

PHYSICIAN'S BULLETIN

March 18 2020: Vol. LXV, ISSUE 3



Notice to Physicians

COVID-19

Due to the current risk of Coronavirus (COVID-19) effective March 13, 2020 the following new interim service fee code is available for Telephone Management and Telehealth Management for presumptive/confirmed Covid-19 diagnosis as well as routine/interval care during pandemic.

Category	Code	Description	Base Units
VIST	03.03X	Telephone Management and Telehealth Management for presumptive/confirmed Covid-19 as well as routine/interval care during pandemic ME=TELE ME=VTCR Description Telephone or Telehealth communication between the physician and an established patient or a new patient seeking care during a pandemic (or patient's parent, guardian or proxy as established by written consent). Telephone or Telehealth communication is intended to take the place of an office visit initiated by the patient (or patient's parent, guardian or proxy as established by written consent). Telephone or Telehealth management requires two-way synchronous communication between the patient and physician on a clinical level. Billing Guidelines <ul style="list-style-type: none">Physicians to bill no more than 2 telephone or telehealth management sessions per patient per day.Ideally can differentiate between presumptive/confirmed diagnosis of Covid-19 or exacerbation of Covid-19, vs a follow up visit that would have otherwise been scheduled by either the physician or the patient, when a physical examination of the patient is not required. (i.e. Covid-19 related and non Covid-19 related)The encounter must include a discussion of the clinical problem and a management decision.The HSC is not reportable for administrative tasks.The service is not reported if the decision is to see the patient at the next available appointment in the office.The HSC is not available for walk-in clinics.The HSC is not reportable for facility-based patients.The HSC is reportable for Health Authority supported clinics.	15.28 MSU Increasing to: 15.95 MSU Eff. April 1, 2020

The service is not reportable when the purpose of the communication is to:

- Arrange a face to face appointment
- Notify the patient of an appointment
- Prescription renewal
- Arranging to provide a sick note
- Arrange a laboratory, other diagnostic test or procedure
- Inform the patient of the results of diagnostic investigations with no change in management plan.

The service is not reportable for other forms of communication such as:

- Written email or fax communication
- Electronic verbal forms of communication that are not PHIA compliant.

The service is reportable only when the communication is rendered personally by the physician reporting the service and is not reportable if the service is delegated to another professional such as:

- Nurse practitioner
- Resident in training
- Clinical fellow
- Medical student
- Clerical staff

Documentation Requirements

- Date, start and stop times of the conversation must be noted in the medical record.
- The medical record must indicate the content of the discussion, the management plan and that the patient (or patient's parent, guardian or proxy as established by written consent) understands and acknowledges the information provided.
- The start and stop time of the call must be included in the text field on the MSI claim
- Use ME=TELE for services provided over the telehealth network; or ME=VTCR if provided over a virtual care platform. For telephone calls, no additional modifier is required.
- If for a presumptive/confirmed diagnosis of Covid-19 submit electronic claim with diagnostic code: 487.8 Influenza with other manifestations.

Specialty Restriction:

N/A

Premium:

No evening/weekend premium

Location:

N/A

Note: Please hold all eligible service encounters to allow MSI the required time to update the system. Once the system has updated it will be published that the code is available to submit.