Updated COVID-19 Billing Guidelines for Hospitals & Physicians

A Vitalware Webinar
Disclaimer Statement

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Outpatient Hospital Reporting & Reimbursement

WHAT'S WITH THE MASKS?! DO WE HAVE A CORONAVIRUS PATIENT?

WORSE! SOMEONE COOKED FISH IN THE MICROWAVE!!

BLECH!!
Billing for Specimen Collection

- **Scenario #1** – Specimen is collected during the course of an E/M visit
  - G2023 – Specimen collection for COVID-19, any specimen source
  - G2024 – Specimen collection for COVID-19 from an individual in a SNF or by a laboratory on behalf on a HHA, any specimen source

✓ **Both of these codes have been assigned status indicator of ‘N’ under the OPPS**

✓ **Both codes have an effective date of 3/1/20**
Billing for Specimen Collection

- **Scenario #2 – Specimen collection is only service performed**
  - Recommendation from the AMA is to assign low-level clinic visit code, such as 99211 or G0463
  - Question has been sent to CMS for recommendation
  - Vitalware will provide updates as we receive them
# Codes for COVID-19 Infectious Agent Detection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0001</td>
<td>CDC 2019 novel Coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel</td>
</tr>
<tr>
<td>U0002</td>
<td>2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC</td>
</tr>
<tr>
<td>87635</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique</td>
</tr>
</tbody>
</table>
# Codes for COVID-19 Infectious Agent Detection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reimbursement Rate</th>
<th>Effective Date</th>
<th>Accepted Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0001</td>
<td>Used for CDC labs</td>
<td>$35.91 or $35.92</td>
<td>February 4, 2020</td>
<td>April 1, 2020</td>
</tr>
<tr>
<td>U0002</td>
<td>Used for all other methods in non-CDC labs</td>
<td>$51.31 or $51.33</td>
<td>February 4, 2020</td>
<td>April 1, 2020</td>
</tr>
<tr>
<td>87635</td>
<td>Used for nucleic acid tests using amplified probe technique</td>
<td>$51.31</td>
<td>March 13, 2020</td>
<td>April 1, 2020</td>
</tr>
</tbody>
</table>

* Rate is subject to MAC approval pending a national rate determination by CMS
# Codes for COVID-19 Infectious Agent Detection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0003</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R</td>
</tr>
<tr>
<td>U0004</td>
<td>2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R</td>
</tr>
</tbody>
</table>
# Codes for COVID-19 Infectious Agent Detection

<table>
<thead>
<tr>
<th>U0003</th>
<th>U0004</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Used to identify tests that would otherwise be identified with 87635</td>
<td>▪ Used to identify tests that would otherwise be reported with U0002</td>
</tr>
<tr>
<td>▪ Reimbursement rate of $100</td>
<td>▪ Reimbursement rate of $100</td>
</tr>
<tr>
<td>▪ Effective April 14, 2020</td>
<td>▪ Effective April 14, 2020</td>
</tr>
<tr>
<td>▪ Code is NOT retroactive</td>
<td>▪ Code is NOT retroactive</td>
</tr>
</tbody>
</table>
## Codes for COVID-19 Antibody Detection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86328</td>
<td>Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</td>
</tr>
<tr>
<td>86769</td>
<td>Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</td>
</tr>
</tbody>
</table>
Codes for COVID-19 Antibody Detection

<table>
<thead>
<tr>
<th>86328</th>
<th>86769</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Used to identify testing performed using a strip that contains all components for antibody testing</td>
<td>▪ Used to identify testing performed using a multiple-step method</td>
</tr>
<tr>
<td>▪ Reported once per reagent strip assay</td>
<td>▪ Reported once for each assay performed – Different immunoglobulin classes would be reported separately</td>
</tr>
<tr>
<td>▪ Reimbursement rate not yet published</td>
<td>▪ Reimbursement rate not yet published</td>
</tr>
<tr>
<td>▪ Effective April 10, 2020</td>
<td>▪ Effective April 10, 2020</td>
</tr>
</tbody>
</table>
Billing for Telehealth Services

- There is no facility fee for telehealth services at the current time
  - Facility fee is intended to compensate for supplies, equipment, and use of physical space
  - Recent expansions to telehealth services do not change the list of qualified providers who may perform telehealth services
  - CMS is actively working on modifying this policy due to feedback received from providers
Billing for Telehealth Services

▪ Scenario #1 – Physician located in hospital provides telehealth services to patient at home
  ▪ No facility fee
▪ Scenario #2 – Physician located at home or other remote location provides telehealth services to patient in hospital
  ▪ Assign Q3014, *Telehealth originating site facility fee*
IPPS Reimbursement for COVID-19 Cases

"I use so much alcohol-based hand sanitizer, my hands had to join a 12-step program!"
# MS–DRG Grouping

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>CC Status</th>
<th>MS–DRG</th>
<th>Unadjusted $$</th>
</tr>
</thead>
<tbody>
<tr>
<td>U07.1, COVID-19</td>
<td>MCC</td>
<td>177 – Respiratory Infections and Inflammations with MCC</td>
<td>177 - $11,400.30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>178 – Respiratory Infections and Inflammations with CC</td>
<td>178 - $7,494.71</td>
</tr>
<tr>
<td></td>
<td></td>
<td>179 – Respiratory Infections and Inflammations without CC/MCC</td>
<td>179 - $5,220.92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>791 – Prematurity with Major Problems</td>
<td>791 - $22,944.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>793 – Full-Term Neonate with Major Problems</td>
<td>793 - $23,567.98</td>
</tr>
<tr>
<td></td>
<td></td>
<td>974 – HIV with Major Related Condition with MCC</td>
<td>974 - $16,118.48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>975 – HIV with Major Related Condition with CC</td>
<td>975 - $8,089.68</td>
</tr>
<tr>
<td></td>
<td></td>
<td>976 – HIV with Major Related Condition without CC/MCC</td>
<td>976 - $5,510.87</td>
</tr>
</tbody>
</table>
MS–DRG Adjustments for COVID–19 Cases

- Weighting factor for COVID–19 cases will be increased by 20% during the PHE
- Adjustment will be made automatically by the MACs
- Accounts will be identified by diagnosis code
  - B97.29 for discharges occurring between January 27 and March 31
  - U07.1 for discharges occurring April 1 through end of PHE
Hospital Quarantine Patients

- Medicare will pay for the entire stay, including quarantine time, for patients who remain quarantined in a hospital to avoid infecting other individuals and who may not meet the need for inpatient care.
- Hospitals may not charge a differential for a private room that is required due to quarantined status.
- Waiver of “3-day prior hospitalization rule” for coverage of a SNF stay.
CMS Flexibilities – Hospital without Walls

- Hospitals able to provide patient care in temporary expansion sites not considered part of a healthcare facility
  - Locations must be approved by the State
- Patients can be screened for COVID-19 at an offsite location
- Any location meeting CoP within the hospital or provider-based department has flexibility to operate to meet hospital needs
- Acute care inpatients may be housed in excluded distinct part units
  - Psychiatric and Rehab inpatients can be cared for outside of distinct part units
CMS Flexibilities – Hospital without Walls

- Waiver of 25-bed limitation for critical access hospitals
- Waiver of 96-hour length of stay limitation for critical access hospitals
- Waiver of rural requirement for critical access hospitals to allow for patient surge
- Waiver of provisions related to telemedicine to allow for increased access to care for patients in the hospital
CMS Flexibilities – Patients Over Paperwork

- Verbal orders may be authenticated outside of 48-hour window
- Waiver of reporting requirements for patients who expire due to their disease and required soft wrist restraints
- Limited discharge planning required
  - Focus on ensuring that patients are discharged to an appropriate setting with necessary information and goals of care
- Flexibility in completion of medical records
- Waiver of advanced directives requirements
CMS Flexibilities – Patients Over Paperwork

- Extension for data submission deadline of occupational mix of employees to August 3, 2020
- Waiver of utilization review requirements
- Waiver of 2019 Q4, 2020 Q1, and 2020 Q2 quality reporting program data
- Waiver of individual patient nursing plan requirements/policies and procedures for departments requiring an RN
CMS Flexibilities – Patients Over Paperwork

- Waivers of requirements for surge sites
  - Current therapeutic diet manual not required
  - Emergency preparedness policies and procedures not required

- Extension for cost reporting data for the next fiscal year
  - For fiscal years ending 10/31 and 11/30, reports will be due June 30, 2020
  - For fiscal years ending 12/31, cost reports will be due July 31, 2020
CMS Flexibilities – Workforce

- Waiver of sterile compounding requirements to allow used face masks to be removed and retained
- Physicians with expiring privileges may continue to practice without full medical staff review and approval
- Patients may be under care of physician’s assistant or nurse practitioner
- CRNA supervision will be at the discretion of the hospital and state law
- Personnel qualified to provide respiratory care do not need to be designated in writing
Professional Reimbursement Considerations

Cartoon:

**Infection Control Center Now Hiring**

Man: I should have said “I’m not afraid of hard work” rather than “I don’t mind getting my hands dirty.”
Claims Submission

- Condition Code DR - Disaster Related
  - All items are disaster related

- Modifier CR - Catastrophe/Disaster Related
  - Individual line items that are related

- Modifier CS - Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test
Claims Submission

- Medical visit which prompts the ordering of the COVID-19 lab

- “For services furnished on March 18, 2020, and through the end of the PHE, outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services under these payment systems should use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services.”

- CMS indicates more guidance to be issued
Claims Submission

- Medical service that prompts lab order for COVID-19 test
  - Office and other outpatient services
  - Hospital observation services
  - Emergency department services
  - Nursing facility services
  - Domiciliary, rest home, or custodial care services
  - Home services
  - Online digital evaluation and management services
CMS Flexibilities

- Stark Law Waivers
- Self-Referral to friends, family
- Fair market value rent for equipment or services
- Financial support – Physician-owned hospital can receive personal loan from owner(s)
- Physician-owned hospitals can increase number of beds, operating rooms, procedure rooms
CMS Flexibilities

- Extra benefits such as meals, laundry, child care
- Group practice restrictions for services provided in patient’s home. One physician can order items or services for another’s patient
- Radiological or laboratory services in parking lots rented part-time
- Provision of items & services related to COVID-19 can exceed non-monetary compensation cap
CMS Flexibilities

- Signature Requirements
- Merit-Based Incentive Program data submission deadline extended 30 days
- Waived face-to-face and specific practitioner type requirements for most National & Local Coverage Determinations
- Accelerated and Advance Payment Program
- Provider enrollment hotlines
CMS Flexibilities

- Can provide services from home without updating 855P or PECOS information
- Can contract with auxiliary personnel to provide incident to services & bill
- Hospital admissions may be done by advanced registered nurse practitioners (ARNPs)
- Waive requirement that physician or nonphysician (NPP) must be licensed in state where practicing
CMS Flexibilities

- Frequency limits for monthly “hands on” visit can be telehealth
  - ESRD
  - Hospice
  - Inpatient Rehabilitation Facility (IRF)
- Direct Supervision can be virtual – audio/video presence
CMS Flexibilities

- Teaching Physician Supervision may be virtual, with exceptions
- Residents may moonlight in the inpatient setting
- Teaching physician may review and sign off on service – no physical presence
- Homebound definition broadened
- Does not need to be an established patient
CMS Flexibilities

- Telehealth updates to codes
- Provider updates for services
- Physical therapy services added – but not therapists
- Evaluation and Management (E/M) code selection based on time or medical decision making (MDM), not history & exam
- Audio/video may take the place of face-to-face requirement
# Online Services or E-Visits

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421 – 99423</td>
<td>Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days</td>
</tr>
<tr>
<td>98970–98972</td>
<td>Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days</td>
</tr>
</tbody>
</table>

**Flexibility** – does not have to be an established patient
## Online Services or Virtual Check-in

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2010</td>
<td>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 business hours, 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</td>
</tr>
<tr>
<td>G2012</td>
<td>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</td>
</tr>
</tbody>
</table>
Telephone Services

99441 – 99443
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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

98966 – 98968
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment
Telehealth Services

- Is the service telehealth?
- Use place of service that would occur without the PHE
- Place of Service
  - 02 Telehealth (traditional telehealth)
  - 11 Office
  - 31 Skilled Nursing Facility
  - 32 Nursing Facility
Telehealth Services

- Modifiers
  - 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
  - GT Via interactive audio and video telecommunication systems
  - G0 Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke
  - Do not need to report disaster related modifier CR
Telehealth Providers

May provide evaluation and management (E/M) services

Physicians
Nurse practitioners (NPs)
Physician assistants (PAs)
Nurse midwives

May not provide E/M services – other limits

Certified nurse anesthetists
Clinical psychologists (CP)
Clinical social workers (CSW)
Registered dieticians (RD)
Nutrition professionals
Physical therapist (PT)
Occupational therapist (OT)
Speech language pathologist (SP)
PT/OT/SP Caution

- PT/OT/SP not an approved distant site practitioner
- Approved for some telephone services
- Professional services means submitted on CMS-1500 (855P)
- CMS hinting at changes, but no guidance yet
Telehealth

- Must use audio/visual to be telehealth
- Audio only is telephone services, not telehealth
- Older patients without audio/visual or poor/no internet? Telephone only
- Physician and patient in same facility, but not face-to-face
  - Yes, but do not bill as a telehealth service
Telehealth

- CMS-1500 claim needs
  - CPT/HCPCS codes for service
- Place of service
- Modifier(s)
- Provider’s place of service
- Patient and provider NOT in the same place
Expanded Services

- Emergency Department Visits, Levels 1-5
- Domiciliary, Rest Home, Custodial Care, New or Established
- Home Visits, New or Established
- Care Planning for patients with cognitive impairment
- Psychological and neuropsychological testing
- Therapy Services, physical and occupational
Evaluation and Management

- E/M code selection may be based on medical decision making (MDM) or time
- Time is all time on the date of the encounter
- Do not need to use history or exam
- Use time from the Calendar Year (CY) 2020 Medicare Physician Final Rule or current code descriptor
- No change to definition of MDM
### E/M Median Time

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Median Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>10 minutes</td>
</tr>
<tr>
<td>99202</td>
<td>15 minutes</td>
</tr>
<tr>
<td>99203</td>
<td>20 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>30 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>45 minutes</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Median Time</td>
</tr>
<tr>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>99211</td>
<td>5 minutes</td>
</tr>
<tr>
<td>99212</td>
<td>10 minutes</td>
</tr>
<tr>
<td>99213</td>
<td>15 minutes</td>
</tr>
<tr>
<td>99214</td>
<td>25 minutes</td>
</tr>
<tr>
<td>99215</td>
<td>35 minutes</td>
</tr>
</tbody>
</table>
References

- **Frequently Asked Questions to Assist Medicare Providers**

- **CMS Special Ruling CMS–2020–01–R**

- **Medicare Administrative Contractor (MAC) COVID-19 Test Pricing**

- **Coverage and Payment Related to COVID-19 Medicare**
References

- Medicare Interim Final Rule: Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC)


- Hospitals: CMS Flexibilities to Fight COVID-19

- New Waivers for Inpatient Prospective Payment System (IPPS) Hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs) due to Provisions of the CARES Act
References

- List of Telehealth Services
  https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

- Physicians and Other Clinicians: CMS Flexibilities to Fight COVID–19

- Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities to Fight COVID–19

- CPT Assistant – Special Edition March 2020 and April 2020
References

▪ **Laboratories: CMS Flexibilities to Fight COVID–19**

▪ **CY2020 MPFS Final Rule**
  https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/PhysicianFeeSched/Downloads/CY2020-PFS-FR-Physician-Time.zip


▪ **AMA Special Coding Advice During COVID–19 Public Health Emergency**