

Memorandum

Date: April 1, 2020

To: Genesis Rehab Services Business Partners

From: Lou Ann Soika, Chief Strategy and Administrative Officer

Re: COVID-19 Communication – Week of 4/1/2020

As each of us does our best to navigate through the new challenges we face each day, the one element that continues to stand out is the importance of the thousands of small acts of everyday compassion and caring we see taking place daily. We are fortunate to have “everyday heroes” working with us, and we are doing our best to acknowledge their dedication and commitment to caring for our patients and each other. We are equally as fortunate to have collaborative partners who have provided us with ideas to make us better and, in turn, we have hopefully provided tools, education, and/or strategies that have helped you as well. Thank you all.

TELEHEALTH

Although you may have read that CMS, in response to the COVID-19 pandemic, has expanded telehealth to include therapy services, we want to clarify that at this time, CMS has made no changes to allow Physical and Occupational Therapists or Speech Language Pathologists to actually provide services through telehealth. CMS did add codes commonly associated with therapy to those that may be delivered through telehealth. We are now left with an apparent contradiction.

Because our therapists are not currently recognized by CMS as telehealth providers, Genesis Rehab Services (GRS) is not providing telehealth services at this time. However, we are able to provide e-visits with established patients..

GRS is working diligently with national organizations such as NASL, APTA, AOTA and ASHA to urge CMS to use its 1135 waiver authority to expand telehealth recognition to include therapists as providers. Our patients need and deserve these essential services without unnecessarily putting themselves and their clinicians at risk of COVID-19 transmission during the ongoing pandemic.

We are optimistic that CMS will ultimately include our clinicians in telehealth, and we are preparing for when/if the restrictions are lifted. We are readying our systems, including adding billing codes with the required modifiers, and creating education and tools to provide services via telehealth. We are hopeful that we will soon be able to utilize these services to limit interruptions in care delivery, as appropriate, during this pandemic.

PROTECTING OUR PATIENTS AND THEIR CAREGIVERS

GRS is doing everything we can to protect the most vulnerable segment of our population—our frail and elderly patients as well as their caregivers. We continue to meet, if not exceed, [CDC guidelines](#). In addition to the ongoing screening process we are completing daily for all clinicians, we are now requiring our clinicians to wear masks and eye protection as well. This extra effort will go a long way to slowing or stopping the spread of the virus.

In a paper posted on March 27, 2020, on the [CDC website](#) that reviews the extensive nursing home outbreak at the King County facility in Seattle, WA, the authors recommend universal masking when COVID-19 has been identified in the building. The rationale for extending this guidance into buildings **before** COVID-19 is identified, is that infected individuals can shed the virus and infect others although they are asymptomatic. Rather than waiting until COVID-19 is diagnosed, GRS is preemptively attempting to protect both the mask wearer and the patient/resident from transmission. Given the deadly consequences of COVID-19 once it enters a center, we believe that masking to reduce or prevent transmission is prudent.

OTHER REGULATORY UPDATES

Relief Provisions Relevant to Medicare Providers: On March 27, 2020, the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) was signed into law. The GRS Regulatory Team continues to review that document as well as the recent [Interim Final Rule with comment period \(IFC\)](#) and will forward to you the GRS Regulatory Update documents in the near future. In the meantime, we wanted to share with you that Section 3709 of the CARES Act puts into place a temporary suspension of the Medicare Sequestration from May 1, 2020, through December 31, 2020.

CMS National Stakeholder Call with Administrator Seema Verma: CMS hosted a Coronavirus COVID-19 stakeholder call on Tuesday, March 31, 2020. To review a copy of the call transcript or listen to a recording of the call, go to the CMS Podcast and Transcripts page by clicking [here](#).

ICD-10-CM Coding Update: The CDC/National Center for Health Statistics has released the official guidelines when coding the new COVID-19 ICD-10-CM code of U07.1 - 2019-nCoV acute respiratory disease. This code became effective April 1, 2020. The announcement about this new code as well as the ICD-10-CM Official Coding Guidelines for COVID-19 April 1, 2020 through September 30, 2020 can be found [here](#). In addition, on March 31, 2020, CMS updated the PDPM ICD-10-CM Mappings to include this code. The updated file is available on the [PDPM webpage](#). The new code can be used as the primary reason for a SNF stay and it applies to the PDPM therapy components (Pulmonary/Medical Management).