WE APOLOGIZE FOR THE CONFUSION—In the last COVID-19 UPDATE (3/17), we provided information sent to us by the Arkansas Department of Health that directed clinics to contact regional or local/county emergency response offices to request PPE. That information provided to AMS was incorrect. **We do not recommend calling these individuals. As soon as we have some clear, verifiable information on sources of PPE, we will push that out to you. Our apologies.**

**Arkansas Medicaid Revises Telemedicine Rules**

Be on the lookout for a communication from Medicaid. Here is what we understand:

- **Effective date:** Tomorrow March 18, 2020
- Any “real-time” technology including telephone will be covered.
- Use appropriate billing code (i.e. 99213) with the GT modifier and Place of Service (POS) “02”.
- Originating site can be the patient’s home.
- Addition of “virtual patient check-ins” – CPT code G2012 ($13.33) This code can be used where an office visit code is not appropriate such as a telephone consult to determine if an office visit is necessary. Service must be provided by a clinician who can otherwise bill for services.
- While the memo may reference “primary care physicians”, our understanding is that the rules apply to any physician. This should be clarified in a subsequent Medicaid memo.
- Document appropriately and be sure the documentation justifies the level of visit or other service (i.e. medication management).

We are still working on getting other carriers to follow suit.

**MEDICARE Telehealth Billing Expansion Update**

Healthcare providers will be able to offer telehealth to Medicare beneficiaries in any healthcare facility including a physician's office, hospital, nursing home, or rural health clinic, as well as from their homes. This allows the patient to visit with their doctor from their home to adhere to the CDC guidelines of social distancing.

Clinicians can bill immediately for dates of service starting March 6, 2020. Telehealth services are paid under the physician fee schedule at the same amount as an in-person services. Medicare coinsurance and deductible still apply for these services.

[Click here to read the Medicare FAQ's.](#)

**HIPPA Regulations for Telehealth**

On Tuesday (3/17), the HHS Office for Civil Rights announced that it would not impose penalties on physicians using telehealth in the event of noncompliance with the regulatory requirements under HIPPA.

Physicians may seek to communicate with patients and provide telehealth services...
services through remote communication technologies, even through any non-
public facing service that is available. Physicians may also use popular
applications that allow for video chats, including Apple FaceTime, Facebook
Messenger video chat, Google Hangouts video, or Skype to provide
telehealth without risk that OCR might seek to impose a penalty for HIPPA
noncompliance.

You should NOT use Facebook Live, Twitch, TikTok. It is suggested that you
notify patients of the potential security risks of using these services and to
seek additional privacy protections by entering in HIPPA business associate
agreements.

Additional information can be found at this notice from the Department
of Health and Human Services.

Clinical Guidance for Management of Patients with
Confirmed COVID-19

From the Arkansas Department of Health (3/17), interim clinical guidance for
the management of patients with confirmed COVID-19 (based on current
information) is available at the CDC and WHO websites:

- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-
management-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-
management-patients.html)
- [https://www.who.int/publications-detail/clinical-management-of-
severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-
infection-is-suspected. We urge you to familiarize yourself with this
information as you will likely care for a confirmed COVID-19
patient.](https://www.who.int/publications-detail/clinical-management-of-
severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-
infection-is-suspected. We urge you to familiarize yourself with this
information as you will likely care for a confirmed COVID-19
patient.)

A few highlights are included below:

- Incubation Period of SARS-CoV-2: median range of 4 days (IQR of 2 to 7
days) with a maximum of 14 days.
- Most common symptoms at presentation: fever, cough, myalgia, fatigue,
shortness of breath.
- Risk factors for severe illness include older patients (usually 65 or
greater) and those with chronic
- Medical conditions such as cardiovascular disease, diabetes, chronic
respiratory disease, hypertension, and malignancy.
- Illness can range from asymptomatic to mild URI symptoms to severe
illness requiring mechanical ventilation, and sometimes death.
- Mild disease can sometimes be managed at home but this is at the
discretion of the healthcare personnel evaluating patient.
  - Disease may worsen in the second week after infection.
  - Older patients and those with chronic medical conditions, as
stated above, are at higher risk for progression of disease.
- **Corticosteroids should be avoided as they can prolong viral
replication.**

Finally, we would also like to reiterate the importance of rapid implementation
of your facility’s infection control and prevention measures. Updates will be
provided as more information and guidance becomes available.

**Signage for Clinics**

Download the public notice sign that we have developed for our member clinics.
Post this sign at your clinic entrances or feel free to share on your websites.

- [COVID-19 Sign for Clinics PDF](https://www.arkmed.org/)
- [COVID-19 Sign for Clinics Word](https://www.arkmed.org/)

You can also find additional information for steps healthcare facilities can take to
prepare for COVID-19 on the [CDC website](https://www.arkmed.org/).