

THE INDUSTRIAL COMMISSION OF ARIZONA

MEDICAL RESOURCE OFFICE



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FROM: CHARLES CARPENTER, MRO MANAGER

DATE: MARCH 20, 2020 (FOR COMMISSION MEETING ON MARCH 26, 2020)

RE: RECOMMENDATION TO ADOPT NEW FEE SCHEDULE CODES RELATED TO COVID-19 TESTING, VIRTUAL CHECK-INS, AND E-VISITS FOR IMMEDIATE USE IN THE 2019/2020 PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE

On March 6, 2020, the Centers for Medicare and Medicaid Services (CMS) expanded non-face-to-face medical services to enable beneficiaries to receive a wider range of services from healthcare providers without having to travel to a healthcare facility. Under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, the expansion was instituted on a temporary and emergency basis and represents part of a wide-sweeping effort to ensure constituents have access to benefits while mitigating the community spread of the virus that causes COVID-19.

On March 11, 2020 Governor Doug Ducey declared a public health emergency in the State of Arizona in response to the spread of COVID-19. The State remains focused on proactively limiting the spread of COVID-19 and reducing regulatory burden that would impede this focus. In conjunction with guidance from the U.S. Centers for Disease Control and Prevention, the Arizona Department of Health Services has issued recommendations to hinder the progress and impact of COVID-19. Specific recommendations include closure of certain businesses (bars, movie theaters, and gyms), halting of elective surgeries, avoiding gatherings of ten or more people, and utilizing telework or other alternatives when available.

The 2019/2020 Arizona Physicians' and Pharmaceutical Fee Schedule (in effect until September 30, 2020) (the "Fee Schedule") includes specific codes for telemedicine services. In the Medicare/Medicaid context, telemedicine services are billed using codes listed in Appendix P of the 2019 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4). There are 77 CPT®-4 codes in Appendix P which cover a multitude of telemedicine services. The 2019/2020 Fee Schedule includes 73 of the 77 CPT®-4 codes from Appendix P. Allowing a telemedicine option enables an injured worker to effectively obtain services without physical contact and in remote areas where

provider shortages may exist. Telemedicine services, however, must be provided through an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient.

The 2020 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition (CPT®-4) includes a series of new codes for brief non-face-to-face communication with a physician initiated by the injured worker utilizing communication methods outside of telemedicine rules. The 2019/2020 Fee Schedule does not include these new codes and also does not include Healthcare Common Procedural Coding System (HCPCS) Level II G codes that can be used for brief non-face-to-face communication between a patient and a qualified non-physician healthcare provider (non-physician healthcare providers include physical therapists and occupational therapists), such as virtual check-ins, that are also outside of telemedicine rules.

In addition, in response to the spread of COVID-19, CMS created HCPCS codes for providers and laboratories for patient COVID-19 testing. Starting in April, laboratories performing the test will be able to bill Medicare and other health insurers for services that occurred after February 4, 2020, using the newly created HCPCS codes. HCPCS code U0001 may be used for the tests developed by the CDC. Facilities performing non-CDC laboratory tests for COVID-19 can use HCPCS code U0002. The Commission's 2019/2020 Fee Schedule does not include these codes or pathology and laboratory codes specific to the testing and diagnosis of COVID-19.

Based on the foregoing, staff recommends the Commission adopt, effective immediately, the following changes/updates to the 2019/2020 Fee Schedule. The recommendations are focused on ensuring that easy-to-use, accessible treatment options are available to injured workers to help contain the community spread of COVID-19.

- A. Adoption of Three CPT®-4 Codes Included in the 2020 Edition of the American Medical Association's Physicians' Current Procedural Terminology, Fourth Edition for E-Visits, 99421-99423.** The three codes are used for E-Visits, which are non-face-to-face, patient-initiated communications with a physician using online patient portals. These e-services can only be reported when the billing practice has an established relationship with the patient.
- B. Adoption of Three Healthcare Common Procedure Coding System (HCPCS) Level II G Codes for E-visits by a Qualified Non-Physician Healthcare Provider, G2061-G2063.** The three codes are used for E-Visits which are non-face-to-face, patient-initiated communications with a qualified non-physician healthcare provider by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient.
- C. Adoption of Two Healthcare Common Procedure Coding System (HCPCS) Level II G Codes for Virtual Check-ins, G2010 and G2012.** The two codes are used for a Virtual Check-in with physicians via a number of communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image. Virtual check-ins are initiated by the patient and may be performed via multiple technology modalities, including telephone, secure text messaging, email, or use of a patient portal. Virtual check-ins can be conducted with a broader range of communication methods, unlike telemedicine services, which require audio and visual capabilities for real-time communication.
- D. Adoption of Two Healthcare Common Procedure Coding System (HCPCS) U Codes for Laboratory Testing for infection of SARS-CoV-2/2019-nCoV (COVID-19), U0001 and**

U0002. Laboratories performing testing will use the new HCPCS codes for testing after February 4, 2020.

E. Adoption of One CPT®-4 Code Included in the 2020 Edition of the American Medical Association’s Physicians’ Current Procedural Terminology, Fourth Edition for Pathology and Laboratory specific to COVID-19, 87635. The full CPT code description for 87635 is: “Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique.”.



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**UPDATE TO THE 2019/2020 PHYSICIANS' AND PHARMACEUTICAL
FEE SCHEDULE, EFFECTIVE MARCH 26, 2020**

Applicable Conversion Factor: "All Other" - \$64.63

| CODE | DESCRIPTION | NF RVU | FAC RVU | RBRVS FAC RATE | RBRVS FAC RATE |
|---------------|---|-----------|------------|----------------------|----------------------|
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | 0.43 | 0.37 | \$27.79 | \$23.91 |
| 99422 | 11-20 minutes | 0.76 | 0.76 | \$55.58 | \$49.12 |
| 99423 | 21 or more minutes | 1.39 | 1.21 | \$89.84 | \$78.21 |
| *G2061 | Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes | 0.34 | 0.34 | \$21.98 | \$21.98 |
| *G2062 | 11-20 minutes | 0.60 | 0.60 | \$38.78 | \$38.78 |
| *G2063 | 21 or more minutes | 0.94 | 0.93 | \$60.76 | \$60.11 |

* Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits.

| CODE | DESCRIPTION | NF RVU | FAC RVU | RBRV S FAC RATE | RBRV S FAC RATE |
|--------------|---|-----------|------------|-----------------------|-----------------------|
| G2010 | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment | 0.34 | 0.26 | \$21.98 | \$16.80 |
| G2012 | Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can | 0.41 | 0.37 | \$26.50 | \$23.91 |

| | | | | | |
|--|--|--|--|--|--|
| | report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion | | | | |
|--|--|--|--|--|--|

| CODE | DESCRIPTION | MAC Rate | Estimated RVUs | Temp Rate |
|-------|--|----------|----------------|-----------|
| U0001 | Laboratory testing for infection of SARS-CoV-2/2019-nCoV (COVID-19). Tests developed by the CDC. | \$35.91 | 0.995 | \$64.31 |
| U0002 | Laboratory testing for infection of SARS-CoV-2/2019-nCoV (COVID-19). Non-CDC developed tests. | \$51.31 | 1.422 | \$91.89 |

**The above codes are effective March 26, 2020, and will remain effective through September 30, 2020, unless revoked sooner by the Industrial Commission of Arizona.

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