

Provider Q&A

Why is payment being made available for health care providers to counsel patients to isolate/quarantine at the time of COVID-19 testing?

Models show that when those tested for COVID-19 are placed in isolation immediately, while waiting for test result or onset of symptoms, additional disease transmission in the community may be reduced. By having patients isolated 1-2 days earlier, spread of COVID-19 can be reduced significantly. Modeling shows early isolation can reduce transmission by up to 86 percent.

Does this apply to Medicare and Medicaid recipients?

Yes, this payment is available for counseling of patients that are both Medicare and/or Medicaid recipients under existing payment policies.

My practice is seeing many patients using telehealth appointments right now. Is the payment available if the counseling is performed as part of a telehealth appointment?

Yes, the full payment is available for telehealth appointments.

What are the options for coding for billing purposes?

Physicians and other practitioners furnishing services to Original Medicare beneficiaries should use existing and applicable coding and payment policies to report counseling services, including evaluation and management (E/M) visits.

How could physicians and other practitioners bill evaluation and management visits (E/M) for counseling services related to contact tracing during the COVID 19 Public Health Emergency (PHE)?

Physicians and other practitioners should refer to the appropriate billing rules for the [E/M visit codes](#) for more information on how to select the appropriate E/M code that could be billed when furnishing counseling services related to contact tracing during a medical visit. We note that for policies in effect during CY 2020, when more than 50 percent of the face-to-face time (for non-inpatient services) or more than 50 percent of the floor time (for inpatient services) is spent providing counseling or coordination of care, time can be used to select the level of visit reported. Physicians and other practitioners that choose to furnish counseling services related to contact tracing as part of an E/M telehealth visit should select the appropriate E/M code level based on the total time that the practitioner personally spends furnishing the service on the day of the visit (including face-to-face, i.e., during the telehealth visit, and non-face-to-face time).

Can Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) furnish counseling services to those tested for COVID-19?

Yes. Payment is available to physicians and health care providers to counsel patients, at the time of COVID-19 testing, about the importance of self-isolation after they are tested and prior to the

onset of symptoms. RHCs and FQHCs can furnish counseling services on isolation, quarantine, and contact tracing during a medical visit to those tested for COVID-19 as part of a billable visit under existing payment policies. RHCs and FQHCs should use existing and applicable coding and payment policies to report counseling services, including evaluation and management visits. Payment for the counseling services would be included in the RHC all-inclusive rate and the FQHC PPS rate. The Counseling Check List is available here: <https://www.cms.gov/files/document/counseling-checklist.pdf>.

Can RHCs and FQHCs furnish counseling services as a part of a telehealth visit?

Yes. During the COVID-19 PHE, RHCs and FQHCs can furnish counseling services as a part of a telehealth visit using existing and applicable coding and payment policies to report counseling services, including evaluation and management (E/M) codes.

What is Contact Tracing?

Contact tracing is a disease control strategy that involves identifying people who have an infectious disease (cases) and their contacts (people who may have been exposed, and places they've been) and working with them to interrupt disease transmission.

Why are we encouraging patients to 'answer the call' and participate in contact tracing?

Time is of the essence. Identifying contacts and ensuring they do not interact with others is critical to protect communities from further spread. Clinicians can help by asking their patients to begin identifying people they have been in contact with for the last 14 days. If communities are unable to effectively isolate patients and ensure contacts can separate themselves from others, rapid community spread of COVID-19 is likely to increase to the point that strict mitigation strategies will again be needed to contain the virus.

The success of contact tracing depends in large part on a community's acceptance and participation. For many community members, interacting with a case investigator or a contact tracer for COVID-19 may be the first time they engage with public health personnel.

Please ask your patients to 'answer the call.'

Are there any handouts I can give patients to take home?

Yes.

- [3 Key Steps to Take While Waiting for Your COVID-19 Test Result](#)

Are there suggested talking points and a checklist?

Yes.

- [Provider Counseling Check List](#)
- [Provider Talking Points](#)