COVID-19 TOWN HALL Q&A – April 8, 2020

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MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
Are the telephone-only telehealth visits approved to allow providers to refill controlled medications?	The Drug Enforcement Agency (DEA) has provided additional flexibility to prescribe controlled substances as part of a telehealth visit. State rules may still be in place.
Are telehealth claims being paid yet?	The AAFP is not aware of any delay in payment for telehealth services. Please be aware that the Medicare statute provides for claim payment floors and ceilings. A floor is the minimum amount of time a claim must be held before payment can be released. A ceiling is the maximum time allowed for processing a clean claim before Medicare owes interest to a supplier of services. The current floor for clean claims filed electronically is 13 days (28 days for paper claims), and the ceiling is 30 days. Thus, it would normally take at least two weeks to receive Medicare payment on a clean electronic claim and may take up to 30 days, depending on your Medicare administrative contractor's claim load and other circumstances (such as the current public health emergency). Private payers may have their own payment floors and ceilings relevant to claims processing.
How are patients navigating the technology for telehealth? Are older patients participating?	AAFP members indicate that the results are mixed. Some patients, including older patients, are navigating the technology well. However, there are many stories detailing the difficulty of video-based options, especially in senior populations. The AAFP is continuing to advocate for appropriate payment for audio-only visits.
Some older patients on phone calls like to talk and visit about unrelated medical information. How do you keep them focused?	The isolation that some patients have been feeling during the pandemic, and some patients' tendency to approach a telephone visit more informally than a face-to-face visit, may mean that some want to talk longer than your schedule permits. It can be helpful to tell the patient how much time is allotted for the visit early in your discussion (e.g., "We have about 15 minutes for our visit today.") and offer a reminder when the visit is almost over (e.g., "We only have a few minutes left."). The same agenda-setting skills you use in face-to-face appointments to prioritize and negotiate the patient's list should be used for telephone visits. *FPM* has published tips for

	communicating effectively during telephone encounters. You can find tips in *FPM* for those encounters here and here.
If a patient is overseas and their family wants to do three-way calling for a telehealth visit, is that permitted?	The AAFP recommends consulting with your state medical board and malpractice insurance advisor for specific guidance.
Are physician assistants (PAs) who are conducting telehealth visits allowed to get full reimbursement if the telehealth visit is from home with only virtual supervision?	The Centers for Medicare & Medicaid Services (CMS) is allowing supervision (for both mid-level and resident providers) to be conducted virtually. Under Medicare, the telehealth services provided by PAs may be paid at 100% of the rate normally paid for physician services if billed under a physician's National Provider Identifier (NPI) under Medicare's "incident to" rules. One of the "incident to" rules is that the physician provides direct supervision of the PA. Normally, direct supervision requires the physician to be somewhere in the office and immediately available when the PA is providing the service in question. However, the interim final rule released by the CMS on March 30, 2020, (effective for dates of service on or after March 1, 2020, and for the duration of the current public health emergency) eases the rules related to direct supervision and allows direct supervision to include real-time audio and video technology. The Medicare allowance for any service billed to Medicare under the PA's NPI is 85% of the corresponding allowance for the service if performed by a physician. Private payer rules may differ from Medicare rules.
CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING MEDICAL EDUCATION	
How do we apply for the CME credit after participating in the AAFP COVID-19 Virtual Town Hall?	Information and links for CME sessions and claiming credit for completing activities can be found here. Information on claiming Live credit for the Virtual Town Hall for this session (April 8, 2020) can be found here. Information on claiming Enduring credit for the Virtual Town Hall for this session (April 8, 2020) can be found here.
ADVOCACY AND GOVERNMENT RELATIONS	
Is there advocacy with CMS to capture the hierarchical condition category (HCC) codes in telehealth visits?	The AAFP is monitoring this. CMS has acknowledged the issue and indicated additional guidance is forthcoming.
How does the current health landscape to address only what people need affect quality goals? Is there advocacy to make those goals less stringent this year?	CMS is providing additional relief options for 2019 Merit-based Incentive Payment System (MIPS) reporting due to the current public health emergency. Practices can submit an extreme and uncontrollable circumstances application until April 30, 2020. An application submitted between

	April 3 and April 30, 2020, citing COVID-19 will override any previous data submission. Please note, CMS has updated the QPP Participation Status Tool so eligible clinicians can determine if the policy has been automatically applied. No changes have yet been announced for 2020 MIPS or Alternative Payment Model (APM) reporting. However, the AAFP is advocating for relief for 2020. We understand that many of the quality measures will be impacted by delayed care due to COVID-19. The AAFP is also working closely with CMS and commercial insurers to obtain relief for quality reporting.
Does the AAFP continue to push CMS to allow telephone visits to equal telehealth visits for existing patients? Many patients will only use the telephone to communicate with their physician.	Yes. We are continuing to advocate for appropriate payments for family physicians that delivery care via telehealth, including audio only. The interim final rule, released by CMS on March 30, 2020, (effective for dates of service on or after March 1, 2020, and for the duration of the current public health emergency) provides Medicare coverage and payment for telephone evaluation and management (E/M) services, which may be reported with CPT codes 99441-99443. The level of service reported depends on the time spent. Current Medicare payment levels for codes 99441-99443 are less than those of services involving both audio and video communication with the patient. The AAFP is advocating for appropriate payment of these services.
HEALTH OF THE PUBLIC AND SCIENCE	
I understood that cloth masks may increase the risk of infection, but not surgical masks. Do surgical masks also increase the risk of infection?	There has been a study showing increased infection with cloth masks compared to surgical masks. The AAFP has issued a statement on personal protective equipment (PPE), which can be found here.
How should screening well patients be conducted, considering there are concerns of asymptomatic viral shedding? We have been instructed that patients and providers should be wearing masks during well-patient visits. We have been instructed to wear goggles, too.	Triage protocols will be specific to each practice and community and based on available PPE. Telehealth can be used for initial screening, and appropriate infection control should be maintained to the extent possible, including the use of PPE. The Centers for Disease Control and Prevention (CDC) has more instruction for infection prevention and control in health care settings here.
What is the AAFP's recommendation for using hydroxychloroquine with or without azithromycin as outpatient treatment for patients who test positive for COVID-19?	The AAFP cautions against prescribing hydroxychloroquine with or without azithromycin for patients with COVID-19. There is not enough data to support its use. The AAFP's policy on prescriptions for COVID-19 medications can be found here.
We are instructed to not sign back-to-work forms. We're getting many calls from patients that need a slip to go back to	The AAFP is not aware of any guidance on this. You may find guidance from your peers in the COVID-19 Rapid Response Member Exchange community.

work or to be off during their illness. What is the guidance on this?	
How long has COVID-19 been in the United States?	There is no data at this time to answer this. The first confirmed case of COVID-19 in the United States was reported on January 20, 2020.
Since asymptomatic patients can be contagious, should we be wearing a mask when we see all of our patients?	Town hall speakers may provide personal reflections and guidance specific to their practice. Triage protocols will be specific to each practice and community and based on available PPE. Telehealth can be used for initial screening, and appropriate infection control should be maintained to the extent possible, including the use of PPE. The CDC has more instruction for infection prevention and control in health care settings here.
What do you do when patients ask for a Z-Pak?	Azithromycin, or Z-Pak, is useful for some bacterial infections. There is not sufficient data to support its use in patients with COVID-19 at this time. The AAFP's policy on prescriptions for COVID-19 medications can be found here.
For older patients with cardiac problems, hydroxychloroquine and azithromycin cause QT prolongation. What does the AAFP recommend using in these situations?	The AAFP cautions against prescribing hydroxychloroquine with or without azithromycin for patients with COVID-19. There is not enough data to support its use. The AAFP's policy on prescriptions for COVID-19 medications can be found here.
It has been reported that you can contract COVID-19 by touching our eyes after your hands come in contact with the COVID-19 virus. What is the guidance about wearing contact lens?	If you are at high risk for COVID-19, it is suggested that you avoid wearing contact lenses.
What is the guidance about scrub hats as daily wear when seeing patients?	At this time, there is no specific guidance on the use of scrub hats.
What is the guidance about breastfeeding and possible transmission of COVID-19 through breast milk?	The Academy of Breastfeeding Medicine has issued guidance that can be found here. The CDC has guidance for patients after delivery and recommends a shared decision-making process for rooming-in here.
Does a continuous positive airway pressure (CPAP) device increase the possibility of asymptomatic spread?	There is not definitive evidence that COVID-19 is spread via CPAP devices. However, there is a possibility, and patients are cautioned to self-isolate if they believe they have been exposed to the virus. Machines and surfaces near the machine should be cleaned routinely. The American Academy of Sleep Medicine has tips on the use of CPAP devices here.

Would the AAFP recommend that high-risk professionals (nurses, PAs, MDs) wear an N95 mask during their full shift, even though it's against CDC guidelines?	Due to shortages in PPE, the CDC recommends a tiered approach to the use of N95 masks worn for aerosol-generating procedures. See that guidance here. Health care facilities are asked to review their PPE stock and make decisions based on supply and risk of infection for their area.
Are family physicians seeing a lack of smell and/or taste as a frequent symptom of COVID-19?	Per the CDC, anosmia (loss of smell) or ageusia (loss of taste) preceding the onset of respiratory symptoms has been anecdotally reported, but more information is needed to understand its role in identifying COVID-19.
What are the go-to resources for research as physicians receive COVID-19 questions?	The AAFP is posting daily updates with new guidance from a variety of sources here. Additionally, *American Family Physician* (*AFP*) is posting daily research updates here and *FPM* has daily practice updates here.
Since tests are in short supply and have limited sensitivity, when physicians, nurses or staff have symptoms, what guidelines do you advise for returning to work?	CDC guidance for returning to work without testing indicates that health care professionals should be excluded until three days have passed since resolution of fever and improvement of respiratory symptoms AND that at least seven days have passed since symptoms first appeared. A flu test should also be negative. CDC's guidance can be found here.
Why is there not distancing or warning people about food delivery services when that delivery person can spread the disease?	The CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. Those recommendations can be found here.
Does there appear to be an increased risk of COVID-19 in individuals who take ibuprofen?	A hypothesis in a letter published in *The Lancet* journal suggested that nonsteroidal anti-inflammatory drugs (NSAIDs) could aggravate symptoms. However, per the U.S. Food and Drug Administration (FDA), there is not any data to support this assumption to date.
What are the recommendations for protecting nursing home patients? Infections in those facilities are rampant and the employees don't have PPE.	Both the CMS and CDC recommend screening and use of PPE in long-term care facilities.
What recommendations can be provided for patients who are pregnant?	The American College of Obstetricians and Gynecologists (ACOG) has frequently asked questions with the latest guidance on COVID-19 care for maternity care that can be found here.
Do skilled nursing facilities require extra testing or screening before accepting patients from the hospital?	Both the CMS and CDC recommend screening and use of PPE in long-term care facilities.

Has anyone started using the immunoglobulin G (IgG)/immunoglobulin (IgM) serum tests for possible asymptomatic COVID-19 carriers (like health care professionals) who may have been exposed while at work, but exhibited minimal symptoms?	There is a large study being conducted by the National Heart, Lung, and Blood Institute (NHLBI). More information on how to donate plasma or participate can be found here.
PRACTICE ADVANCEMENT	
Are rural health clinics paid for audio-only calls for Medicare and Medicaid patients?	Yes. More information for federally qualified health centers (FQHCs) and rural health clinics (RHCs) is available on the AAFP COVID Telehealth page here. The Coronavirus Aid, Relief, and Economic Security (CARES) Act loosened restrictions regarding telehealth for FQHCs and RHCs federally. Both FQHCs and RHCs may now provide telehealth services as distant-site providers. They had previously been limited to serving as the originating site. We are still waiting on additional guidance from CMS on how FQHCs and RHCs should bill for telehealth and the associated payment rate for telehealth services provided by the FQHC or RHC. FQHCs and RHCs can bill for virtual communication services (HCPCS G0071). Virtual communication services include: • Five minutes or more of virtual (nonface-to-face) communication between an FQHC or RHC practitioner and an FQHC or RHC patient; or • Five minutes or more of remote evaluation of recorded video and/or images by an FQHC or RHC practitioner, occurring in lieu of an office visit On March 30, CMS released an interim final rule. In it, CMS expanded the services included in HCPCS G0071 (virtual communication services). In addition to the services listed above, G0071 now includes: • The services as described by CPT codes 99421-99423 ○ Online digital E/M services for a patient for up to seven days; cumulative time during the seven days: 5-10 minutes, 11-20 minutes, or 21 or more minutes. CMS will update the payment rate for G0071 to be the average national non-facility rate of HCPCS G2012, G2010, and CPT 99421-99423. G0071 can be provided to both new and existing patients. To date, CMS has not released any guidance on whether FQHCs and RHCs can bill for telephone/audio-only calls, such as CPT 99441-99443. The audio-video requirements remain in place for all settings for telehealth services.