

COVID-19: Frequently-Asked Questions

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I have a small practice with 11 employees. We are diverse, providing early intervention home visits, contract home health services and we operate a small outpatient clinic. We operate as an S Corp with myself and one PTA being salaried. All others are part time. I'm looking for specifics for those with a heavy early-intervention caseload as this so far has had the highest rate of cancellation. Will part-time employees would be eligible for the emergency unemployment measures?20

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Health and Safety Issues

How should I prepare for an outbreak in my community?

Answered 3/17/20

- [World Health Organization: Getting your workplace ready for COVID-19 \(3/3/20\)](#)
- [CDC Information for Healthcare Facilities](#)
- [Print resources from the CDC to share with your community](#)

What should I do for, and communicate to, my staff about safety?

Updated 3/21/20

- Send sick employees home.
- Practice stringent cleaning standards.
- Practice Social Distancing as able.
- Track recent travel, and limit future travel.
- Have a pandemic plan as events worsen.
- Keep your employees informed regularly.
- Follow CDC guidelines for managing your facilities:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
- If you suspect you have COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
- If you have had close contact with a person with COVID-19 but are not sick:
 - Monitor your health for fever, cough and shortness of breath for 14 days after your last contact with the ill person.
 - Do not go to school or work. Avoid public places for 14 days.
- If you are a close contact of a person with confirmed COVID-19 and are sick
 - If you are sick with fever, cough, or shortness of breath, even if your symptoms are mild, isolate yourself.
 - If you are at higher risk for severe illness (over 60, with underlying health conditions such as heart disease, lung disease, or diabetes), have a weakened immune system or are pregnant) call your health care provider. They may want to test you for COVID-19.
 - If you have symptoms but are not in a high-risk category, talk with your healthcare provider. They will help you determine if you need to be evaluated.

- [Find more information from the CDC here](#)

What should I communicate to my patients about attendance?

Updated 3/21/20

- Determine what level of care you are able and is appropriate to provide during this time, which may be limited by state and local governments. Communicate the level of care you will be providing to your patients.
- Inform your patients about the processes you have put in place, for cleaning, hygiene, social distancing, sick and travel screening.
- Relax your cancellation and no-show policies.
- Establish a check-back system to follow up with patients and ensure the best possible continuity of care.
- Provide your staff guidance on determining which patients should and should not be coming in.
- Consider telehealth options or telephone check-ins to keep in touch.
- Utilize resources from APTA and the Department of Homeland Security as you decide what level of care is appropriate in your community.
 - <http://www.apta.org/Coronavirus/PresidentLetter/>
 - <http://www.apta.org/Coronavirus/Statement/>
 - https://ppsapta.org/sl_files/BFC419ED-9B9A-A69F-DDCCAA8F5688CF5C.pdf

What standards are recommended for keeping my clinic clean?

Answered 3/17/20

- [From the CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

- Additional information about recommended practices for cleaning of rooms and PPE to be worn by environmental services personnel is available in the [Healthcare Infection Prevention and Control FAQs for COVID-19](#)

What are the signs and symptoms of COVID - 19?

Answered 3/17/20

[Cough, Fever, Shortness of Breath, 2-14 days after exposure](#)

What should I do if one of my staff members contracts COVID-19?

Updated 3/20/20

- [From the CDC: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)
- Please review the guidelines from the [CDC on return to work](#). In situations where you know you had a staff member or patient onsite with COVID-19, you will likely need to perform what is known as "terminal cleaning", described [here](#). For an ill family member at home, unless the family member has been diagnosed with COVID-19 or is suspected to have COVID-19, the current CDC guidelines do not require the employee to stay home from work.

What should I do if one of my staff members has been in contact with someone with COVID-19?

Answered 3/17/20

- Self-quarantine at home for up to 14 days if in close contact, meaning being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a health care waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
- [From the CDC: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#)

What do we do as a clinic if one of our clients tests positive? Do we need to inform all clients (outpatient pediatric/orthopedic)?

Updated 3/20/20

- Consult with your local or state health department. The systems for managing exposure will vary state by state.

Where can clinics purchase much needed supplies like hand sanitizers and isopropyl alcohol which is not currently available at your basic chain stores? There should be priority for health care professionals to get these items.

Updated 3/20/20

Most PT supply distributors are having the same issues with these items being back ordered with no arrival date listed. Unfortunately, we do not have resources to answer this question.

How does the 10-person gathering rule affect my independent free-standing clinic with 8 employees? What about our after-care program.

Updated 3/20/20

- Medical facilities may be exempt for patient care, but other exercise facilities may be closed. Check with your local health department for guidance.

My clinic has had to close under a shelter-in-place order. What kind of governance support do I have in seeing serious patients as exemptions. I have post-operative and other patients who will be adversely affected by lack of care, but what statement do I have from my professional association that care I provide is essential? Also, if I determine patients are regressing without care, can I bring them in under the same exemption?

Updated 3/20/20

- The Department of Homeland Security has listed physical therapists as essential providers. PPS has an additional statement in support of essential services, that you may use to support your position, but you will be subject to the rules that have been put in place for your state or locality. https://ppsapta.org/sl_files/BFC419ED-9B9A-A69F-DDCCAA8F5688CF5C.pdf

Why are we not positioning Private Practice to be the go to for musculoskeletal injuries at a time when we are trying to keep folks away from emergency rooms and urgent care centers. We are uniquely positioned and trained to fill this void in a safer environment for patients at this time.

Updated 3/20/20

- You are correct that private practice physical therapists have always provided a high-value alternative to the emergency room and urgent care centers for musculoskeletal pain and injuries. At this time when these facilities must prioritize their resources for patients with potentially more medically complex and/or high-risk patients, private practice physical therapists can help support the health care system by caring for these patients and keeping them out of settings that could be at higher risk for disease exposure. To promote this value in your region, please refer to the PPS website for resources to support physical therapists as the primary and initial provider for musculoskeletal care, as well as the PPS statement supporting the Department of Homeland Security naming physical therapists as essential providers.
https://ppsapta.org/sl_files/BFC419ED-9B9A-A69F-DDCCAA8F5688CF5C.pdf

It would be good to have a fact sheet devised for our patients that conveys a uniform message about COVID-19 and the importance of physical therapy as an essential service.

Answered 3/25/20

Please refer to this [Homeland Security Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response](#).

Telehealth and Payment

Are there limitations on an outpatient practice providing and billing for PT services in-home with commercial payers or Medicare?

Answered 3/20/20

- Medicare Part B and many insurance plans will allow you to provide in-home care. You will need to update the Place of Service code on your claims, and it would be wise to review individual payer policy as you develop your in-home care plans.
- You will also want to check with malpractice, workers' compensation and liability insurers to confirm coverage while providing care in patients' homes.
- You should also review your Medicare provider status. Make sure your enrollment is as a Part B provider, Physical Therapist in Private Practice (PTTP). If you have any questions regarding your Medicare Provider Status contact your Medicare Administrative Contractor (MAC) and their provider inquiry representative.

Are we allowed to treat Medicare patients via telehealth under the emergency rules?

Answered 3/17/20

- This is evolving rapidly. We will continue to post updates for Medicare and telehealth in a separate document that will be updated regularly as changes happen.

Telehealth and E-visits: Are there resources for an outpatient private practice to provide these?

Answered 3/20/20

- There is definitely a difference between e-visits and telehealth. Many practices are going from providing no telehealth services to trying to offer a robust and viable telehealth option for patients within a very short period of time. Fortunately, PPS and APTA have significantly ramped up the efforts that had already been in motion to meet the needs of members.
- APTA held a webinar on 3/20/2020 on this topic. [You can access the recording and the webinar slide deck here](#). While e-visits are currently allowed (as of 3/17/2020) by CMS for Medicare beneficiaries, telehealth is going to be more applicable than e-visits relative to how physical therapists provide care, and generally telehealth will provide more appropriate payment consistent with the 97000 series CPT codes. Medicare does not currently cover telehealth physical therapy, however several major payers have made movement this week towards coverage. Several governors have issued executive orders requiring coverage in their states. Check your state laws and if your state law allows physical therapists to deliver services through telehealth then Contact your local insurance carriers to inquire if they will cover telehealth physical therapy. PPS intends to be adding significant telehealth resources to the PPS website by 3/23/20 (sooner if possible), so please check back.

Learn more in this document from PPS: [Furnishing and Billing E-Visits: Addressing Your Questions](#).

What services can be provided by telehealth under the new federal emergency declaration?

Answered 3/17/20

- CMS maintains a list of services that are normally furnished in-person that may be furnished via Medicare telehealth. These services are described by HCPCS codes and paid under the Physician Fee Schedule. Under the emergency declaration and waivers, these services may be provided to Medicare Part B patients by professionals regardless of patient location. [This list is available here](#). It includes the G codes describing E-Visits that Physical therapists are able to report when provided to Medicare Beneficiaries. Physical Therapists were not added as eligible providers for telehealth, jus for e-visits.

If I have a patient with private insurance, can I provide them with PT via telehealth?

Answered 3/17/20

After checking your state law and your ability to provide telehealth services, refer to this APTA guidance on telehealth and COVID-19: "As for commercial insurers, check with individual payers to verify what is and is not permitted. Be sure to confirm with each payer whether the originating site can be a private home or office, if services must be real-time or can be asynchronous, and any other limitations to your use of telehealth."

What are the telehealth rules for payers in my state?

Answered 3/17/20

- According to APTA: "The use of telehealth is one approach that can help keep both patients and providers safe, but PTs and PTAs need to understand the current regulatory and payer telehealth landscape to decide whether telehealth is right — or even a possibility — for them."
- You need to review and understand your state's practice act regarding the delivery of physical therapist services via telehealth.
- APTA is finalizing a telerehab payer advocacy template letter for individuals and chapters to use to advocate to their commercial, MA, and Medicaid payers for coverage of telerehab.
- Through the [Physical Therapy Compact](#), a compact privilege allows the holder to provide physical therapist services in a remote state under the scope of practice of the state where the patient or client is located, whether the practice is in-person or via telehealth. Compact privilege holders should consult the rules and laws for the state in which they seek to provide services to determine the specific telehealth requirements.

Other Telehealth Resources

<http://www.apta.org/PTinMotion/News/2020/3/16/TelehealthCOVID19/>

<https://www.americantelemed.org/news/>

<http://www.apta.org/Blogs/PTTransforms/2019/8/28/Telehealth/>

<https://www.facebook.com/groups/TelehealthPTs/> (?)

<https://www.telehealthresourcecenter.org/nrtrc/?Center=NRTRC>

How can we be allowed to do telehealth in different states!? At least providing patients with exercise programs.

Answered 3/22/20

It is important to initiate advocacy in each of your states. The first question: does your current practice act/rules allow Telehealth- if not- can you advocate for it? Can you work through your State Association to advocate with your state Governor/Legislature for mandates on telehealth coverage? Can your State Insurance Office Advocate for coverage during the crisis? APTA is

finalizing a telerehab payer advocacy template letter for individuals and chapters to use to advocate to their commercial, MA, and Medicaid payers for coverage of telerehab.

What are your thoughts on a major APTA sector sending a note to major insurance carriers to allow access to PT for telehealth?

Answered 3/22/20

PPS is advocating with major payers on a national level, and local state PPS representatives are advocating and sharing their resource and results. Stay tuned, as more information is released in the coming week!

Are there other services that a commercial or workers comp payer may cover that would be considered a form of telehealth?

Answered 3/22/20

According to the CPT manual, the 98966, 98967, and 98968 CPT codes are used for "telephone assessment and management service provided by a qualified non-physician health care professional to an established client, parent or guardian."

The call can't originate from a related assessment and management service provided within the previous 7 days or lead to an assessment and management service or procedure within the next 24 hours or soonest-available appointment. These codes differ by telephone discussion times, which are:

98966: 5-10 minutes

98967: 11-20 minutes

98968: 21-30 minutes

If the call lasts longer than 30 minutes, you can use more than one of these codes. For example, a 45-minute call can be billed as both 98968 and 98967.

Billing requirements: To fulfill medical necessity, the following criteria must be met when billing 98966-98968:

- The call must be initiated by the established client or their parent/guardian if they're a minor.
- The length of the phone call must be documented, as well as the nature of the service and other pertinent information.
- The call can't be related to an E/M service you performed and reported within the last 7 days.

How to get paid for calls: Unfortunately, you can satisfy every billing requirement and still not be reimbursed by the insurance company for client calls, since these codes are often not covered. That's why it's important to check the contract to see if these codes are covered and have a policy in place to ensure you're compensated for your time if they're not.

The best place to do this is on the Consent for Services form you have your clients sign. Make part of this form your out-of-session contact policy, stating that clients will be liable for all charges not covered by insurance. Naturally, this will exclude Qualified Medicare Beneficiaries and some Medicaid clients, who can't be billed for anything, but it will cover your bases with all other clients.

After each phone call that you want to bill, submit the claim to the insurance company for reimbursement. Even if it seems likely to be denied, this will prove to your client that you attempted reimbursement and thus have a valid reason for charging them directly. You could also make the phone call eligible for HSA reimbursement by coding it as a medical procedure.

Sources: CPT® (Current Procedural Terminology), American Medical Association; Telephone Services, University of California, Davis; Medicare Claims Processing, Department of Health & Human Services; Telemedicine Policy, United Healthcare® Oxford

I have a very small outpatient private practice with a heavy manual therapy emphasis. Should I stay open and continue to treat patients on a one on one basis or start to implement a tele- health program and temporarily shut my doors?

Answered 3/22/2020

You will need to make that decision yourself based both on CDC guidelines and resources that PPS has provided on the COVID Response webpage on managing with COVID-19.

In regards to direct access and physical therapy care, are physical therapists under Direct Access always able to see patients without MD referrals and/or authorizations? Given that MD offices could be overwhelmed with Covid-19 patients, Direct Access laws could help PT access correct?

Answered 3/22/2020

Every state, the **District of Columbia**, and the US Virgin Islands have all recognized the safety and benefits of **direct access to physical therapy** by removing from their statutes, all or some of the referral requirements or provisions for a **physical therapy evaluation and treatment**. Check your state law as to how direct access is handled in your state. Any qualifications or restrictions in providing care to your patients under your state law are described in your practice act. Your State Licensing Board website would be an excellent resources on this topic. APTA has information at these websites: www.apta.org/StateIssues/DirectAccess/Overview
www.apta.org/.../Direct_Access/DirectAccessbyState.pdf

The Federation of State Physical Therapy Boards website <https://www.fsbpt.org/> also has resources on states and their laws. Currently for Medicare, Direct Access does not impact the requirements to have a signed plan of care to be receive payment for physical therapy services.

Commercial or work comp claims that require some level of authorization most likely will not have any changes given the Covid-19 Pandemic. Please check with your payers and their contracts regarding requirements for getting authorizations. Yes, PT's could really contribute to this crisis by keep MSK patients out of physician offices during this time. If your state has restricted direct access laws, how your practice handles this emergency will provide excellent information to share with legislators to amend your practice act to achieve unrestricted Direct Access!

Telehealth services are only available to our current treating patient population. What happens when they are discharged from services. How will we be able to continue with new patients? Does this order in effect allow new patients to be seen for evaluations via telehealth? How will this be communicated to patients if they are quarantined?

Yes, the Medicare E-visits are allowed for “established patients” only and the telephone assessment and management CPT codes are also for “established patients”. Currently there are not many options for providing a telehealth evaluation and being paid for this by a third-party payer. If your practice act allows for telehealth, including an evaluation performed through telehealth, it would be a cash service.

Which insurance companies are willing to pay for Telehealth and is special authorization beyond what has already been obtained required?

Answered on 3/22/2020

This is a moving target and is different in every state. PPS is working to populate coverage guidelines via spreadsheet we will be sharing on the PPS COVID-19 Response Webpage. It would be in your best interest to call to prior authorize these visits before providing them.

Are there specific HIPAA compliant platforms that we should use to provide Telehealth, even to private pay clients?

Answered on 3/22/2020

There are many ways to deliver digital care. Here is a list of platforms that are HIPAA compliant! More information will be coming out later today in a special issue of Impact magazine.

HIPAA compliant video interface:

1. Doxy.me (free version)
2. Google Meet (in GSuite) with a BAA
3. Zoom with a BAA

HIPAA compliant platforms and systems:

1. Anywhere.Healthcare
2. BlueJayHealth
3. Clocktree
4. Doxy.me (upgraded accounts)
5. Physio
6. Self-Doc
7. Vsee
8. Synzi
9. Theranow
10. Kareo

With regard to telehealth, which vendors, if any, are recommended and what is needed to set a service up? Are PTs setting this up at home or in the clinic? Are you even using a service or are you Skype-ing or Facetiming?

Answered 3/22/2020

A great resource is an extremely active Facebook group: Telehealth Physical Therapy Providers (PT - Physio) Members share their platforms/experiences and prices. President Trump relaxed the HIPAA requirements, so yes TODAY Facetime and Skype are acceptable options, but it is recommended you look at a HIPAA compliant platform so that once the regulations tighten back up, you will not have to switch platforms. The provider (the PT) does not have any restrictions on where they can be to deliver the service. They can perform it from the clinic or from home. You will need a device that has camera and microphone and then you are ready to go. PPS will be hosting a webinar on How To Telehealth on Wednesday March 25th. The recording will be available if you miss the live event. Watch for more details!

Are there any recommendations specifically for Medicare Part B private practices that treat clients in their home settings, to temporarily suspend all services?

Answered 3/22/2020

Individual therapists need to make that decision for themselves. To assist with making such a decision the CDC guidelines and other PPS resources are provided on the COVID Response webpage to assist with managing your practice in light of the COVID-19 Pandemic. Also watch for changes in federal and state mandates.

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> **If you scroll down to E-visits it looks like PT can bill for e-visits. Is that correct?**

Answered 3/22/2020

You are correct! Check your state practice act by visiting your states licensing board website or contacting your State Board's staff. Ask about information related to telehealth provided by physical therapists in your state.

As of today, we have received information regarding the approval of telemedicine for PTs and ancillary healthcare providers. It seems like there are two sets of codes. HCPCS codes and CPT Codes. which do we use? The CPT manual also describes "Telehealth Modifiers", can we report our services with these modifiers attached? Also, we are in PA and not sure what the reimbursement is for each of the codes.

Answered 3/22/2020

HCPCS (HealthCare Procedural Coding System) is used by Medicare and Medicaid and other payers as they see the need. HCPCS have their own coding guidelines and works hand in hand with CPT. HCPCS includes three separate levels of codes:

-- Level I codes consist of the AMA's CPT codes and is numeric.

-- Level II codes are the HCPCS alphanumeric code set and primarily include non-physician products, supplies, and procedures NOT included in CPT. The E-visits that Medicare has made available to PT's during this crisis is a good example of HCPCS Level II codes developed due not having codes in CPT that describe the exact application of the services that Medicare has agreed to cover for PT's. The CPT codes that may be noted for PT's include "Non-Face-to Face, Non-Physician Telephone services" (98966-98968). These codes have been described in this FAQ document.

The CPT Modifier for telehealth (95) is not currently applicable to the Physical Medicine and Rehabilitation CPT codes (97000 family of codes).

As far as Payment in PA, got to your Medicare Administrative Contractors (MAC) website and the Fee schedule look up tool for the payment on these E codes as well as the telephone assessment and management codes, in your area.

Can e-visits be performed using face to face technology such as skype or are those types of programs referenced only for telehealth services?

Answered 3/22/20

See this resource: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. Also review the PPS document: [Furnishing and Billing E-Visits: Addressing Your Questions](#) on providing & billing for these services.

Will Medicare advantage plans, Clover. Carefirst, other Workers comp insurances and Personal injury insurances allow telemedicine for PTs?

Answered 3/22/20

In each state you must clarify if your practice act allows for the delivery of physical therapy through telehealth. Once you understand your practice act, then contact your payers to verify whether telehealth services are covered.

Why are clinical social workers, registered dietitians, and nutrition professionals accepted for telehealth and doctorate level PTs are omitted on the official providers list?

Answered 3/22/20

APTA and PPS have telehealth as a legislative priority. Join the effort by taking a moment to contact your legislator. Here is info on the issue,

http://www.apta.org/uploadedFiles/APTAorg/Advocacy/Federal/Policy_Resources/Position_Papers/PositionPaper_CONNECTforHealthAct.pdf

I saw the waivers for telehealth from CMS but could you clarify as to whether the e-visits are to be done only through patient portals associated with EMR.

Answered on 3/22/2020

The HHS Office of National Coordinator for Health Information Technology (ONC) describes a patient portal as a secure online website that gives patients convenient, 24-hour access to personal health information from anywhere with an internet connection. A patient portal requires a secure username and password to allow patients to securely message their provider. CMS has made it clear that in the absence of broadband access, online accounts, or smart phones, other means can be used. CMS has indicated they want the service to be furnished, so they are giving providers greater flexibility in the platform used. You would need to look to your practice act to determine if you can do telehealth, and work with your licensing board for this answer.

My understanding from your letter is that we can now bill Medicare for telehealth services for current patients. If so, what “place of service” code do we use?

Answered 3/22/20

Place of Service codes describe where the provider is delivering the service from. As this relates to the e-visit codes, POS code 11 would best describe your Private Practice setting.

Must we evaluate new patients in person? Even non-Medicare patients? Could we see a new patient who is on Medicare via FaceTime for an evaluation and just have them pay cash for that evaluation? And have them fill out an ABN form?

Answered 3/22/20

We do not have Telehealth access to Medicare patients but do have E-Visit access. See: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

If providing any services to a Medicare patient through telehealth, as of the time this FAQ was published, Medicare will not cover Physical Therapists providing services through telehealth. CMS has decided to cover E-visits which are not considered telehealth. If providing this noncovered service to a Medicare beneficiary, your charge would be paid by the patient out of pocket. An Advanced Beneficiary Notice (ABN) would be recommended but is not required.

When providing an e-visit which is billed under G2061 can you also bill 97000 code if you provide therapy ex training or neuro reed training?

Answered 3/23/20

You would bill a code in the 97000 series if the patient came into your office for that visit. If you are providing an e-visit, chances are the patient is NOT coming into your office. If a claim has both the E visit and a CPT Code (97000 family of codes) it would most likely be a flag for that claim to be reviewed or payment may be delayed.

Is PPS recommending therapists close their offices or try to do more e-visits or limit patients to acute/post op patients only? Should we be screening allowing those that have no symptoms attend their session?

Answered on 3/22/20

PPS has not made any recommendations as to what is the best option for your clinic, employees or patients. Individual circumstances, community penetration of COVID-19 and the risk of eliminating therapy vs the risk of contracting the virus must all be considered. APTA did make a statement earlier this week and it can be accessed here:

<http://www.apta.org/Coronavirus/Statement/>

What is the difference between an E visit and a telehealth visit?

Answered on 3/22/20

See the attached to distinguish e-visits from Telehealth: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> . E-visits are brief, and reimbursement is low. Telehealth allows more extensive intervention billing. See the PPS document: [Furnishing and Billing E-Visits: Addressing Your Questions](#).

When I read the details of the act passed by President Trump (Stafford Act and National Emergencies Act) it does not list Physical Therapists. However, I received an email from the Private Practice Section stating that PT services in patients with established relationships could be performed and billed. Can you please confirm this information?

Answered 3/22/20

You are correct that the Stafford Act and the National Emergencies Act did not expand to allow PT's to deliver telehealth. What has passed is a very limited ability to perform E-Visits under the Medicare program. See the attached to distinguish e-visits from Telehealth:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. E-visits are brief and reimbursement is low. Telehealth allows more extensive intervention billing. Also review the PPS document: [Furnishing and Billing E-Visits: Addressing Your Questions](#).

E-visits are only approved for MCR Part B correct? Would they be covered under MCR Part A for Home Health?

Answered on 3/22/20

Part B is currently approved. To read more about Home Health during this crisis see:

https://homehealthcarenews.com/2020/03/cms-issues-home-health-covid-19-guidance-eases-supplies-standards/?itm_source=parsely-api

What are the "Rules" surrounding the Medicare E-visits G2061-63? Do I need to document and record telehealth PT sessions?

Answered on 3/22/2020

There is a difference between e-visits and telehealth PT, with the latter having potential to use the 97000 series codes. Please refer to the PPS E-visit document/resource : [Furnishing and Billing E-Visits: Addressing Your Questions](#) . Several major commercial payers have made movement this week towards covering telehealth PT therefore you may want to contact your state licensing board regarding providing telehealth under your license in your state and contact local insurance carriers to inquire if they will cover PT telehealth. PPS also has several additional resources on the website to assist you with providing telehealth services.

Documentation should describe the patient request for the e-visit, the content of the e-visit (clinical decision making) and the method by which the information was provided to the patient.

My question is about practicing Telehealth and E-visits, are there resources to understand to process that can be used in Outpatient private practice set up to do these?

Answered 3/22/20

Many practices are going from providing no telehealth services to having a robust and viable telehealth option for patients within a very short period of time. Fortunately, PPS and APTA have significantly ramped up the efforts that had already been in motion to meet the needs of

members. There is definitely a difference between e-visits and telehealth. Telehealth is going to be more applicable than e-visits relative to how we as PT's provide care, and generally telehealth will provide more appropriate payment consistent with the 9700 series codes. Medicare does not currently cover telehealth PT, however several major payers have made movement this week towards covering telehealth PT therefore you may want to contact your local insurance carriers to inquire if they will cover PT telehealth. PPS intends to continue to add significant telehealth resources to the PPS website.

Human Resources

Under the FFCRA do outpatient private practice therapy businesses fall under the 'healthcare exemption'?

Answered 3/25/20

See [Coronavirus/COVID-19 Legal Update on Families First Coronavirus Response Act \("FFCRA"\)](#) for details on this.

How are people handling time off electively from staff due to corona virus? Some have PTO and some staff do not. Are you paying staff either way? That will not be possible for very long and not fair to those that are using their PTO. Also, if this slowdown persists, I will have to layoff admin staff to stay solvent. Are there rules on that now?'

Answered 3/20/20

- PPS has engaged the services of Tucker Arensberg, P.C., to help PPS address human resources and employment issues as regulations evolve due to the Coronavirus/COVID-19 response, which may be found [here](#).
- Please see these two informational articles for information that may also find useful.
 - [Coronavirus/COVID-19: - General Considerations for Physical Therapy Private Practices](#)
 - [Coronavirus/COVID-19 Legal Update on Families First Coronavirus Response Act \("FFCRA"\)](#)

I have a small practice with 11 employees. We are diverse, providing early intervention home visits, contract home health services and we operate a small outpatient clinic. We operate as an S Corp with myself and one PTA being salaried. All others are part time. I'm looking for specifics for those with a heavy early-intervention caseload as this so far has had the highest rate of cancellation. Will part-time employees would be eligible for the emergency unemployment measures?

Answered 3/20/20

- Unemployment insurance policy is very state-specific, but many states are rolling out emergency policies for the COVID-19 pandemic. In some instances, if these workers stop seeing patients completely, they will likely qualify for some level of benefit. However, if they continue to work part-time, they may exceed the minimum benefit level, disqualifying them for benefits for reduced work hours. This information would need to be verified state-by-state.

What are my obligations to staff if I cut their hours or lay them off?

Answered 3/17/20

- Make sure you and they clearly understand your employment policies. You may need to create new policies for the situation as it evolves and as new legislation affects your business.
- Check the status of any newly mandated federal benefits that might affect you.
- Check with your state employment security department (ESD) for any requirements or newly offered benefits from the state.
- Consider rolling furloughs instead of a complete lay off. You may want to decrease staff if patient load decreases and there is no available work, but you will need to balance that with what will happen if members of your staff become ill.
- If you implement a patient questionnaire or take patient temperatures before entering the facility, ensure that this is well communicated to patients before they arrive. (social media, email blast, phone calls).
- Consult the [Department of Labor](#) for additional guidance.

What resources are available for certain staff who might be able to work from home?

Answered 3/20/20

- Determine whether you will provide equipment to employees working from home or whether you will ask them to use their own devices. Do they have access to computers with video capabilities?
- Review and update policies related to *Bring Your Own Device* and remote access agreements if applicable.
- Certain phone systems may offer smartphone or website portals to access voicemails and return or make calls.
- Select video conferencing and chat software.

Financial Recommendations

Small private practices like mine will take a big hit if patients don't walk through the doors. Any push for SBA or other type of financial assistance?

Answered 3/20/20

- This is an issue that many of us in private practice may be facing. [The legislation signed by the President on March 19, 2020](#) will help regarding tax breaks for employers. Additional federal legislation is being negotiated that will hopefully include much more significant funding to cover the immediate costs of keeping small businesses viable through expanded SBA loans and other resources. PPS continues to lobby for significant and quickly enacted legislation. In the meantime, PPS members should engage in conversations with your local business banker to explore all your options and strengthen your banking relationship.

Does the Small Business Administration (SBA) provide any assistance at this time?

Answered 3/17/20

- The SBA continues to assist small businesses with accessing federal resources, such as access to working capital loans and counseling, and navigating their own preparedness plans through its network of 68 District Offices and numerous Resource Partners located around the country. When faced with a business need, use the SBA's Local Assistance Directory to locate the office nearest you.

Updated 3/20/20

- SBA disaster loan assistance is expected to support our members' practices in this crisis. <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>. Each practice will have to consider its individual financial position when deciding between seeking credit to support employees versus releasing them to seek unemployment benefits. Considerations include whether your normal operating margin would allow you to pay back a loan, even at low or no interest? How much debt can you assume and how long are you willing or able to amortize that debt obligation? Other options might include temporary compensation adjustments, based on patients billed if your clinics are open.

Business Metrics and Analytics

Answered 3/17/20

- Know your visits per day and your visits per week to break even with your current staffing and under a reduced staffing model or reduced hours model.

Financial and Banking Relationships

Answered 3/17/20

- Depending on your personal and business assets, it may be a good time to establish a banking relationship with a secondary bank where you could maintain a backup reserve in anticipation that you could be asked to re-document creditworthiness for credit lines as the economy experiences secondary effects from COVID-19.
- Review leases and insurance policies to understand the implications of building closures and government actions. Since the pandemic is not causing physical damage to your property, business interruption coverages are unlikely to apply. Following CDC guidelines and government orders can help protect your business from being found legally liable for an injury from COVID-19.
- Create contingency plans as you evaluate your expenditures for those that can be adjusted based on volume.
- Re-evaluate all large expenditures and hiring plans and consider a 30-60 days pause in contractual negotiations.

Compliance

Does HIPAA apply during the nationwide COVID-19 public health emergency?

Answered 3/17/20

- You should do your best to remain HIPAA compliant. However, the Office of Civil Rights has been directed to exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective 3/17/2020. For more details: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>