**MEMO**

Re: COVID-19 and Continuity of Care

To our valued medical partners:

Majoris understands that we are all facing uncertain times, and need to seek new ways to support continuity of care for Oregon’s injured workers while maintaining the safety of staff and patients. We have sought to identify changes we can temporarily put into place to promote access to care and minimize interruptions.

**Telemedicine**

While there is no replacement for in-person, hands on medical care, telemedicine is a valuable method to facilitate access to timely care for injured workers when that is not an option. Majoris is in support of utilizing telemedicine during the COVID-19 outbreak when in-person visits are not feasible.

Telemedicine is defined by the Oregon Administrative Rules to mean: “synchronous medical services provided via a real-time interactive audio and video telecommunications system between a patient at an originating site and a provider at a distant site.” This is the ideal standard for telemedicine, but understanding many offices may not have the technological resources in place necessary for this, telephone (no-video) consults will also be considered an option.

In all cases, the examination should be as thorough as possible, with all findings documented in the chart note to support the prescribed treatment plan.

**Billing**:

Visits utilizing both audio & video may be billed using the standard E&M codes with the modifier 95 and POS 2. Chart note documentation should support the level billed.

Visits utilizing audio only may be billed using a telephonic assessment & management service code (99441-99443). The Workers’ Compensation Division have issued temporary rules increasing the reimbursement for these codes to be comparable to an equivalent office visit. The details to those new rates can be found at the end of this memo.

Majoris has also posted the DCBS Industry Notice and Updated Rules to our Provider Portal, or you may contact our provider relations department for a copy: providerrelations@majorishealthsystems.com.

**Telerehab**

Just as with telemedicine, physical therapy is best suited for the in-person setting, but when that is not an option, finding a way to continue treatment will be central for many workers’ overall health & recovery. Majoris is in support of utilizing telerehab during the COVID-19 outbreak for conditions and stages of recovery where it can be conducted safely and provider material improvement for the worker.

Basic requirements for telerehab consideration are:

1. Visits are subject to the same precertification requirements in place for in-person visits.
2. The visit must be “real time”.
3. Visits should be one patient to one provider, and simultaneous audio and video unless an injured worker does not have video capability for their end. “Group” therapy on video with multiple patients will not be reimbursed. Visits should be conducted via audio and video.
4. CPT codes will be limited to **97110** or **97530,** no more than **2 units** (23-37 minutes) total**.** POS 2 should be used.

**Other Therapies**

Therapies such as cognitive or speech therapy are also services that may make sense in the tele-setting. These will also be limited to 2 units, and POS 2 should be used.

**Remaining Open**

Some providers may choose to continue seeing patients in person, which can also be a viable route if appropriate precautions are taken. Some recommendations:

* Adhere to CDC guidelines.
* Consider rearranging your waiting room so that chairs are at least 6 ft apart.
* Institute a policy requesting that the patient come to appointments alone.
	+ If the patient requires translation assistance, his/her adjuster will be able to assist in obtaining a translator who can provider services remotely.
* Call the patient ahead of the appointment to confirm they are not experiencing any symptoms, and have not been exposed to others who are sick.

**A note about Precertification Requests**

Opioids:

During the initial phase of the pandemic, concessions to standard best practices were made to accommodate the limitations and uncertainty we all experienced. However, while times have certainly not returned to normal, most have found ways to establish processes that support a return to best practice. In some cases this may mean continuing to see the patient telemedically and/or having urinalyses performed at an outside network laboratory. If you feel you have a situation that demands an exception to Majoris’ standard protocols, please include that information in your chart note and precertification requests.

Decision Turnaround Times

Majoris continues to be committed to issuing timely correspondence in response to precertification requests. However, we are fielding a higher than normal number of general inquiries and request that you first utilize the Online Precertification System portal to check on the status of any pending requests.

As always, thank you for your care of Majoris enrolled injured workers. We value your partnership and want to help support you in any way we can during these challenging times. Please do not hesitate to contact us with questions or requests for assistance.

