To: ALL OB/GYN Providers
From: IEHP – Provider Relations
Date: March 26, 2020
Subject: Obstetric Care and COVID-19

Prenatal, intrapartum, and postpartum care remain essential services during the novel coronavirus disease (COVID-19) pandemic. Knowledge about the impact of COVID-19 during pregnancy is still evolving. We do know that obstetric care Providers should take additional steps and modify their practice to protect the health of their staff and patients.

The American College of Obstetricians and Gynecologists (ACOG) has provided recommendations regarding obstetric practice modifications for COVID-19. Recommendations include:

- Best practices on infection control and the use of personal protective equipment (PPE) in outpatient and inpatient settings,
- Screening patients for COVID-19 prior to in-person appointments,
- The use of telehealth where clinically feasible, and
- Managing hospital-based labor and birth when access to facilities may be restricted (e.g., limitations on visitors).

The full set of recommendations can be found here: https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics

Additionally, please leverage the ACOG algorithm for COVID-19 screening and triage in pregnancy enclosed with this message (and posted on the Provider Portal). Note that clinical guidance is subject to change as knowledge of the disease increases.

In alignment with the Department of Health Care Services (DHCS), Inland Empire Health Plan (IEHP) reimburses for telehealth services at the same rate as for in-person care. For additional information regarding requirements for providing telehealth services to IEHP Members, please see the enclosed “FAQ” communication for Providers included with this communication.

Thank you for continuing to support healthy pregnancies and births for IEHP Members. IEHP is here to support you and your staff during this challenging time.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence or www.iehp.org > For Providers > Plan Updates > Coronavirus (COVID-19) Advisory.
If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosures: Outpatient Assessment and Management for Pregnant Women with Suspected or Confirmed Novel Coronavirus (COVID-19)
UPDATED: Telehealth Services Due to Limiting Exposure to COVID-19
Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19)

Unlike influenza and other respiratory illnesses, based on a limited number of confirmed COVID-19 cases, pregnant women do not appear to be at increased risk for severe disease. However, given the lack of data and experience with other coronaviruses such as SARS-CoV and MERS-CoV, diligence in evaluating and treating pregnant women is warranted.

This algorithm is designed to aid practitioners in promptly evaluating and treating pregnant persons with known exposure and/or those with symptoms consistent with COVID-19 (persons under investigation [PUI]). If influenza viruses are still circulating, influenza may be a cause of respiratory symptoms and practitioners are encouraged to use the ACOG/SMFM influenza algorithm to assess need for influenza treatment or prophylaxis.

Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information or prophylaxis.

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.

Healthcare providers should immediately notify their local or state health department in the event of a PUI for COVID-19 and should contact and consult with their local and/or state health department for recommendations on testing PUIs for COVID-19. See patient as soon as possible in an ambulatory setting with resources to determine severity of illness. When possible, send patient to a setting where she can be isolated. Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility. Adhere to local infection control practices including personal protective equipment.

Symptoms typically include fever ≥38°C (100.4°F) or one or more of the following:
• Cough
• Difficulty breathing or shortness of breath
• Gastrointestinal symptoms

Assess Patient’s Symptoms

- Does the patient have difficulty breathing or shortness of breath?
- Does the patient have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does the patient cough more than 1 teaspoon of blood?
- Does the patient have new pain or pressure in the chest other than pain with coughing?
- Is the patient unable to keep liquids down?
- Does the patient show signs of dehydration such as dizziness when standing?
- Is the patient less responsive than normal or does the patient become confused when talking to her?

Conduct Illness Severity Assessment

- Does the patient have difficulty breathing or shortness of breath?
- Does the patient have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does the patient cough more than 1 teaspoon of blood?
- Does the patient have new pain or pressure in the chest other than pain with coughing?
- Is the patient unable to keep liquids down?
- Does the patient show signs of dehydration such as dizziness when standing?
- Is the patient less responsive than normal or does the patient become confused when talking to her?

Assess Clinical and Social Risks

- Comorbidities (Hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, and people on immunosuppressive medications)
- Obstetric issues (eg, preterm labor)
- Inability to care for self or arrange follow-up if necessary

- Any Positive Answers

Low Risk

- Refer patient for symptomatic care at home including hydration and rest
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions

- No Positive Answers

Moderate Risk

- Any Positive Answers

- Any Positive Answers

Admit patient for further evaluation and treatment. Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure.

Elevated Risk

- Any Positive Answers

- Any Positive Answers

- Any Positive Answers

Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated. Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility. Adhere to local infection control practices including personal protective equipment.

Moderate Risk

- Any Positive Answers

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Admit patient for further evaluation and treatment. Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure.

Elevated Risk

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Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated. Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility. Adhere to local infection control practices including personal protective equipment.
### UPDATED: Telehealth Services Due to Limiting Exposure to COVID-19

In light of recommendations to reduce potential exposure to COVID-19, IEHP has created the following FAQ to address Providers’ questions about providing services via telehealth. It is important to note that the utilization of telehealth currently is specific to the concerns regarding COVID-19 and reducing the potential spread of the virus.

It is also important to remember that Members *must* consent prior to receiving telehealth, that consent is documented and that authorization processes remain the same when requesting services, regardless of whether services are being provided in-person or via telehealth.

| Q. Can I provide Telehealth Services to limit potential exposure to COVID-19? | A. Yes. If a Provider deems clinically that services are appropriate to provide via telehealth and Member has consented to receive services via telehealth, **Update as of March 20, 2020**: Due to the COVID-19, CMS and DHCS have issued guidance relaxing the regulatory requirements for the provision of telehealth.

Please refer to the latest guidance from DHCS posted on the IEHP portal COVID-19 page and found here: [https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications031820.pdf](https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications031820.pdf)


| Q. What types of services can be provided via Telehealth? | A. Providers are given the flexibility to determine if a particular service or benefit is clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via audio-visual, two-way, real time communication. |
| Q. Does the Member need to consent prior to receiving Telehealth? | A. Yes. Providers must ask Members before initiating the use of Telehealth and document verbal or written consent.

**UPDATE as of March 20, 2020:** IEHP understands at this time that routine, non-urgent services and elective procedures may be rescheduled or postponed and not available for Members to access in-person. If a Member does not consent to telehealth services, please advise them on any postponement of routine services that is required at this time and direct them as appropriate. |

| Q. Are different rates paid for services provided through Telehealth vs. the same services provided in-person? | A. No. The rates are the same for the professional medical services provided by Telehealth or in-person.

It is important to remember when billing telehealth services for Medi-Cal Members to use a POS 02 (telehealth) and a modifier 95 for services provided via synchronous, interactive audio and telecommunication systems.

For Medicare Members, please use POS 02 and refer to the billing guidelines available at cms.gov.

For Behavioral Health Providers, IEHP’s portal is being updated with a billing POS of 02. |

| Q. Do I need to obtain authorization for Telehealth services? | A. Please follow your normal authorization processes with your contracted IPAs and contact them directly with any questions or concerns about telehealth. Services provided in an Urgent Care or Emergency Department setting do not require prior authorization. |

| Q. How does Telehealth apply to Behavioral Health Treatment (BHT) for children with autism and related conditions? | A. Telehealth may be used for supervision and parent training. If caregiver consultation or direct oversight by a Provider/BCBA is needed, the Provider/BCBA must maintain appropriate records. The Provider/BCBA may use current authorizations to utilize telehealth services. **Telehealth services may not be used for 1:1 direct ABA service.** |
| Q. Also specific to BHT services, if the family or Provider staff are sick, will IEHP allow cancellations? | A. IEHP will honor these cancellations with make-up sessions offered to families, but with respect to family needs and schedules. We ask Providers to maintain documentation of such. |
| Q. I am an ABA Provider, may I provide direct, 1:1 service via Telehealth? | A. We here at IEHP have received numerous inquiries regarding this and effective March 25, 2020 you may TEMPORARILY provide all ABA services via telehealth as clinically appropriate until further notice. |
| Q. How do I let IEHP know the services were done via Telehealth? | A. Please maintain appropriate records and notate as clinically needed on your FBAs/treatment plans. Further, there is no need to submit a separate authorization request as you may use your existing authorizations to conduct services through telehealth. Please bill as appropriate utilizing POS 02 and modifier 95 per DHCS billing guidelines. |