHQ-9, PHQ-2, screening for food insecurity, regular screening for depression and anxiety, all of those have also been turned on for telemedicine.

Q: Do the BCBS changes also apply to FQHC's?
A: Kate McIntosh, MD, BCBS VT: Yes. The BCBS changes do apply to FQHCs. Medicare has never covered telemedicine for FQHCs, but these do cover telemedicine for FQHCs.

Q: Why not cover well-child checks for kids under age 2? We are considering well-child checks at 15-18 months as non-essential and doing telemedicine.
A: Kate McIntosh, MD, BCBS VT: The policy is written for children ages 2 and above, but the code is actually for children 1 and over and we're not going to be policing it. If you have a way of bringing 15-18 month olds into the office, that's preferable, but you can use the telemedicine codes for kids 1 and over.

Q: We use a modifier for video - is one needed for phone?
A: Kate McIntosh, MD, BCBS VT: For BCBS, if you do a telephone visit, use the 95 modifiers and bill it the same as telemedicine. For DVHA, they want you to put a telephone modifier (99). They're trying to track how many people are being seen over the phone vs. audiovisual. The code for triage phone calls is G2012. This code does not pay well, but BCBS turned it on so doctors and nurses can bill for triage telephone calls. We are trying to bump the revenue for practices suffering under increased burden of phone calls. As a provider, it would be better to bill for an office visit, but then there would be a cost share.

Q: What about doing physical exams in the future for sports clearance for kids? How do we bill in the office at a later date?
A: Kate McIntosh, MD, BCBS VT: We can't split that exam out. It all falls in the same billing code and cost share. There isn't a way to bill half the physical early and half later. You're either going to have to bill the physical now and bring people in to no charge the physical later, or incorporate the physical into another office visit later, but that will also garner a costshare for the patient.

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Q: Can you remind folks to discuss with families strategies for dealing with the enormous stresses on families and how this might lead to a spike in child abuse and that the AAP has good resources for families about this. https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/The-American-Academy-of-Pediatrics-Advises-Parents-Experiencing-Stress-over-COVID-19.aspx
A: Kate McIntosh, MD, BCBS VT: Talk to families about the stress. This is exactly the time to reach out to these families.

Q: Can providers be off-site to bill?
A: Kate McIntosh, MD, BCBS VT: Can be off-site to bill. Do not have to be in office. Can bill from home.

Q: I'm grateful for the BCBS update, do we have similar updates from other payers?
A: Kate McIntosh, MD, BCBS VT: Medicaid has a nice slideshow for payment and telemedicine- I will share the link. MVP is not being as provider-friendly at the moment. Paying telemedicine at telemedicine ratse, not outpatient rates, which are half of what they would be if patients came into office. We are hoping that the Department of Financial Regulation (DFR) will change that. Cigna has not been a part of the conversation and I am not familiar with what the Harvard Pilgram plan is doing either.

Q: What kind of documentation is needed to use that code?
A: Kate McIntosh, MD, BCBS VT: Honestly, open an office visit, throw in brief one line, what problem was, what was discussed.

Q: Are the restrictions still in place about billing a phone call if the patient has been seen in the last 7 days or have a visit in the next 48 hours?
A: Kate McIntosh, MD, BCBS VT: That language is still on the code, and we're asking you to do your best, but we understand that these are crazy times, so it's kind of muddy right now.

Q: What about new patients calling for triage?
A: Kate McIntosh, MD, BCBS VT: Practices need to have insurance info if they're going to bill for a triage call. If it's a new patient, use 99201 or 99202, because you can't bill until you see them for an office visit as a new patient. As providers, we can't give intelligent triage advice for people who we have no history on.

Q: Can you say more about co-pays for screening for COVID-19?
A: Kate McIntosh, MD, BCBS VT: If you're seeing a patient and feel that screening them for COVID-19 is appropriate, use the Z codes specific to COVID-19. If you use the Z codes on the top line of the claim, there will be no cost share or co-pay for patients. It's a bit of an honor system and we're trusting that the primary reason for the visit is COVID-19 screening if those codes are used. If COVID-19 screening is not the primary reason for the visit, then do not use those codes.

Q: What about seeing a child for cold and fever? And asking COVID-19 questions as appropriate?
A: Kate McIntosh, MD, BCBS VT: If the patient has known COVID-19 exposure, then using those codes would be appropriate. If it is clear that the patient has a regular upper respiratory tract infection, then don't use those codes. We expect to see these codes used more frequently in adults, but if you think it's reasonable that the child might have COVID-19, use the Z codes.

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Questions/Discussion

Mort Wasserman, MD: Our excellent colleagues at VDH are creating a provider-specific website. It would benefit from some volunteer clinician reviewers to make it more useful. Those who wish to review the VDH provider-specific website should send their email info to Breena, whose email address is breena.holmes@vermont.gov. We would appreciate nurse review as well as physician.

Q: I am hoping that today's call will discuss how the Governor's new instructions apply to us. It seems like much of what we do in the office doesn't come under the category of essential services. So should we keep our offices open, or try to scale W-A-A-A-Y back?
A: Alex Bannach, MD, North Country Pediatrics: I personally feel that preventive services are extremely important if we don't want to risk outbreaks of pertussis, measles etcetera... Anyone agree?
A: Breena Holmes, MD, VDH: Primary care pediatrics has essential elements for sure. You are exempt from the Governor's stay home order.
A: Valerie Rooney, MD, Brattleboro Memorial Hospital: I agree that vaccines are essential.
A: Breena Holmes, MD, VDH: Many of your primary care colleagues have creative solutions for delivery vaccines and well care.
A: Paul Parker: I'm still seeing newborns through 18 month olds in-person (after screening by telephone for any viral symptoms), scheduling an hour and a half (since I have let nurses stay home) and conducting the visits not in proximity to any ill patients. It is still important to keep up with vaccinations for infants and toddlers. All of the older children's' appointments are being cancelled for rescheduling in the future.

Q: My concern is that if the increased testing capacity is advertised, testing will greatly increase without following recommendations (speaking about all physicians, not pediatricians necessarily)
A: Wendy Davis, MD, VCHIP: I did not mean to state there is increased testing capacity. We are still adhering to the prioritization. We are still trying to not test people who fall into the low-risk category, especially with pediatric population. What I may have referenced: in a different epidemic might be looking to test more broadly to understand community transmission, but we simply cannot do that right now in this situation. A: William Raszka, MD, UVMMC: We do not yet have the capacity to test everyone.

Q: Do we know what the Mayo Clinic turnaround time is?
A: William Raszka, MD, UVMMC: We are officially stating that for low risk it is 48-72 hours. If capacity continues to expand and we work through the backlog, the turnaround time should decrease.

Q: Do you have thoughts about using testing in a setting like Lund? With higher-risk moms and babies?
A: William Raszka, MD, UVMMC: Currently, we are still recommending testing for symptomatic individuals. We would not test simply because someone was in the Lund home (at this time)
A: Breena Holmes, MD, VDH: VDH agrees with Bill about Lund. Courtney Farrell has sought good medical procedure from me and UVMMC at Lund.

Q: What about reports that while test capacity increases, availability of test tubes is very limited? Does that mean we should not relax our testing criteria?
A: William Raszka, MD, UVMMC: Not yet. We have had shortages of the swabs and transport media. Pre-test probability is quite low. We are seeing little pediatric disease-which is consistent with international data.

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A: Breena Holmes, MD, VDH: VT got PPE delivery from FEMA yesterday to add to stockpile. Keep using the VDH form to delineate needs.

Q: To be clear, healthy parents, regardless of employment can continue to work. Correct?
A: Breena Holmes, MD, VDH: Yes
A: Wendy Davis, MD, VCHIP: Reminder and reason why we need to be judicious in testing especially in our pediatric population where pre-test probability of COVID-19 is quite low. Breena confirmed Vermont did get their FEMA PPE deliver, so reminder about request form on VDH web site if you need equipment. You may not get it immediately or all that you request, but we do know pediatricians are receiving disbursements from the stockpile.

Q: What about health care workers with an ill spouse?
A: William Raszka, MD, UVMMC: I think an issue is that for variations, different authorities have given slightly different advice. For example, the UVMMC hotline may recommend that higher risk HCW would stay at home or wear a mask.
A: William Raszka, MD, UVMMC: How to approach health care workers with ill children or an ill spouse has been problematic since the onset of the pandemic. Our general approach has been to allow the asymptomatic health care workers to continue to work with self-monitoring. However, the VDH has done case by case investigations and for some health providers has recommended testing of the person with s/s COVID and isolation of the health care workers until results are known. Another approach has been to recommend masks for health care workers. There is no universal policy that covers all variations of health care workers that everyone has agreed to in the state.
A: Wendy Davis, MD, VCHIP: Clarified with epidimiology staff at VDH – Those children obviously should stay home, but if their parent/caregiver/healthcare workers are healthy, they may work. We should continue to consider testing only those children who have significant symptoms – fever/cough/shortness of breath – in thinking about the implications for their parents. Healthy parents may continue to work.

Q: What time is grand rounds?
A: William Raszka, MD, UVMMC: 8 a.m.

Q: What do we know about illness rates in pediatricians who are treating kids who are probably asymptomatic? Is there any evidence that our constant exposure to other coronaviruses or to chronic pediatric infections changes our risk levels, or are we all still as much at risk as the adult doctors?
A: William Raszka, MD, UVMMC: I do not know much about rates of illness in pediatricians. They have not been on the frontlines worldwide.
A: Valerie Rooney, MD, Brattleboro Memorial Hospital: The best summary I have seen on our risk is the following Atul Gawande article: https: //www.newyorker.com/news/news-desk/keeping-the-coronavirus-from-infecting-health-care-workers.
A: Denise Aronzon, MD, Timber Lane Pediatrics: From the lay press, I believe that of the 5 MD's who have died from Coronavirus in France, 4 were general practitioners and 1 was a gynecologist.

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