Panelists

Amy Johnson-Grass, ND, LN, LM, CPM
Health Foundations Birth Center
+ Women’s Health Clinic
AABC President

Abigail Lanin Eaves, MSN, CNM
Dar a Luz Birth & Health Center
AABC Board of Directors

Susan Stapleton, DNP, CNM, FACNM
Commission for the Accreditation of Birth Centers

Olga Ryan, MS-NL, RN
Babymoon Inn Tucson
Commission for the Accreditation of Birth Centers
PREPARING YOUR BIRTH CENTER FOR COVID-19

Dr. Amy Johnson-Grass ND, LN, LM, CPM
President – American Association of Birth Centers
Owner – Health Foundations Birth Center + Women’s Health Clinic
March 26, 2020
Goals

- Maintain the birth center as a place of wellness.
- Decrease exposure to staff + other clients.
- Decrease spread to help “flatten the curve”.
- Preserve the midwives.
- Develop a staffing contingency plan in the event staff are sick.
Pre-Visit Phone Screening Prior to Prenatal Visit

- Phone screening completed prior to patient’s clinic visit.
  - See Covid-19 Pre-Visit Phone Screening for Prenatal Visits

- Anytime algorithm indicates the patient is not to come to their in-person visit, they are instructed to call the office and talk with the clinic nurse to make a care plan.
Pre-Visit Phone Screening
Prior to Prenatal Visit

COVID-19 Pre-Visit Phone Screening for Prenatal Visit

Use this phone screening but PRIOR to patients prenatal office visit

Phone screening must be completed every day between 6AM and 15:00 for all patients. It is included for in-person visits only for the period of 08:00–17:00 on the same day or the next day.

Patient scheduled with contact information is on record via the EHR system.

Only patients scheduled for in-person visits need to be contacted.

Initiate Phone Call

Hello, this is _____ calling from Health Foundations. I am calling to go through screening questions in preparation for your upcoming visit. First, I need to verify your name and birthday.

Does the patient have any of the following?

- Fever (>100.4°F or greater)
- New or worsening cough
- New or worsening shortness of breath
- New fever
- New loss of taste or smell

Yes:

- Contact your provider via phone.
- Monitor symptoms.

No:

- Ask: Does anyone in the household or anyone this patient has had contact with in the past 14 days have any of the following:
  - Cough, shortness of breath
  - Fever
  - Loss of taste or smell

- Yes:
  - Contact your provider via phone.
  - Monitor symptoms.

- No:
  - Ask: Has the patient had contact with any person who is under investigation or confirmed for COVID-19?

- Yes:
  - Contact your provider via phone.
  - Monitor symptoms.

- No:
  - Ask: Has the patient had contact with any person who is under investigation or confirmed for COVID-19?

- Yes:
  - Contact your provider via phone.
  - Monitor symptoms.

- No:
  - Contact the nurse line at 651-300-2500 to make a plan prior to your appointment.

Health Foundations
BIRTH CENTER + WOMEN’S HEALTH CLINIC
Modified Prenatal Schedule

- Virtual consultation or tour
- Virtual intake visit
  - Initial paperwork is emailed for client to complete + email back to clinic.
  - Nurse has virtual visit with client to take history + provide orientation/teaching.
- First prenatal visit at 12 wks
- Prenatal visits at: 20, 28, 33, 36, 38, 39, 40, 41 weeks
  - Schedule based on the World Health Organization guidelines.
  - Space visits. Room clients quickly from waiting area.
  - All prenatal teaching is recorded for clients to watch prior to their appointment.
  - Clients required to sign-up for MyChart for labs results + clinic communication.
  - Required mid-pregnancy ultrasound done at 20 wk visit.
  - May consider week 33 and 40 visits be virtual if necessary.
Antepartum Phone Triage Algorithm

COVID-19 Antepartum Phone Triage

Ask: Does the patient have any of the following?
- Fever (100.4°F or greater)
- Cough, shortness of breath
- Flu-like symptoms
- Recent contact with any person who is under investigation or confirmed for COVID-19?

NO

Asymptomatic

Refer to hospital ER

Telehealth visit for patient

Ask to (have BP out)

Slept per modified PHN schedule

YES

Mild Symptoms

Diff. diff. breathing

Reschedule appointment to next visit of the modified PHN schedule (minimum of 2 weeks out).

Plan of action for pertinent missed visits:

10-12 Week Visit
- Discuss genetic screening options
- Assess need for early I/U

20 Week Visit
- Send to St. Paul Reprology for intrauterine pregnancy U/S

28 Week Visit
- Send to OB Pharmacy for glucose self monitoring kit
- Email blood sugar log to PH
- Water & chart high needs to be in person @next visit or in person visit
- Ultrasound

36 Week Visit
- SMB testing to be performed @next visit
- If they do not have nausea by labor, JJ assumed positive & offered antenatal care

36 Weeks or Greater
- Consult with radiology

Health Foundations
BIRTH CENTER + WOMEN'S HEALTH CLINIC
Patient Communication at Prenatal Visit

- Request patients obtain a BP Cuff for home (also send out email).
- Watch prenatal visit education videos on the Patient Portal PRIOR to prenatal visits.
  - The goal is to minimize the amount of time in clinic. PNV will be to assessment portion of the visit and to answer questions. The education portion is meant to happen with the videos.
- Encourage patients to join Health Foundations Pregnancy + Postpartum Support Group on Facebook.
Drive Up Care Tent

Health Foundations
BIRTH CENTER + WOMEN'S HEALTH CLINIC

Dr. Amy
JOHNSON-GRASS

Health Foundations
BIRTH CENTER + WOMEN'S HEALTH CLINIC
COVID-19 Late Transfer Guideline
Health Foundations Birth Center + Women’s Health Clinic

- Must be low-risk
- Primip – 37 weeks
- Multip – 39 weeks
- Must have completed all late transfer practice requirements by the onset of labor to deliver at the birth center.
COVID-19 Late Transfer Agreement
Health Foundations Birth Center + Women’s Health Clinic

- Complete a virtual consultation or tour
- Complete records must be received – client responsibility
  - No records = No appointment
- Must have had mid-pregnancy ultrasound
- Transfers after 28 wks must have completed gestational diabetes screening
- Transfers after 36 wks must have GBS results
- Any pertinent missing labs to be drawn by our practice, must receive results prior to the onset of labor.
- Encouraged to have a professional doula
Late Transfer Agreement

Health Foundations
BIRTH CENTER + WOMEN’S HEALTH CLINIC

COVID-19 Late Transfer Agreement

As Health Foundations’ Birth Center + Women’s Health Clinic, we are dedicated to providing you with the best possible care and service and regard your understanding of our late transfer policy as an important element of your care and treatment with us.

Definition of Purpose

A late transfer is a short while after birth, when a patient or provider has ensured that a patient under continuous care has transferred from Health Foundations. When you have the right information and the opportunity to make an informed decision, you are not eligible for late transfer.

The purpose of this policy is to ensure that you and your family understand Health Foundations’ requirements to be a late transfer. It is also important that healthcare providers have all the information they need to provide your appropriate care.

Client Responsibilities

All the following medical information is provided to determine whether Health Foundations is able to continue to provide care. The patient and/or provider should agree to share this information. If you do not agree to share this information, you will be discharged from the hospital at the provider’s discretion.

1. You have given your consent to the use of any medical or personal information.
2. It is your responsibility to provide all relevant information. You are responsible for providing all relevant information to your provider and the hospital staff. This includes all relevant information about your current health status.
3. You understand the risks and potential complications of this procedure.
4. You understand the risks and potential complications of this procedure.
5. You understand the risks and potential complications of this procedure.
6. You understand the risks and potential complications of this procedure.
7. You understand the risks and potential complications of this procedure.
8. You understand the risks and potential complications of this procedure.
9. You understand the risks and potential complications of this procedure.
10. You understand the risks and potential complications of this procedure.

11. If you are currently pregnant or have a history of preterm labor, it is your responsibility to inform your provider of all relevant information.
12. You understand the risks and potential complications of this procedure.
13. You understand the risks and potential complications of this procedure.
14. You understand the risks and potential complications of this procedure.
15. You understand the risks and potential complications of this procedure.
16. You understand the risks and potential complications of this procedure.
17. You understand the risks and potential complications of this procedure.
18. You understand the risks and potential complications of this procedure.
19. You understand the risks and potential complications of this procedure.
20. You understand the risks and potential complications of this procedure.

21. Late transfers are determined by a patient’s current status and medical condition.
22. Late transfers are determined by a patient’s current status and medical condition.
23. Late transfers are determined by a patient’s current status and medical condition.
24. Late transfers are determined by a patient’s current status and medical condition.
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28. Late transfers are determined by a patient’s current status and medical condition.
29. Late transfers are determined by a patient’s current status and medical condition.
30. Late transfers are determined by a patient’s current status and medical condition.

I, Dr. Amy Johnson-Grass, certify that I have reviewed the medical information and agree to its transfer to Health Foundations Birth Center + Women’s Health Clinic.

Signature: ____________________________
Date: ____________________________
Hospital Transfers

- Midwives are not accompanying transfers to the hospital unless providing direct care ex: cord prolapse, bi-manual compression.
- All transfers hospitals aware of this change.
- Following: Planned Birth Center to M Health Transfer Care Guidelines
- Communication tool: Maternal OR Infant Referral from Health Foundations Birth Center to Hospital form
Postpartum Visits

- Consider administering Rhogam before leaving birth center.

- **24-48 hour** home visit
  - Asking all families to quarantine until after home visit complete.
  - Nurse to call family to ask screening questions prior to going to home visit.
  - If anyone in family exhibiting symptoms: postpartum person seen virtually, baby seen by pediatric provider instead of HFBC.

- **One week** check-in by phone with midwife.

- **Two week** visit done virtually by midwife.

- **Six week** visit seen in clinic.

- Virtual + in-person lactation consultation visits available for HFBC families.
Postpartum Home Visit Procedure Document

1. Postpartum Home Visit

   Timing: 1-2 weeks postpartum

   Purpose: To assess the mother's physical and emotional wellbeing, provide support, and address any concerns.

   1. **Pre-Visit Preparation**
      - Health History:
        - Complete demographic data: name, address, phone number.
        - Medical History:
          - Complete chief complaint:
            - Symptoms:
              - Fever, chills, headache, malaise, myalgia.
              - Abnormal vaginal bleeding.
            - Duration:
              - Less than 48 hours.
            - Severity:
              - Moderate:

   2. **Visit Conduct**
      - Documentation:
        - Physical examination:
          - Breast:
            - Appearance:
              - Symmetry.
            - Function:
              - Lactation:
        - Abdomen:
          - Size:
            - Postpartum:
        - Rectal:
          - Tenderness:
            - Absent.

   3. **Post-Visit Recommendations**
      - Reevaluation:
        - Within 48 hours.

   4. **Follow-up**
      - Refer to postpartum follow-up guidelines.

   5. **Contact Information**
      - Health Foundations
      - 123 Main Street
      - Phone: 555-1234

   6. **Documentation**
      - Comprehensive:
        - Physical examination:
          - Breast:
            - Assessment:
              - Symmetry:
            - Function:
              - Lactation:
        - Abdomen:
          - Size:
            - Postpartum:
        - Rectal:
          - Tenderness:
            - Absent.

   7. **Discharge Instructions**
      - Breastfeeding:
        - Maintain:
          - Frequency:
            - At least 8 times per day.
          - Duration:
            - At least 6 months.

   8. **Follow-up Arrangements**
      - Postpartum:
        - Referral:
          - Neonatal:
            - Initial:
              - 2 weeks.
            - Follow-up:
              - 4 weeks.

   9. **Support Services**
      - Counseling:
        - Available:
          - Personal:
            - Appointment:
              - Within 48 hours.
          - Telephone:
            - Available:
          - Online:
            - Available:

   10. **Emergency Contact**
        - Medical:
          - Health Foundation
          - 123 Health
          - 555-1234

   11. **Follow-up**
        - Postpartum:
          - Referral:
            - Neonatal:
              - Initial:
                - 2 weeks.
              - Follow-up:
                - 4 weeks.

   12. **Support Services**
        - Counseling:
          - Available:
            - Personal:
              - Appointment:
                - Within 48 hours.
            - Telephone:
              - Available:
            - Online:
              - Available:

   13. **Emergency Contact**
        - Medical:
          - Health Foundation
          - 123 Health
          - 555-1234
COVID-19 Phone Triage for Postpartum Home Visit

COVID-19 Phone Triage Algorithm for Postpartum Home Visit

Use this screening tool PRIOR to leaving Birth Center for home visit.

Ask: Does the patient have any of the following:
- Fever (100.2°F or greater)
- Cough, shortness of breath
- Flu-like symptoms
- Had contact with anyone who is under investigation or confirmed for COVID-19

If NO, proceed with home visit. Refer to COVID-19 home visit procedures.

If YES, refer to hospital ED.

Ask: Does anyone in the household or anyone the patient has had contact with since leaving the birth center have any of the following:
- Fever (100.2°F or greater)
- Cough, shortness of breath
- Flu-like symptoms
- Had contact with anyone who is under investigation or confirmed for COVID-19

If NO, schedule telehealth visit for patient. Infant referred to pediatric provider.

If YES, schedule telehealth visit for patient. Infant referred to pediatric provider.

Health Foundations BIRTH CENTER + WOMEN’S HEALTH CLINIC
Day-to-Day Limiting Exposure

- All non-essential appointments canceled.
  - *List of names kept to reschedule when appropriate.*
- Signs posted on all entrance doors + front desk.
- Front desk asks screening questions to every person entering the clinic.
  - *If they have symptoms they will not be seen.*
- All clients wash hands when enter clinic.
- Only client can come to prenatal visits.
- Toys + magazines removed from all clinic spaces.
- Rooms + equipment disinfected after each visit.
- Routine cleaning of high touch surfaces.
Labor + Birth: Limiting Exposure

- Birth rooms only used for births.
- Only ONE partner, friend, or family member will be granted access into the birth center to accompany the birthing person. This has to be the same person for the entirety of their stay at the birth center.
  - *Skype or other program to have people with them virtually.*
- A professional doula is welcome.
- No additional people will be allowed to wait in the family waiting area or come into the birth center to visit.
- Every person accompanying the birthing person will be asked screening questions and their temperature taken prior to entering the birth center. Note in patient chart.
  - *Any person accompanying the birthing person who is exhibiting symptoms will not be allowed in the birth center.*
PLEASE READ BEFORE ENTERING THE BUILDING

To our patients:

In an abundance of caution amidst growing outbreak of coronavirus, Health Foundations is taking steps to limit risk and exposed people’s contact with other patients and our staff through new, temporary guidelines regarding who is allowed to enter the clinic.

While these might seem like extreme measures, this is for the safety of all patients and our staff. Our staff is small and susceptible to an outbreak if someone with coronavirus enters the clinic (particularly children who may carry but not show any symptoms).

Clinic Visits:

**AT THIS TIME WE ARE REQUIRING ONLY PATIENTS ENTER THE CLINIC FOR APPOINTMENTS**

- Children, partners, and family members are not to accompany patients inside the building.
- Please practice social distancing with each other and our staff.

If you have one or more of the following do NOT enter the clinic in any circumstance. Return home and call the clinic nurse line.

- You have **TRAVELED OUTSIDE THE STATE of Minnesota OR INTERNATIONAL」LY in the past two weeks**
- You have had **CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR CORONAVIRUS** or suspected to have coronavirus, even if you are not symptomatic
- You have any **ACUTE RESPIRATORY SYMPTOMS** (e.g. dry or productive cough, chest congestion, labored breathing, etc.)
- You have a **FEVER**

Thank you for your understanding during this temporary change.
Staff Health

- Foam in, Foam out of clinic rooms.
- Wash hands frequently.
- No community food. No food sharing.
- No dishes left out on kitchen counter or sink, must be put in dishwasher.
- Administration staff work from home.
- Distancing staff working spaces. Phone sharing guideline.
COVID-19 Staff Attire

During the COVID-19 pandemic, it is important that staff mitigate the potential spread by changing how they dress for work. This change is to avoid carrying illness into work, avoid carrying illness home, and to keep vehicles clean.

- All employees who perform direct patient care are to wear scrubs to work for clinic + births.
- Typical attire standardly worn for birth are expected.
- Employee should bring clean scrubs to work, change into scrubs at the birth center, and change back into everyday clothes before leaving for home.
- Scrubs can be washed at the birth center or taken home to wash.
- Scrubs must be cleaned before next scheduled clinic/call shift.
Staff Exhibiting Symptoms

- Establish point person for staff exhibiting symptoms to contact.
- Start symptom diary. Take temperatures twice daily.
- Staff exhibiting symptoms (cold, flu, strep, seasonal allergies, COVID-19):
  - Fever (100.4 or greater) is automatic do not come to work.
  - A stepwise approach to try and rule-out possibilities other than COVID-19:
    - Test for Influenza A + B and Strep in clinic.
    - History of seasonal allergies? Try taking an antihistamine.
    - COVID-19 Test-based + Non-test-based strategy
COVID-19 Test-based + Non-test-based Strategy

- **Test-based strategy.** Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and

- **Non-test-based strategy.** Exclude from work until:
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 7 days have passed since symptoms first appeared

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
Contingency Staffing Plan

- Talk with other midwives in your community about helping each other.

- Advanced midwife students

- Nursing students

- Who can help in clinic?

- Who can help with home visits?

- Who can help birth assist?
  - *NRP + CPR certified*

- Talk with your hospitals about a plan for transfers.
Billing + Regulatory Considerations

- Centers for Medicare & and Medicaid Services (CMS) expanded Medicare coverage for telehealth visits (3/17/2020).
- HHS Office for Civil Rights (OCR) announced it will waive potential HIPAA penalties for good faith use of telehealth during the COVID-19 emergency.
- HHS Office of Inspector General (OIG) provided flexibility for healthcare providers to reduce or waive beneficiary cost-sharing for telehealth visits paid by federal healthcare programs.

Dr. Amy Johnson-Grass
ND, LN, LM, CPM

Health Foundations Birth Center + Women’s Health Clinic
Saint Paul, Minnesota

www.healthfoundations.com

American Association of Birth Centers
www.birthcenters.org
TELEHEALTH

HOW COVID-19 IS CHANGING HEALTH CARE

Abigail Lanin Eaves, MSN, CNM - Dar a Luz Birth & Health Center
TELEHEALTH VS. TELEMEDICINE

Telehealth is an all-encompassing umbrella that includes all care given to a patient who is not present with the provider.

- It includes, phone, e-visits (portal, text, email), synchronous video/audio, and store and forward of medical information via video/audio.

Telemedicine is the consultation of provider in one healthcare facility with the patient in another healthcare facility.

- This is mostly only video/audio and store and forward video/audio.
- Frequently used for consultations.
- *Terms are technically different but being used interchangeably right now.
Old CMS Requirements for Telehealth Services

• Prior to COVID-19, Medicare was only allowed to pay clinicians for telehealth services such as routine visits in rare circumstances.
  • For example, the beneficiary receiving the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary would generally not be allowed to receive telehealth services in their home.
NEW CMS REQUIREMENTS FOR TELEHEALTH

• Clinicians can bill immediately for dates of service starting March 6, 2020. Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services.

• States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smartphones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

• Care providers may conduct a telehealth visit from any private, secure location that will support member privacy, including provider’s home.

• Waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.
CMS practitioners eligible to be reimbursed for telehealth services.

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife**
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified Registered Nurse Anesthetists
FROM ACOG

• Major Medicare Telehealth Policy Changes Due to COVID-19

• **Most commercial payers are also following these new Medicare guidelines for telehealth amid this public health emergency.**

• Telehealth visits will be covered for all traditional Medicare beneficiaries regardless of geographic location or originating site

• You are not required to have a pre-existing relationship with a patient to provide a telehealth visit

• You can use FaceTime, Skype, and other everyday communication technologies to provide telehealth visits.
RISKS OF TELEHEALTH PRENATAL CARE

😊 What used to seem too risky with virtual care can now seem minimal in comparison.

👶 Worries over whether a mom would feel less connected to her provider, be anxious because she doesn't get to listen to her baby's heartbeat - those are not risks on a level with what we’re facing now.

铧 This situation has encouraged open-mindedness, and the ability to see what risk really exists as opposed to perceived risk.

👶 If there is a concern over blood pressure, mom should be set up with at home monitoring, which is billable.
Example comparison of visit schedules using traditional vs. telemedicine models of prenatal care

<table>
<thead>
<tr>
<th>Program Type</th>
<th>1st Visit</th>
<th>12</th>
<th>16</th>
<th>20</th>
<th>24</th>
<th>28</th>
<th>30</th>
<th>32</th>
<th>34</th>
<th>36</th>
<th>37</th>
<th>38</th>
<th>39</th>
<th>40</th>
<th>Postpartum</th>
</tr>
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<tbody>
<tr>
<td>Traditional* Prenatal Care</td>
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<td>6 weeks:</td>
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| Prenatal Care with Telemedicine | 🧼         | 🧼 | 🧼 | 📱 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼          |
|                                |           | 🧼 | 🧼 | 📱 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 🧼 | 1 week:   |
|                                |           |    |    |    |    |    |    |    |    |    |    |    |    |    | 6 weeks:   |

🧼 = In-person visit

💻 = Virtual visit via telemedicine

NOTES: *Traditional models of prenatal care recommend 1 visit/month until 28 weeks, followed by 1 visit/2 weeks from 28-36 weeks, and 1 visit/week from week 35 until delivery. Prenatal care models using telemedicine vary in how many visits they recommend. "Virtual visits" may be with an
MANAGING COVID-19+ DURING PREGNANCY (U/S)

• The Society for Maternal-Fetal Medicine (SMFM)

• Very little is known about the natural history of pregnancy after a patient recovers from COVID-19. Given how little is known about this infection, a detailed mid-trimester anatomy ultrasound examination may be considered following first-trimester maternal infection. For those experiencing illness later in pregnancy, it is reasonable to consider sonographic assessment of fetal growth in the third trimester.
Managing COVID-19 during pregnancy

• Exposure
  • Exposure to someone confirmed to have COVID-19: 099.89, Z20.828
  • Possible exposure to COVID-19, ruled out after evaluation: Z03.818, Z3A._ (0–42 weeks)

• Signs and Symptoms without definitive diagnosis
  • Use 099.89 + appropriate code for each presenting sign and symptom: R05 Cough, R06.02 Shortness of breath, R50.9 Fever
CONFIRMED COVID-19 INFECTION PREGNANCY CODES

- Other coronavirus as the cause of diseases classified elsewhere: B97.29
- Confirmed COVID-19 without symptoms: B97.29 + 098.51_
  (*Last character _ denotes trimester)
- Lower respiratory infection: 099.51_, J22, 098.51_, B97.29
- Acute bronchitis: 099.51_, J20.8, 098.51_, B97.29
- Bronchitis not otherwise specified (as acute or chronic): 099.51_, J40, 098.51_, B97.29
- Viral Pneumonia: 099.51_, J12.89, 098.51_, B97.29
- Respiratory failure with hypoxia: 099.51_, J96.01, 098.51_, B97.29
- ARDS: 099.51_, J80, 098.51_, B97.29
- Respiratory infection, not otherwise specified (other respiratory disorders): 099.51_, J98.8, 098.51_, B97.29
GENERAL BILLING OPTIONS

MODIFIERS - GT OR 95
CODES - TELEHEALTH OR REGULAR
PLACE OF SERVICE - 02 OR 11
CMS VS AMA PAYABLE CODES

• At this time, AMA and Medicare cover different codes for Telehealth

• You MUST CHECK WITH YOUR PAYERS for which guidelines they are following, and how to bill for each type of visit.
Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CPT Code 99421</td>
<td>Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes</td>
</tr>
<tr>
<td>CPT Code 99422</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>CPT Code 99423</td>
<td>21 or more minutes</td>
</tr>
<tr>
<td>CPT Code 98970*</td>
<td>Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes</td>
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<tr>
<td>CPT Code 98971*</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>CPT Code 98972*</td>
<td>21 or more minutes</td>
</tr>
</tbody>
</table>
# AMA Billable Codes

## Telehealth Visits

Synchronous **audio/visual** visit between a patient and clinician for evaluation and management (E&M)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT Code 99201-99205</strong></td>
<td>Office or other outpatient visit for the evaluation and management of a new patient</td>
</tr>
<tr>
<td>POS 02 for Telehealth (Medicare)</td>
<td></td>
</tr>
<tr>
<td>Modifier 95 (Commercial Payers)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT Code 99211-99215</strong></td>
<td>Office or other outpatient visit for the evaluation and management of an established patient</td>
</tr>
<tr>
<td>POS 02 for Telehealth (Medicare)</td>
<td></td>
</tr>
<tr>
<td>Modifier 95 (Commercial Payers)</td>
<td></td>
</tr>
</tbody>
</table>

*A list of all available codes for telehealth services can be found here:

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

**Please note**—Check with your payer to determine the appropriate Place of Service (POS) code for your telehealth visits. The AMA is aware that some commercial payers are requiring the use of POS 02—Telehealth (The location where health services and health related services are provided or received, through a telecommunication system.) This is important to ensure your telehealth E/M visits are accurately associated with the care of patients for suspected or diagnosed COVID-19.
AMA BILLABLE CODES

Telephone Evaluation and Management Service
CPT codes to describe telephone evaluation and management services have been available since 2008. Relative values are assigned to these services. **Medicare still currently considers these codes to be non-covered.** However, private payers may pay for these services.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99441</td>
<td>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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</td>
</tr>
<tr>
<td>CPT Code 99442</td>
<td>11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>CPT Code 99443</td>
<td>21-30 minutes of medical discussion</td>
</tr>
</tbody>
</table>

*The AMA is urging CMS to begin covering these services under Medicare immediately in light of the novel coronavirus emergency.*
Remote Patient Monitoring
Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99453</td>
<td>Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment)</td>
</tr>
<tr>
<td>CPT Code 99454</td>
<td>Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)</td>
</tr>
<tr>
<td>CPT Code 99457</td>
<td>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes</td>
</tr>
<tr>
<td>CPT Code 99458</td>
<td>Each additional 20 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>CPT Code 99091</td>
<td>Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days</td>
</tr>
</tbody>
</table>

*Important Use Case*—leverage CPT codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from the patient’s home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.
Monitoring BP or Sugars via Telehealth

99453 - Initial set-up and patient education on the use of monitoring equipment (BP cuff, glucometer)

99454 - Initial collection, transmission and report/summary services to the clinician managing the patient.

- Code 99453 is a one-time code while code 99454 is a monthly recurring code.
### Summary of Telehealth Services: Providers

| Email, portal or text evaluation and management, established patient, (online digital E&M for up to 7 days), qualified healthcare provider | Telephone E&M services, to an established patient, not originating from a related E&M in the past 7 days nor leading to an E&M service in the next 24 hours, qualified healthcare provider | Synchronous audio/visual visit between patient and clinician for evaluation and management. May be new patient or established patient. | Remote monitoring of physiological parameters and may include:  
- Initial set-up and education  
- Device supply with daily recordings  
- Treatment services |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>99421</td>
<td>5-10 minutes</td>
<td>99411</td>
<td>5-10 minutes</td>
</tr>
<tr>
<td>99422</td>
<td>11-20 minutes</td>
<td>99442</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>99423</td>
<td>21-30 minutes</td>
<td>99443</td>
<td>21-30 minutes</td>
</tr>
<tr>
<td><strong>AMA is urging CMS to make all codes payable. Check your local payers for their requirements.</strong></td>
<td></td>
<td>99201-99205 w/ mod 95 or GT (new patient)</td>
<td>99211-99215 w/ mod 95 or GT (established patient)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99453: initial set-up and education</td>
<td>99454: device supply with daily recordings, each 30 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99457: remote monitoring TREATMENT</td>
</tr>
</tbody>
</table>

*use for preventative visits/ counseling as well*
### SUMMARY OF TELEHEALTH SERVICES: NON-PROVIDER

<table>
<thead>
<tr>
<th>Email, portal or text evaluation and management, established patient, (online digital E&amp;M for up to 7 days), qualified NON-PHYSICIAN</th>
<th>Telephone assessment and management service provided by qualified non-physician healthcare professional to an established patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>98970</td>
<td>98971</td>
</tr>
<tr>
<td>98970</td>
<td>5-10 minutes</td>
</tr>
</tbody>
</table>
CHARTING OF TELEHEALTH VISITS

• Send instructions to client on how to connect
  • Zoom, Doxy-Me are HIPAA compliant, HOWEVER
  • FaceTime, Skype and all video chats are cleared at this time for telehealth visits

• You must get consent before a telehealth visit
  • Verbal or written is fine
  • You must document verbal consent in your note

• You must document the “HUB” and the “SPOKE”
  • HUB: where the provider is conducting the visit- you may use your office or home address
  • SPOKE: where the client is receiving the visit

• You will chart with the same level of charting as you would for any E&M visit
  • Easiest to use a SOAP note and make adjustments for vital signs, FHTs, fundal height, etc.
  • Chart the amount of time you spent, no matter what technology you are using since codes are time-based
DATE: 3/24/2020
PROBLEM VISIT

Telehealth visit
Hub site: 7708 4th Street, Los Ranchos de Albuquerque, NM 87107
Spoke site: 4256 Columbia Dr, NE, Albuquerque, NM 87108

SUBJECTIVE:
HPI: Mandy is a 29 year old G1 P1 woman having a telehealth appt today for IUD insertion I/u and mood check/follow-up after being started on Zoloft and Lorazepam PRN
Reviewed records from last visit on 3/13/2020.

SOCIAL: Denies domestic violence or abuse.
Denies use of tobacco, alcohol, or recreational drugs.
Has supportive partner

ALLERGIES, MEDICATIONS, IMMUNIZATIONS: See sections above

PMHx: Hx of anxiety, SVB 10 weeks PP

ROS: See ROS section above

O: No PE done, Telehealth visit

Discussion: Mandy reported that she felt that when she first started on the Zoloft 25 mg that her symptoms became worse. However, she feels that in the past 3 days things have started to improve and “maybe it’s working”. She reports that she also has Telehealth visits scheduled with a therapist and one tomorrow with Dr. Sowell that she was referred to at her last appt on 3/13/2020. We discussed that 25 mg is the lowest dose and she may need to increase to 50mg, but since she has an appt with Dr. Sowell for medication management tomorrow we would leave her dose as is and she and Dr. Sowell can discuss it tomorrow.

We discussed her IUD. She reports that she has bled some every day since insertion. At first the amount was similar to a period, but for the last few days it has been minimal. She can feel the strings without difficulty. Discussed that if still having daily bleeding in 2-3 weeks to call as we can trouble shoot and sometimes can do 1-3 months of an additional hormonal BC to stop bleeding. Verbalizes understanding.

ASSESSMENT:
Maternal mood disorder
No contraindications for Mirena IUD

PLAN:
1- to have appt with Dr. Sowell for med management tomorrow
2- will be starting therapy via Telehealth
3- happy with IUD for contraception, reviewed bleeding profile and will call in 2-3 weeks if still having daily bleeding

30 min with pt, > 50% counseling via Telehealth

Bestest Midwifeever, CNM
Telehealth Consent

1. I understand that my health care provider wishes me to engage in a telehealth visit.
2. My health care provider has explained to me how the video conferencing technology will be used, and will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination room; and or (3) terminate the consultation at any time.
5. I have had the alternatives to a telehealth visit explained to me, and I’m choosing to participate in a telehealth visit.
6. I understand that billing will occur from my practitioner and a facility fee for the telehealth services.
7. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

I have read and understand the above.

Electronic Signatures

By typing my name below I acknowledge and agree with the content of this document.

Signature 1
Signature: Relationship to Patient:
Date:
<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE?</th>
<th>HCPCS/CPT CODE</th>
<th>Patient Relationship with Provider</th>
</tr>
</thead>
</table>
| MEDICARE TELEHEALTH VISITS | A visit with a provider that uses telecommunication systems between a provider and a patient. | Common telehealth services include:  
- 99201-99215 (Office or other outpatient visits)  
- G0425–G0427 (Telehealth consultations, emergency department or initial inpatient)  
- G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) | For new* or established patients.  
*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency |
| VIRTUAL CHECK-IN         | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. | HCPCS code G2012  
HCPCS code G2010  
G2012: Brief communication technology– based service and has not been seen for this in in previous 7 days and will NOT Lead to visit in next 24 hours (example: baby is fussy)  
G2010: Remote evaluation of images or recordings submitted by established patient (same as above; ex rash) | For established patients. |
| E-VISITS                 | A communication between a patient and their provider through an online patient portal. | 99421: Time-based and patient-initiated.  
99422: 5–10”, 11–20”, >21”, cumulative time spent over  
99423: 7 days, PORTAL ONLY  
G2061: G- Code is non-physician (clinicians who CANNOT Independently bill) | For established patients. |
Telelactation

• Several telemedicine platforms allow individuals with breastfeeding difficulties to access lactation consultants from their home or a nearby telemedicine “hub”. These “telelactation” services allow clients to message consultants (typically IBCLCs), and participate in virtual visits by phone or videoconference.

• Codes can include S9443 with POS 02, and 95 modifier, or incident to billing of E&M when IBCLC is working with a CNM.
Deny – and try – and try – and try – and try

Don’t accept the first denial as proof that payer doesn’t pay telehealth

Each state and payer will have their preferences on Place of Service (02 or 11), Modifiers (GT or 95) and specific telehealth codes.
CHECK LOCAL INSURANCE WEBSITES FOR COVID-19 REQUIREMENTS

• Blue Cross Blue Shield – [Coronavirus updates: Coverage of testing for members and access expansion to care](Coronavirus updates: Coverage of testing for members and access expansion to care)

• Humana – [Patient responsibility: Waiving member cost share for COVID-19 and urgent care telehealth visits](Patient responsibility: Waiving member cost share for COVID-19 and urgent care telehealth visits) and [How Humana is caring for members](How Humana is caring for members) (telemedicine cost waived for urgent care needs for next 90 days, online member support, etc.

• Molina Health – [COVID-19 provider notification](COVID-19 provider notification)
Molina Health is waiving co-pays and cost sharing for tests, as well as offer $0 co-pay and cost share for participating in telemedicine visits for any diagnosis until May 1, 2020.

• United Healthcare – [Provider Telehealth Policies](Provider Telehealth Policies) (updated as of 03/23/2020):
UnitedHealthcare is expanding telehealth services policies to cover Medicare Advantage, Medicaid and commercial members through June 18, 2020 at this time.
Recommendations are changing daily - all of the information here is current as of 3/24/20. These are the websites that were used to determine current rules:

- [https://blog.babyscripts.com/important-information-on-reimbursement-for-digital-and-telehealth-services](https://blog.babyscripts.com/important-information-on-reimbursement-for-digital-and-telehealth-services)
WEBSITES

- https://www.smfm.org/covid-19-coding-tip
Commission for the Accreditation of Birth Centers
Supporting Standards & Inspiring Excellence through Learning
Because this situation is constantly changing, each birth center must stay apprised of the situation in your community and remain flexible as you make decisions about what is best for your staff and clients. Not all of these suggestions will be appropriate for your birth center at all times or in all situations.

CABC is confident in the birth centers’ ability to adapt to and manage the issues presented to them by COVID-19.
• CABC will follow the recommendation of the American Academy of Pediatrics to extend recognition of NRP cards beyond the recommended renewal date.
• For those individuals whose NRP expiration date falls in March, April or May of 2020
• This time period may be extended depending upon how the COVID-19 public health threat evolves.
• Birth centers with personnel who have expired cards will have until the due date of their Progress Report (90-days after site visit)
• Also expired CPR certification
Medical Emergency Drills

• **Important to continue drills in order to maintain staff confidence, competency & "muscle memory"**

• Modification needed to ensure staff safety

• Suggestions:
  • Conduct drills more frequently but in small groups
  • Have staff join drills using videoconferencing – can participate in discussion & serve as observers to critique performance
  • "Spontaneous" drills
  • Individual staff practice some skills independently using birth center equipment – e.g. neonatal resuscitation
  • What else? Be creative!

• Continue to assure that all staff participate in drills in some way
Newborn Screening

• If possible, follow usual schedule
• Substitute office visit for home visit

• **Prepare for possibility that you will be unable to do your normal follow-up of client & newborn** (e.g. symptomatic or COVID-19 + mother or household member)

• Consider screening prior to discharge from birth center:
  • CCHD – more false positives, but rate still low & will avoid missing cases
  • Hearing – can wait
  • Metabolic
    • AAP advises doing prior to discharge if <24 hours of age
    • Will identify the urgent disorders
    • Repeat in 1-2 weeks
    • Consider risk factors of family & community – e.g. MSUD
Continuous Quality Improvement

• It is important to continue CQI activities – chart reviews, facility checks, supply & equipment inventory, etc.

• Times of increased stress & volume provide greater potential for things to fall through the cracks, resulting in errors & decreased safety & quality.

• Suggestions:
  • Use staff working from home for chart reviews
  • Prioritize CQI activities that have the most impact on safety – emergency supplies, routine equipment, adherence to COVID-19 cleaning & PPE procedures
  • Supply chains may be altered – monitor & order early, alternate sources
RAPID On-Boarding of New Staff

• Minimum personnel files:
  • Verification of licensure
  • CPR and NRP training

• Issue clinical policies & procedures and verify person’s review

• Review most pertinent personnel policies (time clock, exposure control plan, use of PPE)

• Orient to facility and equipment:
  • location of emergency equipment and supplies
  • Contact numbers
  • Evacuation plan

• Practice PPH and Newborn Resuscitation in place
Questions?
Questions?

AABC Toolkit: COVID-19

BirthCenters.org/toolkit-covid19