Subject: Coronavirus Update from Partnership HealthPlan

Dear PCP Medical Directors and Public Health Officers (Blind CC) and PHC Medical Directors and Executives:

Here are major updates in the last 48 hours or so, on topics you may not have heard.

**Telephone Visit Update:**

The biggest news is that DHCS announced yesterday, that, effective immediately FQHCs, Rural Health Centers, and Tribal 638 Clinics may be paid their PPS rate for telephone and video visits with patients. Other primary care and specialist clinicians are also eligible if the visit meets the criteria summarized below.

There are some important details listed in the rather long documentation which can be accessed here.

Here is a synopsis:

*First, not every telephone conversation qualifies. Here are the criteria:*

The virtual/telephonic visit must meet all requirements of the billed CPT or HCPCS code and must meet the following conditions:

- There are documented circumstances involved that prevent the visit from being conducted face-to-face, such as the patient is quarantined at home, local or state guidelines direct that the patient remain at home, the patient lives remotely and does not have access to the internet or the internet does not support Health Insurance Portability and Accountability Act (HIPAA) compliance, etc. (Suggest documenting state wide public health “Stay at Home” order. Note that this implies that video visits are preferred when available.)

- The treating health care practitioner is intending for the virtual/telephone encounter to take the place of a face-to-face visit, and documents this in the patient’s medical record.

- The treating health care practitioner believes that the Medi-Cal covered service or benefit being provided are medically necessary.

- The Medi-Cal covered service or benefit being provided is clinically appropriate to be delivered via virtual/telephonic communication, and does not require the physical presence of the patient. (For this reason, chiropractic, acupuncture, osteopathic manipulation, physical therapy etc. visits would not be eligible. In addition, importantly, well-child visits require a physical exam by NCQA, and thus are not eligible)

*Second, the Billing Requirements announced are New: Eligible telephonic visits need to be billed with the usual CPT code, with a .95 modifier, adding T1015 to the same claim. Important note, the telephone-only codes that were added as being payable about a year ago (i.e. G0071 for FQHC/RHC and G2012 for others including tribal health), WILL NOT be eligible for the full PPS rate equivalent to an office visit. Change your templates immediately!*

DHCS is requiring PHC to document all PCP capacity to do telephone and video visits and triage, including days and hours these are being offered. Our provider relations staff will we reaching out to
your staff today to ask. This will also help with our planning. **Thanks, in advance, for responding as accurately as possible; please let your staff know we will be reaching out this morning.**

**Other updates:**

1. **CMS recommends all elective surgeries and procedures be cancelled** due to national shortages of masks and other personal protective equipment.

2. **Early refills and 90 day fills for most non-controlled medications are available for PHC members,** so you can change refill requests to 90 days to keep your patients from going to the pharmacy as often. CVS and Walgreens offer free home delivery, as well; your patients would need to ask their pharmacy to arrange it.

3. **Albuterol Metered Dose Inhalers are reportedly in short supply,** due to supply chain disruptions. Patients going to the ED should be told to bring their own if they have them. Consider Dulera or Symbicort as alternatives where appropriate. See [GINA guidelines](#) for clinical rationale.

4. **Therapeutic Options still limited.**
   a. Treatment with lopinavir-ritonavir, a combination treatment for HIV, did not significantly advance the time to clinical improvement, decrease mortality or lower the detectable level of throat viral RNA among patients with serious cases of COVID-19, according to data from a recent study in The New England Journal of Medicine.
   b. Chloroquine and hydroxychloroquine are being studied by several institutions in the United States. A small, non-peer reviewed study published in France had an intermediate (not clinical) endpoint for hydroxychloroquine, compared to historic data. We do not recommend use of these medications for COVID outside the context of a randomized trial, to determine if they actually make a clinical difference.

5. **Summary of Testing Survey** Thanks to the 14 PCP organizations in seven counties who responded. Here are the key findings:
   a. Quest is most common source of tests, followed by County Public Health and LabCorp
   b. Zero to 28 tests were performed in the week (March 6-13), median of 9
   c. Of the 54 tests with results available, zero were positive.
   d. 70% of respondents had challenges with testing, the most common were: shortage of testing medium, shortage of test swabs, and long turnaround for results (7 days)
   e. These 14 organizations collectively estimated that they would have tested an additional 190 patients in the week had more testing been available.

6. **Hacks for equipment shortages**
   a. Sonoma County is reportedly developing their own validated viral testing solution with normal saline. (Validation is part of a process done by level 3 labs to show they are able to ramp up in an crisis to increase testing capacity. It involves changing a lab process
using existing, more plentiful materials to make a substitute for something in short supply, then showing the substitute is not inferior to the original, scarce resource.)

b. The Washington Post reported a variety of alternatives to face masks that are being used. “One Seattle-area hospital system has set up its own makeshift assembly line — using parts purchased from Home Depot and craft stores — to create protective face shields for workers. Boston nurses are gathering racquetball glasses to use in place of safety goggles. In New York, a dialysis center is preparing to use bandannas in place of masks as protection against the novel coronavirus.”

c. While a half million test swabs were airlifted two days ago by the Air Force National Guard from Italy (where they are manufactured) to the United States, distribution is in process. Dacron (the material on the swab tip) is also used as a furniture stuffing. Furniture stores are not yet considered essential services, so that stuffing will remain untapped, for now.

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