MedPOINT Management (MPM) COVID-19

Frequently Asked Questions

==This FAQ guide is intended to assist our providers with an assortment of topics related to COVID-19. Updated items indicated with date of update and lightbulb icon.==

COVID-19 Testing

If any of your patients test positive for COVID-19, how and where should I report this information?

You are required to report all positive test results to your local health department and the CDC. Additionally, your contracted IPA/Medical Group is also requesting that you submit this information via the MedPOINT Management (MPM) Web Portal. Please follow the below link and instructions which includes a quick guide to steps for submission via the web portal.

Please use this link for more information on reporting to the CDC: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

A listing of local public health websites can be found here: https://www.naccho.org/membership/lhd-directory?searchType=standard&lhd-search=&lhd-state=CA

Where can I find a list of my COVID-19 positive members?
The MPM Web Portal has published a new report that allows you to view a list of your patients who have tested positive for COVID. To access the report, please follow the below links and steps:

- Login to the MedPOINT Provider Web Portal here: https://portal.medpointmanagement.com

- To submit a case please click the link highlighted below:
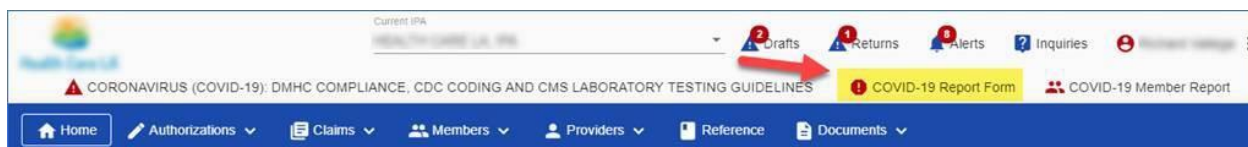
- To view your COVID19 members please click the link highlighted below
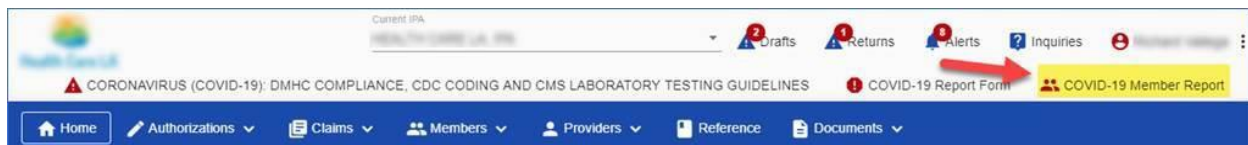
What is the IPA doing for my members who tested positive?

Your contracted IPA is conducting outreach and case management services for members who tested positive for COVID-19. We conduct a COVID-19 assessment telephonically, and provide members with resources regarding social services, food delivery, appointment scheduling and establishing medication home delivery. For patients who tested positive in the outpatient setting, our member outreach team is contacting these members to assess their needs. If the member needs an appointment with their PCP, we will contact your office to help schedule the appointment and resolve any immediate issues. For high risk patients or patients recently discharged from the hospital, these members are followed by the Case Management team. To speak directly with the Case Manager assigned to your member who was recently discharged from the hospital, please call 818-702-0100 ext. 1834.

Where should I send a member for COVID-19 testing?

LA County is offering free testing for anyone who meets the current criteria. You can instruct your members who need a COVID-19 test to follow the below link and instructions. Appointment availability opens for slots the next day.

For LA County residents, please direct patients to this link: https://lacovidprod.service-now.com/rrs

Riverside County https://www.rivco-familycarecenters.org/ you have to call to make an appointment 1-800-945-6171

Long Beach residents with symptoms of COVID should follow this link to get information on testing sites: http://www.longbeach.gov/health/diseases-and-condition/information-on-coronavirus/covid-19-testing/

San Diego COVID-19 testing is being considered for people who have a fever and a cough and are part of high-risk group only – Call your provider to determine if testing is required.

Is Quest offering COVID-19 antibody testing?

Effective 4/21/20, Quest will begin offering SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay. The CPT code for this immunoassay is 86769 and the test code is 39504.

Is LabCorp offering COVID-19 antibody testing?

Effective 4/27/20, LabCorp will begin offering SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay. The CPT Code for this immunoassay is 86769 and the test code is 164055.

COVID-19 Billing, Encounters, Authorization, and Claims

Per regulatory guidance, no co-pays, deductibles, or co-insurance are to be collected from members for COVID-19 testing and screening. Which types of services does this apply to?

The DMHC directs all full-service commercial and Medi-Cal plans to immediately reduce cost-sharing including but not limited to co-pays, deductibles, or co-insurance to zero for all medically necessary screening and testing for COVID-19, including hospital (emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19. If there are treatments, exams, procedures, or other services that cannot be adequately provided via telehealth, those services are not eligible to be provided using this method.

Do I need to submit an authorization for COVID testing and screening?

You do not need to submit an authorization for COVID testing or screening. Your IPA has also automatically extended all authorizations by an additional 180 days in order to facilitate your member's access to care.

Do I need to obtain authorization for telehealth services?

For services that generally require an authorization, the standard pre-authorization requirements apply regardless of whether the services are being provided via telehealth or in-person. Your current authorizations are valid, and you do not need to do anything further to change these authorizations. You do not need to request a new authorization with a POS 02. Please follow your normal authorization processes with your contracted IPAs and contact them directly with any questions or concerns about telehealth. When submitting claims for authorized services, medical records must be attached via the MPM web-portal to the approved authorization. For assistance, please contact Provider Network Operations (providerservices@medpointmanagement.com) or the IT Help Desk (ITSupport@medpointmanagement.com).

If I am seeing a member via a telehealth visit, how should these visits be billed? *Updated Dec, 2020*

Telephone visits can substitute for face-to-face visits with appropriate clinical documentation and submission of encounter and billing codes. This service does vary depending on the line of business and a distinction should be made between telephonic (phone only) and telemedicine visits which include a video component.

	Medi-Cal	Medicare	Commercial
FQHC	POS - 02	POS - 50	POS - 50
	Modifier - 95	Modifier - CS, 95	Modifier - CS, 95
	HCPCS - T1015SE	HCPCS - G2025	
Non-FQHC	POS - 02	POS - 11	POS - 11
	Modifier - 95	Modifier - CS, 95	Modifier - CS, 95

*Please bill Modifier **CS in the primary position** and **95 secondary.** Additionally, HCPS – T1015SE is **solely used** for FQHC wrap payment purposes*

Refer to CMS billing guidelines at https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

The Centers for Medicare and Medicaid Services' (CMS) "Summary of Medicare Telemedicine Services" as provided in the chart below:

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.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

Source: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

NEW PATIENTS				ESTABLISHED PATIENTS			
CPT Code	CPT Typical Time	CMS Typical Time	CMS 01/01/21 Updates	CPT Code	CPT Typical Time	CMS Typical Time	CMS 01/01/21 Updates
99201	10 minutes	17 minutes					
99202	20 minutes	22 minutes	15-29 minutes	99212	10 minutes	16 minutes	10-19 minutes
99203	30 minutes	29 minutes	30-44 minutes	99213	15 minutes	23 minutes	20-29 minutes
99204	45 minutes	45 minutes	45-59 minutes	99214	25 minutes	40 minutes	30-39 minutes
99205	60 minutes	67 minutes	60-74 minutes	99215	40 minutes	55 minutes	40-54 minutes

Source: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf and https://www.aapc.com/evaluation-management/em-codes-changes-2021.aspx

What is the distinction between E&M office visits done via telehealth and telephone visits?

The definition of telehealth technically excludes audio-only telephone visits. Medicare currently only allows E&M office visits 99201-99215 to be coded if there is video capability. If there is no video capability Medicare only allows a telephone visit to be coded. CMS has posted a list of exceptions which include G0438 and G0439 Annual Wellness Visits. During the public health emergency (PHE) Medi-Cal and Commercial allow E&M office visits to be done by telephone or telehealth. It's important to document patient consent.

What are the Medicare risk adjustment rules?

Medicare E&M office visits done by telehealth do risk adjust. This includes AWV codes G0438 and G0439 but not G0402, so providers should not use the latter code until CMS clarifies. Telephone visits currently do not risk adjust (although this is being appealed).

How should audio-only telephone encounters be coded?

Telephone visits are usually coded with either CPT 99441-99443 or **G2025** for Medicare services. The latter code is for FQHCs/RHCs. It's important to document the length. Phone calls are not telehealth visits, so no modifiers are required. For Medi-Cal and Commercial, it is recommended that providers code phone visits as E&M office visits by telehealth in order to ensure credit for HEDIS and Star measures, and because there is a rule about coding telephone visits 7 days after or 24 hours before another visit. DHCS has clarified that when there is a supplemental payment for well child visits, such as CHDP, and the purpose of an in-person visit is only to complete items that could not be completed during a preceding telephone or telehealth visit, it is not appropriate to receive payment for both visits.

How to properly document a telehealth visit?

All documentation must comply with standard State and Federal requirements. MPM recommends that the documentation in the Member's medical record should include the following: Notation that patient consented to the consult held via telephone/online, Names of all people present during a telemedicine consultation and their role, Chief complaint or reason for telephone/online visit, Relevant history, background, and/or results, Assessment, Plan and next steps and Total time spent on medical discussion. Additional information regarding the recommendation may be found at: https://www.careinnovations.org/wp-content/uploads/1.-Telephone-Visits-Definitions-Coding-Documentation_CP3-Toolkit.pdf

How should I bill for COVID-19 tests that were done in my office or facility? *Updated Dec, 2020*

If the specimen is collected as a component of the in-person office visit, the collection is included and should not be billed separately. If the specimen is collected on a separate day, bill using **99211** or **99000**, if code requirements are met. The following codes are reserved for clinical laboratories and other providers who have the capability to analyze specimens on site: **CPT Codes – 86328, 87635, 87636, 87637, 86769, 87811,** and **HCPCS Codes – U0001, U0002, U0003, U0004, G2023, G2024, and C9803.**

What diagnosis codes should I use for COVID-19 positive or suspected COVID-19 visits?

Effective with services on and after April 1, 2020, a confirmed diagnosis of COVID-19 (2019 novel coronavirus disease) should be reported with diagnosis code **U07.1**, COVID-19. Assignment of this code is applicable to positive COVID-19 test results and presumptive positive COVID-19 test results.

While this list is not comprehensive, here are some additional ICD-10-CM codes that may be helpful for reporting encounters related to possible COVID-19 exposure as described in the ICD-10-CM Official Coding and Reporting Guidelines at:

- Z03.818: (Encounter for observation for suspected exposure to other biological agents ruled out)
- Z20.828: (Contact with and (suspected) exposure to other viral communicable diseases)
- Z11.59 (Encounter for screening for other viral diseases)

For more information on COVID 19 Coding, please refer to CDC coding guidelines:
https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

Please Note: The above guideline is directed to coders; the clinician's judgement that the patient has COVID-19 is sufficient to code U07.1.

COVID-19 Telehealth and Practice Impact

Which platforms can I use to provide telehealth services to my members?

Primary Care Providers and Specialists are encouraged by the Health and Human Services Office for Civil Rights to utilize one of the below televideo platforms that are free or low cost:
1. Zoom Healthcare - https://www.zoom.us/healthcare
2. Doxy.me - https://doxy.me/
3. Updox - https://www.updox.com/
4. Google G Suite Hangout Meet - https://gsuite.google.com/products/meet/
5. Cisco Webex Meetings - https://www.webex.com/video-conferencing
6. Amazon Chime - https://aws.amazon.com/chime/
7. Go to Meeting - https://www.gotomeeting.com/

Please also refer to the American Medical Association (AMA) quick guide to telemedicine in practice, which provides general practice guides, tools, and resources, including rules and regulatory guidance, for providers.

Due to COVID, my office is temporarily closed, has limited hours, or is only seeing members via telehealth. How should I let the IPA know?

If any Primary Care, Specialty Care, or Ancillary Provider is unable to provide services to Members due to temporary office closure, submit a notification to MPM via email to ProviderServices@medpointmanagement.com. Please also notify us of any changes to your office hours or if you are providing services via telehealth. Please also ensure that you have adequate messaging on your office recording so that members are aware of your closure and any alternative arrangements.

How will I receive my capitation check?

Due to the Public Health Emergency (PHE), providers will not be able to pick up their capitation check from MedPOINT Management's headquarters. The process for capitation check retrieval as a result of the PHE is regular mail or FedEx (if requested). If check is sent via FedEx, the cost of the charge will be deducted from the following capitation check.

My office or facility is running low on PPE. How can I obtain PPE?

The California Department of Public Health issued an All Facilities Letter discussing how to extend PPE supplies: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-39.aspx
Facilities facing a critical shortage of PPE should contact the Medical Health Operational Area Coordinator for their County (https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-39.aspx).
The Community Clinic Association of LA County (CCALAC) is helping to coordinate group acquisition of PPE for its members: https://ccalac.org/resource-library/covid-19-resources/

Will HEDIS and/or Risk Adjustment scores and schedule be put on hold due to COVID?

Health plans will adjust their P4P programs as CMS, NCQA and DHCS clarify their expectations of the plans. CMS has given health plans flexibility to use Measurement Year 2018 Star ratings in place of MY2019 ratings. Star cut-points for MY2020 will be adjusted and other disaster-related "hold harmless" provisions will apply. CMS will allow diagnoses from telehealth visits to count for risk adjustment. Additional risk adjustment program changes and deadline extensions are under consideration. NCQA and DHCS have not yet announced program modifications but are encouraging telehealth when clinically appropriate.

Have there been any changes to the process for elective surgeries?

As of April 22, 2020, Governor Newsome has announced that certain surgeries, such as cancer-related procedures, cardiac procedures, etc. can resume. Providers are given a 6-month window to schedule instead of 3 months. Members need to verify with their surgeon regarding scheduling.

Where can I find a list of all COVID resources?

MedPOINT Management has updated the landing page of their website (www.medpointmanagement.com) to include pertinent COVID-19 related resources. The informational materials will continue to be available under the Provider Resources section on the website as well. Check frequently for updates as the information is revised frequently from the various regulatory agencies, health plans, and social service agencies.

In addition to MPM's website, please look to the local County public health departments for local resources, guidance, and updates for community-specific clinical and public health instructions. Please look to the California Department of Public Health (DPH) and Centers for Disease Control and Prevention (CDC) for state and federal level guidance and resources, respectively. Please also refer to the DHCS website or DMHC website for guidance and resources for services rendered to our members.

You may also find useful resources on the health plan websites. See below for a directory of COVID Information posted to the health plan websites.

Health Plan	Website
Aetna	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
Aetna Better Health of CA	https://www.aetnabetterhealth.com/california/wellness/coronavirus
Alignment	https://www.alignmenthealthplan.com/members/coronavirus-covid-19
Anthem	https://www.anthem.com/ca/coronavirus/
Blue Shield	https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/COVID-19-network-providers-info/
Blue Shield Promise	https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/COVID-19-network-providers-info/
Brand New Day	https://bndhmo.com/coronavirus
California Health & Wellness	https://www.cahealthwellness.com/providers/important-updates.html
Central Health Plan	https://www.centralhealthplan.com/Home/Covid19
Cigna	https://www.cigna.com/coronavirus/
Community Health Group	https://www.chgsd.com/providers/alerts
Health Net	https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/working_with_HN/content/important_updates.action
Humana	https://www.humana.com/provider/coronavirus
IEHP	https://iehp.org/en/providers/plan-updates?target=coronavirus-advisory
Imperial Health Plan of CA	https://www.imperialhealthplan.com/california/providers/
LA Care	https://www.lacare.org/providers/provider-central/news/health-advisories

Molina	https://www.molinahealthcare.com/members/wa/en-US/mem/Pages/Coronavirus.aspx
Scan	https://www.scanhealthplan.com/members/coronavirus-information
United Healthcare	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html
WellCare	https://www.wellcare.com/California/COVID-19/Medicare-Provider
CDC	https://www.cdc.gov/coronavirus/2019-ncov/index.html
CDPH	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx