"Providing Family PACT Services During COVID-19: Clinical Considerations" FAQ
May 8, 2020

1. **Advice on timing for recommendation for test for reinfection for recent previously treated chlamydia infection? Delay testing?**

   The CDC recommendation is to re-screen anyone treated for gonorrhea or chlamydia 3 months after completion of treatment in order to detect re-infection. While this hasn't changed during the public health emergency (PHE), it's best to use your system for obtaining a sample at a site other than your clinic…preferably at home. This was explained during the webinar; have the patient pick-up a specimen collection container curb-side (or if not possible, at the front desk, then leave immediately), perform self-sampling at home, then drop off the sample curb-side or at the lab.

2. **Can doing cytology screening be done at time of IUD insertion if client is due for pap test acceptable?**

   Yes. However, the two issues are not related to one another…a client does not have to undergo cervical cancer screening or have a negative result before an IUD can be placed. If she is due for cervical cancer screening, it's reasonable to use the visit for her IUD placement as an opportunity to do cervical cancer screening.

3. **You mentioned "doubling the dose" for expedited partner therapy for STIs. Would FPACT cover a double dosage?**

   Yes. Family PACT updated their policy regarding expedited partner therapy (EPT) in January, 2020. Here is their policy: (ref: PPBI, Family Planning Related Services, Page 23) If a Family PACT provider diagnoses a Family PACT client with gonorrhea, chlamydia and/or trichomoniasis and determines that offering the client EPT is medically necessary to prevent reinfection of the client, then the provider may either dispense medication directly to the Family PACT client to provide to his/her partner(s) or may provide the Family PACT client with a prescription, written in the name of the client, for medications with a quantity and duration of therapy sufficient to treat the acute infection in the client and to prevent reinfection of the client by treating the client's partner(s).

4. **What is the FPact coverage for trich testing for females and males?**

   Family PACT covers the following tests for females: office microscopy (Q0111), clinical lab microscopy (CPT 87210), T. vaginalis NAAT (CPT 87661), T. vaginalis immunoassay (OSOM Rapid Trich test; CPT code 87808). For males, only the codes for microscopy (of urethral fluid or via prostatic massage) are covered.

5. **Is there a test for BV or trich that family pact covers that patients self-sample?**

   Family PACT covers the tests in the previous question for trichomoniasis and microscopy (point of care Q0111) and clinical laboratory (87210) for the diagnosis of vaginal candidiasis and bacterial vaginosis. Self-sampling is an adaptation during the public health emergency when the client picks-up a sampling kit (curbside) at the clinic, self-samples at home, then returns the sample to the clinic

or lab. The clinic or lab then runs exactly the same test that would have been done before the PHE. There is no additional code or reimbursement that is used for self-sampling.

6. **If a patient is due for a follow up pap smear (12-24 month follow up) can we delay the repeat pap smear for 6-12 months as well?**

   It depends on the reason that the client needs a follow-up cytology. If this is referring to a shortened interval after the finding of an abnormal cytology or co-testing result, refer to the ASCCP table that is referenced in the talk or at their website (the link is on the slide). If the reason for the 12-24 month follow-up is not covered in the ASCCP guidance (i.e., something other than low grade or high grade SIL), it probably can be delayed.

   If this question is ever re-submitted, please give examples of the **reason** for a follow-up cytology, as the answers may vary depending upon the indication.

7. **Do you know if Medi-cal or other insurances will cover having an injection teaching done via telehealth by a RN?**

   The following answers apply only to Family PACT.

   Yes. That would be covered as a telephonic-only Virtual Check-in Visit (G2012) if performed by an RN.

   Alternatively, it could be billed as an RN contraceptive visit IF (a) the RN has gone thru the training required by the Business and Professions Code statute referenced in the slide (b) a -TD modifier is added to E/M codes 99201, 99211 or 99212 and (c) the telehealth visit must be video and audio, not audio only.

8. **When presumably treating Trich and BV- does giving Metronidazole 2g orally in single dose cover both? Or does it have to be given twice daily for 7 days?**

   It has to be metronidazole twice a day for 7 days. Metronidazole as a single dose is very effective for trichomoniasis, but the cure rate is under 50% for BV.

9. **How would images/videos of genitalia work with minors? Are there particular restrictions on this?**

   No, at least not in Family PACT or Medi-Cal policies. Please direct your question to the California Telehealth Resource Center at http://caltrc.org/.

10. **Would it be appropriate to have a virtual check-in visit if client wants LARC replacement based on FDA-approved use duration? Visit would be used to discuss extended use.**

    Yes, please use code G2012.

11. **During the PHE would FP cover a home pregnancy test if prescribed?**

    No. This is not a Family PACT benefit at this time.

12. **virtual check in: must it happen with a provider? Can a nurse or MA be consulted by phone and then bill FP?**

    A nurse, yes. A medical assistant, no. It must be a "qualified health professional who can report E/M services" as spelled out in the regulations.

13. **Is there specific protective software required on the computer when using telehealth?**

    No, not specific software. Before the public health emergency, the platform had to be HIPAA compliant. That rule is not being enforced during the public health emergency, but at some point in the future, it will be reinstituted.

14. **Can you talk about privacy issues and telehealth, i.e. how do you sign if someone comes in the room and privacy is interrupted?**

    Please direct your question to the California Telehealth Resource Center at http://caltrc.org/.

15. **Any creative ideas about how to help teens obtain their birth control when they are not allowed to go out- especially the younger teens. I live in Gualala, CA, which is a very small and remote town. Many teens are afraid of being discovered by a friend or family member. Many have little to no internet access but can text. Good to know recertifications can be done over the phone, as well as SQ DepoProvera covered.**

    What a great question! I would work individually with the teen. If the teen can text, you can text with them so that they cannot be overheard by their family. I would ask to make sure that they can receive mail at their location safely. If so, many of the pharmacies are doing mail delivery. That way, they would not have to go out. Additionally, there is a company called Pandia that is mailing contraceptives. You could call them to learn what the packaging looks like so that the packaging would not give away what was inside of the package. I would talk with the teen about how they received medications and contraception before and learn about what ways they can think of to feel safe picking up contraceptives.

16. **Do you know if medi-cal or other insurances will cover having an injection teaching done via telehealth by a RN?**

    Injection teaching can be done by telehealth by a RN. In order to bill for telehealth contraception education, it would have to be a video visit.

17. **For education and counseling without initiation of a method be eligible for telehealth?**

    This actually has a nuanced answer:

    - This could be billed as a full telehealth visit that includes an audio and video interaction and must include a clinician in the visit. Bill as a telehealth visit with a -95 modifier

    - This could be billed at a virtual check in visit (telephonic only); use G2012. See answer above for eligible staff.

- The Family PACT "E&C" (education and counseling) codes (S9445, S9446, 99401-U6 thru 99403-U6) that are used during in-person visits are not available for telehealth visits

18. What types of providers can bill for the G2012 virtual check in? Can this be a screener/counseling visit since it is not tied to an E/M services? Or are these check ins only allowable for MD, PA, NP, CNM?

Standard Medi-Cal policy for billing E&M CPT codes, HCPCS codes and modifiers apply. E&M services must be performed by a clinician, although the computation of the E&M level of the visit also may include services provided by non-clinician counselors. When time is the criteria for selection of the E&M CPT code, the amount of face-to-face time is cumulative of all staff who counsels the client. The total time must be documented in the medical records. If performed by an RN who has completed the required training, E&M procedures must be billed with modifier TD.

Virtual communication includes a brief communication with another practitioner or with a patient who cannot or should not be physically present (face-to-face).

HCPCS Code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 hours, not originating from a related evaluation and management (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.

HCPCS Code G2012: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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.

Additional information on billing E&C and E&M counseling codes, please visit the Family PACT Policies, Procedures and Billing Instructions manual, section: Office Visits: Evaluation and Management and Education Counseling Services.

19. If the patient needs to re-test. is there a limit of testing we can do? How many GC/CT tests can a client have over a 12 month period, what is the minimal interval between tests for claims to be paid to a lab?

Gonorrhea (GC) and chlamydia (CT) testing may be provided as clinically indicated. GC and CT testing has a frequency limit of three (3) tests per recipient, per day. Retest in 3 months after treatment. Reproductive health screening tests for CT and GC require an additional ICD-10-CM diagnosis code on the Family PACT claim form if it is done more than 1x per year for females <25 years of age. Services for the diagnosis and treatment of specified STIs must be billed with the diagnosis code for these conditions, together with the diagnosis code that identifies the contraceptive method for which the client is being seen.

20. Is there a telehealth template to document provider directed exams?

A provider may use any template that adequately documents medical records for services billed for reimbursement under the Family PACT Program. When a signature is required, a provider must obtain verbal consent to sign the on behalf of the client and should note "Information and consent captured verbally by "(provider or designee's name)" in the client's medical records.

21. Question about HAP Cards: Does OFP require us to physically hand the patient their card? Can we give them the HAP number by telehealth and then shred the original card? We would give them a replacement card if/when they presented to a center. Is that okay? We don't have the capacity to store and retrieve hundreds of HAP Cards.

Due to the nature of telehealth and telephonic modalities, the provider must arrange for the client to receive their HAP card/number to ensure a client has continued access to pharmacy, laboratory services, or other Family PACT covered benefits. Options may include, but is not limited, to in-person pick up of the HAP card or mailing the HAP card to the client's address. If the HAP card is mailed to the client's address, the provider must receive the express consent of the client to mail it, and must ensure that the address is verified. It is not acceptable for a HAP card to be shredded and replaced later with a blank HAP card. At the earliest opportunity, and method of delivery agreed upon, the actual HAP card should be provided to the client.