# COVID 19 - Coding and Billing Review

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### AGENDA

#### Telehealth During COVID 19

- □ Medicare lifted restrictions on the use of telehealth services during COVID 19
- Place of Service Codes
- Modifiers
- Audio/Video Visits
- □ Store and Forward (G2010)
- COVID 19 Testing
  - Location of Tests Performed
  - COVID 19 ICD-10 Codes
  - Evaluation and Management (E/M) Visit Codes
- Non-COVID 19 Visits
  - Keeping Patients Safe
  - Video
  - Face-to-Face Visits
- Moving Forward

#### **Telehealth**

- Medicare and Commercial Payer Reimbursement Policies COVID 19 this is planned to run through to December 31, 2020 (this is most recent information)
- Place of Service Codes Review
  - □ Telehealth: 02
  - Physician Office: 11
  - Off Campus Outpatient Hospital: 19
  - Urgent Care Facility: 20
  - On Campus Outpatient Hospital: 22
  - COVID 19 Test Performed
    - Off Campus Outpatient Hospital: 19
    - On Campus Outpatient Hospital: 22
    - Independent Laboratory: 81
- Modifiers
  - 95: Append to all telehealth services billed using POS 11 This change will enable providers to be reimbursed at the same rate as services provided in person (Interactive Audio/Video visit)
  - CS: Waives cost-sharing for COVID 19 related services (no co-pay required)
  - GQ: This is used in Alaska and Hawaii for interactive audit/video visits
  - GT: Medicare stopped using GT is in 2017 but Commercial payers still might use it
  - GO: Telehealth services that diagnose a stroke

## **Telehealth Coding and Billing Review**

#### Audio/Video Visits

- In April, CMS said it would bump up payments for audio-only telephone consultations to match payments made for office & outpatient visits. This would increase payments for audio-only telephone consultations from \$14-\$41 to about \$46-\$110. This waiver addresses once of the biggest issues facing physicians as they struggle to make up for lost revenue & provide appropriate care to patients.
- CMS uses codes 99441-99443 for audio visits but each commercial payer has its own rules.

#### Store-and-Forward

- Store-and-forward (asynchronous) telemedicine is collecting clinical information and sending it electronically to another site for evaluation. Information typically includes demographic data, medical history, documents such as laboratory reports, and image, video and/or sound files.
- The health professional may use a desktop computer or a mobile device, such as a smartphone to gather and send the information. Information is transmitted by electronic mail, uploaded to a secure website, or uses a private network.

#### **COVID 19 Testing Overview**

- There are three codes for COVID-19 testing:
  - **87635** is designed to **detect the COVID-19 virus** effective March 13, 2020
  - 86328 and 86769 will be used to identify the presence of antibodies to the COVID-19 virus and are effective April 10, 2020
- 86328: Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- 86769: Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- 87635: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique
- \*\*They will be included in CPT 2021 in the Pathology and Laboratory section, The Immunology subsection\*\*
- HCPCS Level II Codes for SARS-CoV-2/COVID-19 Testing:
  - U0003: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique
  - U0004: 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
  - Swab Collection
    - Swab collection is included in E/M service. If collected in the office and sent to the laboratory, 99000 can be billed:
      - 99000: Handling and/or conveyance of specimen for transfer from office to a laboratory

### **COVID 19 ICD-10 Coding Review**

- Effective April 1, 2020, a new ICD-10-CM diagnosis code chapter, Chapter 22 Codes for Special Purposes (U00-U85) and new code U07.1 COVID-19 was made available for reporting the coronavirus diagnosis.
  - Coding Rules for U07.1:
    - U07.1 should only be used for confirmed cases of COVID-19 with positive or presumptivepositive test results
    - U07.1 should be **sequenced first**, followed by the appropriate codes for associated manifestations, **except in the case of obstetrics patients**
    - Obstetric patients with confirmed COVID-19 during pregnancy, childbirth or the puerperium should have **098.5-**, Other viral diseases, **as the primary diagnosis**, followed by code U07.1 and any codes for associated manifestation(s)
  - If COVID-19 is not confirmed or if testing is negative, the following Encounter Codes should be used:
    - Z11.59: Encounter for screening for other viral diseases: Asymptomatic, no known exposure, results unknown or negative
    - Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out: Possible exposure to COVID-19, infection ruled out
    - Z20.828: Contact with and (suspected) exposure to other viral communicable diseases: Contact with COVID-19, Suspected exposure

## Additional COVID 19 ICD-10 Coding

- The following diagnosis codes may be appropriate as associated manifestations, regardless of confirmed COVID-19:
  - R05: Cough
  - R06.02: Shortness of breath
  - □ R50.9: Fever, unspecified
  - □ J12.89: Other viral pneumonia
  - □ J20.8: Acute bronchitis due to other specified organisms
  - □ J22: Unspecified acute lower respiratory infection
  - □ J40: Bronchitis, nor specified as acute or chronic
  - □ J80: Acute respiratory distress syndrome
  - □ J96.01: Acute respiratory failure with hypoxia
  - □ J98.8: Other specified respiratory disorders

### E/M Visit Codes COVID 19

- 99201-99205 New Patient Visits
- 99212-99215 Established Patient
- 99211 Clinical Staff (RN/LPN/MA) typically, 5 minutes are spent performing or supervising
  - CMS has approved 99211 for specimen collection for new and established patients with 4/30 Infection Fatality Rate (IFR)
- Telephone Visit (New and Established Patients)
  - **99441 (5-10 minutes)**
  - **99442 (11-20 minutes)**
  - 99443 (21-30 minutes)

\*Payer guidelines may vary\*

- Antibody Testing Scenario (Blood draw/Testing)
  - □ E/M office Blood and testing done in Physician office
  - □ E/M office Blood draw in office and sent to outside lab
  - □ E/M Telehealth (Audio)- Blood draw in office and sent to outside lab
  - □ E/M Telehealth (Video) Blood draw in office and sent to outside lab

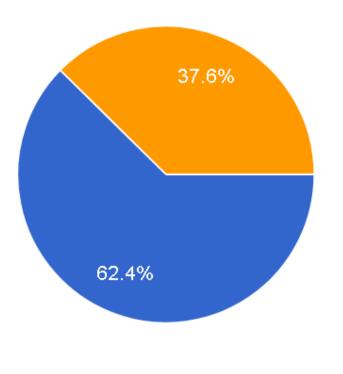
# Best Practice to Bring Patients Back to Office - Keeping Patients Safe

- Designating specific areas of the office for suspected or positive COVID-19 patients
- Schedule high-risk patients during specific hours
- Eliminate the waiting room or minimize time spent in the waiting room
- Screen for COVID 19 symptoms or exposure NUMEROUS times before the appointment takes place by asking a set of screening questions
- Require ALL staff and patients to wear masks
- Asking all practice staff to report ANY symptoms and stay home if they are sick
- Disinfect common areas, exam rooms, door knobs, etc. with approved cleaning products effective against human coronaviruses
- Touch-Free Check-in and Check-out
- Reduce number of entrances and exits to ensure all entering the practice are screened for possible COVID-19 symptoms
- Promote more Telehealth visit options to help support patient care & safety

#### Post COVID19: Moving Forward into the "new normal"

Do you plan to continue TeleHealth service after COVID-19?

101 responses





#### **Promoting Telehealth Services - Video Visits**

- Understand and know the patients you are trying to target with Video visits
  - What patients reschedule the most
  - What time of day is requested most when scheduling appointments
- Make accessing Telehealth services easy for patients
  - □ Work with a reliable patient platform vendor
  - Have office flyers outlining steps to have a Telehealth Video visit
- Educate office staff on Telehealth services
  - Update patients on Telehealth services when setting up appointments
  - □ Update practice website with Telehealth services common telehealth visits
  - □ Have staff schedule medication follow-up as a Telehealth visit
- Create Telehealth Practice Brochures
  - Include providers performing telehealth services
  - High risk patient monitoring can be supported by Telehealth services
    - Diabetes management
    - Anxiety/Depression
  - Patient Platform Vendor
  - Improved access to care
  - Quality of Video Visit

### Face-to-Face Visits & In Person or Video

	Medicare covered telemedicine services	Audio only telemedicine services	Communications- based-technology services	CPT list of telemedicine services
Where do you find them?	CMS updated list 4/30/2020	CMS updated list 4/30/2020	Not in a single place: G2010, G2012, 99421 99423	Appedix P of the CPT book
Communication requirements	Real-time interactive, audio and visual	Phone only	Phone, HIPAA compliant portal or messaging system	According the the definition of modifier 95, synchronous communication system
Place of service, Medicare	CMS says to use the POS where the service would have been furnished, if face-to-face, not POS 02	Use the place of service where the service would have taken place	Use the place of service where the service would have taken place	
Place of service, commercial insurers	Each payer has its own rules	Each payer has its own rules	Use the place of service where the service would have taken place	
Modifier, Medicare	Medicare uses modifier- 95	Codes 9944199443 are added to the telehealth list, so use modifier 95	Do not use modifier 95. These are not on the telehealth list, and are not considered to be telehealth services	
Modifier, commercial	Most want modifier 95 but each payer has its own rules	Each payer has its own rules	Each payer has its own rules	

#### Resources

- https://med.noridianmedicare.com/web/jea/fees-news/faqs/claimsubmission
- https://www.ama-assn.org/delivering-care/coronavirus
- https://www.cms.gov/files/document/03052020-medicare-covid-19fact-sheet.pdf
- https://www.nepho.org/covid-19-billing-and-coding/
- http://www.ahima.org/topics/covid-19
- https://www.bcbs.com/coronavirus-updates