



Alabama Medicaid Agency Extends Telemedicine

As the Agency continues to monitor the outbreak of the Coronavirus Disease 2019 (COVID-19) in Alabama, we are extending telemedicine to ease access to appropriate medical services for certain codes for your established patients who are recipients of Alabama Medicaid.

What does the extension include?

The extension of telemedicine services is effective March 16, 2020. This extension allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. The extension also allows some behavioral health services to be appropriately delivered via telecommunication services including telephone consultations. These actions will be effective for one month, expiring on dates of service April 16, 2020. It will be reevaluated for a continuance as needed.

This is applicable for recipients who wish to receive their care remotely and limit their exposure to the virus. It can also serve as an initial screening for recipients who may need to be tested for COVID-19. For guidance on coronavirus testing, please refer to the [Centers for Disease Control & Prevention](#), [Alabama Department of Public Health](#), and [Alabama Department of Mental Health](#) websites. Recipient copayments will apply according to the Medicaid recipient handbook.

A provider may not deny services to an eligible recipient due to the recipient's inability to pay the copayment amount imposed. [Read the full alert here.](#)



Medicare Expansion of Telehealth

The Centers for Medicare & Medicaid Services (CMS) has implemented a new law loosening regulations for telemedicine in response to the spread of COVID-19. Telehealth services may now be delivered to Medicare beneficiaries by phones, if they have video capability. The law also allowed CMS to waive the originating site requirement during this time of emergency. Here's more information on these developments:

- Physicians must use interactive audio and video telecommunications systems that permit real time communication.

- HHS announced it will not conduct audits to ensure the patient has a prior relationship with the physician during this emergency.
- The HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Virtual Checkins

- In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image.
- The virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.
- Medicare pays for these "virtual check-ins" (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office.
- These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.
- Doctors and certain practitioners may bill for these virtual check-in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

Palmetto - Medicare Webinar

Alabama physicians are invited to join Palmetto GBA (Medicare Contractor for Alabama) as they review the available Medicare Fee-for-Services Emergency-Related Telehealth Policy and Procedures. This webcast is scheduled on Thursday, March 19, 2020, at 1 p.m. CT.

[Register for this event here.](#)

COVID-19 in the Ambulatory Care Setting Webinar

COVID-19 in the Ambulatory Care Setting is directed at helping physicians and clinicians deal with COVID-19 in the ambulatory setting and it's free! **The call will take place Friday, March 20, at 1 PM EST.**

[Register for this event here.](#)



LATEST UPDATE FROM ADPH

State Health Officer Dr. Scott Harris has issued orders suspending certain public gathering due to the risk of infection by the novel coronavirus COVID-19. These orders are applicable for the counties of Blount, St. Clair, Shelby, Tuscaloosa and Walker. [Click here to see the full order.](#)

Access archived webcasts and conference calls:

Tuesday, **March 17**, News Conference
Monday, **March 16**, Conference Call
Monday, **March 16**, News Conference
Friday, **March 13**, News Conference
Thursday, **March 12**, News Conference
Tuesday, **March 10**, Press Conference
Monday, **March 9**, Conference Call
Monday, **March 2**, Update



HIPAA Rules Relaxed for Telehealth

HHS Office for Civil Rights (OCR) announced that it is exercising its enforcement discretion and, effective immediately, will not impose penalties on physicians using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA). Physicians who want to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing service that is available to communicate with patients.

This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19

[Additional information can be found here.](#)

URGENT UPDATE:

Changes to Testing Approval, Personal Protective Equipment (PPE) Requirements, and Collection of Specimens



Changes to Personal Protective Equipment (PPE) guidance from the Centers for Disease Control (CDC) allow most physicians and other health care providers to be able to collect specimens for their own patients. The use of N95 mask is no longer required for the collection. In order to conserve PPE supply, if a patient presents to your office with respiratory symptoms, immediately place a mask on them and place them in a room. Staff can stand in the door to ask necessary questions to screen the patient. If COVID-19 is suspected and testing is planned, please don PPE before entering the room. See PPE guidance [here](#).

Specimen Collection requirements have also changed and been updated by the CDC. Oropharyngeal (OP) swabs, serum, and respiratory specimens are no longer required. The swab and viral media used are now the same as those used for collecting specimens for flu testing.

Instructions for the collection of specimens can be found [here](#). Directions for packaging and shipping of specimens can be found [here](#).

A BCL requisition form must be completed for every specimen even if more than one specimen is obtained from the same patient. The requisition form can be assessed [here](#).

As of March 13, 2020, the Alabama Department of Public Health (ADPH) has automated testing approval. The use of this process will allow for approval in minutes. Physicians are asked to discontinue the use of PUIFax immediately. Please [click here](#) and complete the online automated consultation form.

The ADPH in collaboration with the Alabama Board of Medical Examiners (ALBME) would like to remind physicians of their responsibility to care for their patients. A notice was sent out on Saturday by ALBME to all licensed physicians. Part of this notice follows:

Physician responsibility notice from ALBME

In this time of need, the Board calls on physicians to remember their calling and duty to provide competent and compassionate care to ALL of their patients. All physicians have a duty and ethical obligation to treat an established patient. Failure to do so could constitute patient abandonment and unprofessional conduct under Ala. Code Sec. 34-24-360(2) and Ala. Admin. Code Rule 540-X-9-.07(1) and result in disciplinary action from the Board.

[See the full message here.](#)

**COVID
19**
CORONAVIRUS
DISEASE

CORONAVIRUS DISEASE 2019 (COVID-19)



Patients with COVID-19 have reportedly had mild to severe respiratory illness. Symptoms can include

- Fever
- Cough
- Shortness of breath

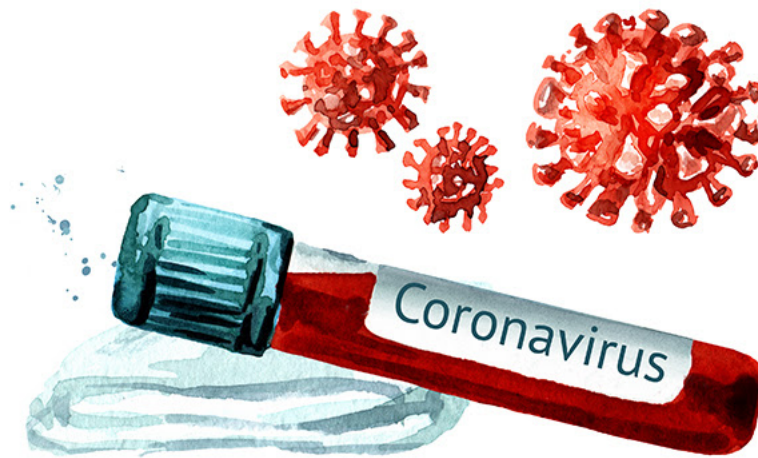
*** Symptoms may appear 2–14 days after exposure.**

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

www.cdc.gov/covid19-symptoms

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Alabama Company Launches One-Day COVID 19 Test



Huntsville biological testing company Diatherix has announced a new test for the COVID-19 infection that offers one-day results. The company has already begun accepting test samples.

"We get the specimen, we will report it out that afternoon," Diatherix laboratory director Jeff Wisotzkey, PhD said. [Read the story on Birmingham Medical News.](#)

STAY UP TO DATE

World Health Organization (WHO)
Centers for Disease Control and Prevention (CDC)
Alabama Department of Public Health
Blue Cross Blue Shield Updates for Providers

EDUCATE YOUR PATIENTS

Information from the CDC
Alabama Department of Public Health



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